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HOME ADVANTAGE

Reforming Jamaica's
Adoption System



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Caribbean Policy Research Institute
Kingston, Jamaica

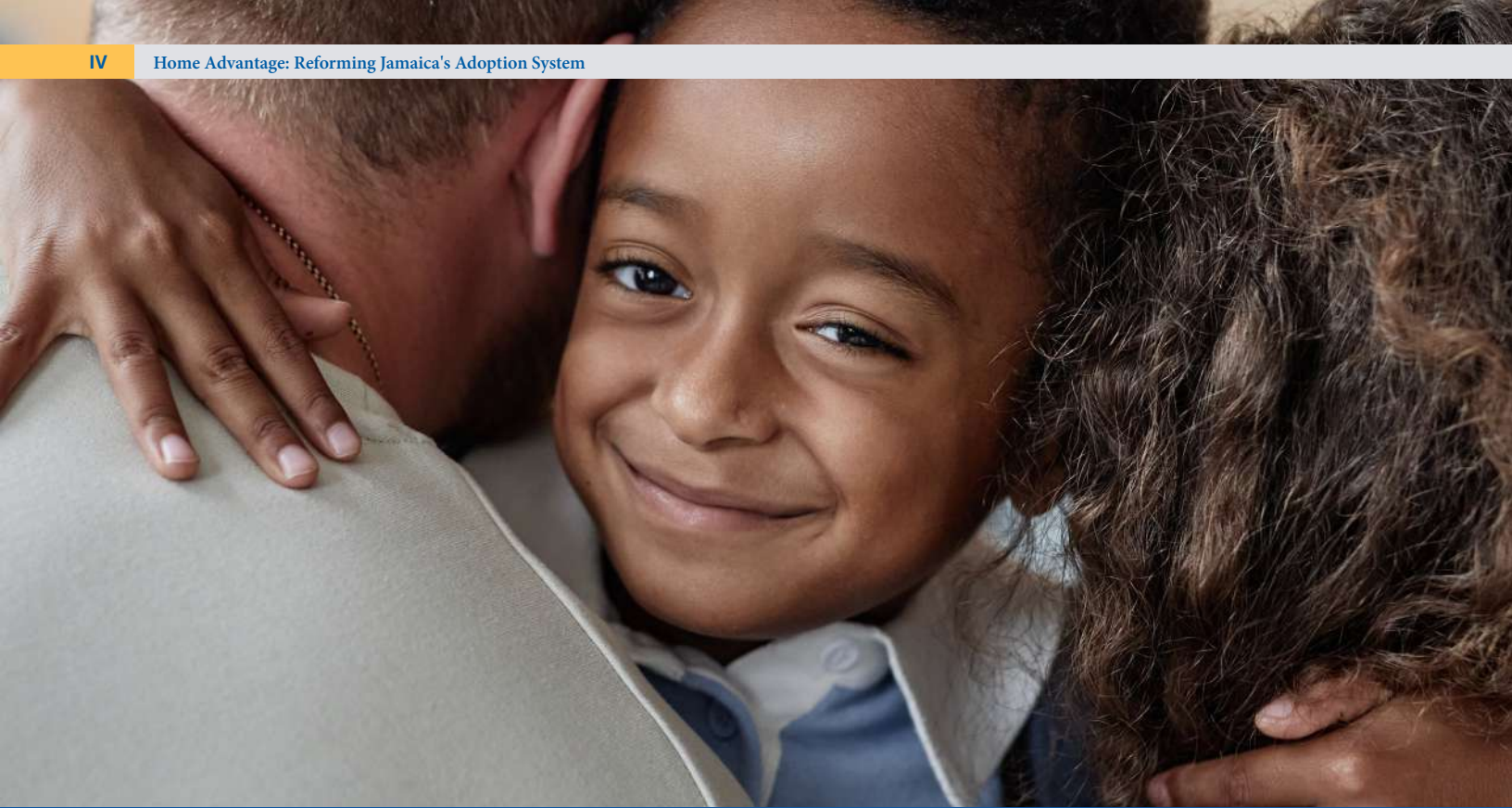
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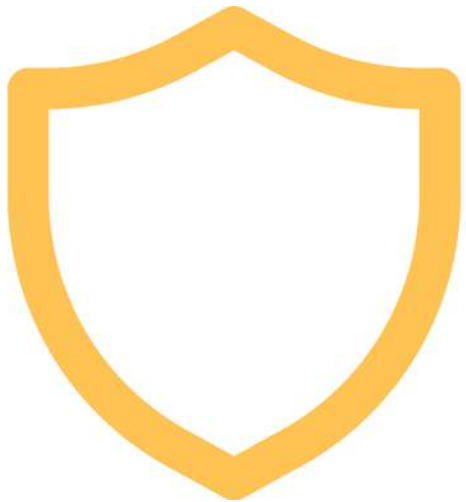
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Executive Summary



Adoption can provide stability and permanence for children in state care, reduce reliance on institutional and temporary care, support family formation, and underpin lifelong development.

This report examines adoption in Jamaica as an underutilised tool of public policy, beyond a private act of care, with direct implications for child protection, human-capital formation, and long-term social order. It presents evidence that a timely, well-governed, and adequately resourced adoption system is one of the few interventions that can permanently alter life trajectories for children who cannot safely remain with their birth families, while also reducing the long-run fiscal and social costs associated with institutional care, poor educational outcomes, and adult dependency.

The study focuses on non-kin adoptions of children who are wards of the state, and investigates why, despite hundreds of approved adopters on a waiting list, only a small number of children are placed with families each year. It shows that Jamaica's low rate of adoption is not the result of cultural resistance or lack of demand, but of institutional failures that leave children in prolonged care during the most developmentally sensitive years of their lives. These delays erode cognitive, emotional, and social capacities that underpin later educational attainment, labour-market participation, and social integration.

Drawing on legal and policy analysis and international comparisons, the report identifies three interlocking constraints: outdated legislation, institutional ambiguity, and chronic under-resourcing. The 1958 Adoption Act operates alongside, but is disconnected from, the 2004 Child Care and Protection Act (CCPA), which governs the wider child-protection system. This misalignment creates contradictory standards and blurred mandates. The Adoption Board, which holds statutory authority, exists largely in name, while the Child Protection and Family Services Agency (CPFSA) carries out adoption functions without explicit legal authority or oversight.

Administrative practice further entrenches

delay. Social workers manage caseloads far above international benchmarks, limiting their ability to move cases forward efficiently. The result is a system in which children who could be adopted remain in state care for years, sometimes for their entire childhood.

Both the CCPA and CPFSA policy prioritise reunifying children with their birth families, even where it is unlikely or unsafe; adoption is deferred until other options have been fully exhausted. Though compassionate in intent, scarce resources are expended pursuing absent or unwilling parents and sustaining reunification plans that ultimately fail, keeping children in prolonged uncertainty, often in a facility. In practice, the child's best interest



Children who experience stable, nurturing care in their earliest years are more likely to succeed in school, form healthy relationships, and grow into emotionally regulated adults.

is subordinated to the preferences and rights of adults—birth parents, extended family members, or prospective adopters—rather than assessed in terms of the child’s long-term development and prospects.

Jamaica’s continued adherence to a closed adoption model is another impediment. The absence of a legal framework for post-adoption contact or information-sharing reflects a secrecy-based approach that conflicts with international evidence showing that structured openness supports better psychological and relational outcomes for adoptees and families. At the same time, foster care is unregulated in statute, with no requirement that long-term placements be systematically reviewed for adoption eligibility. The absence of permanency planning and concurrent planning entrenches temporary care arrangements and feeds directly into the adoption bottleneck.

The report finds that cultural factors are not the primary barrier to reform. The most decisive constraints are legal, institutional, and procedural, and therefore amenable to policy change. These same constraints also limit intercountry adoption and prevent Jamaica’s accession to the Hague Convention on Intercountry Adoption, isolating the country from global standards and further reducing pathways to permanent family care.

The cumulative effect of weak governance, statutory gaps, and administrative delay is that children spend formative years in institutions at high fiscal cost and with diminished life chances. Adoption reform, properly designed, is therefore not only a child-protection measure but a development strategy: one that strengthens human capital, reduces long-term public expenditure, and aligns the child-protection system with the state’s broader obligations to future citizens. Our recommendations include:

1. Strengthen CPFSA Capacity for Adoption and Permanency Case

Management

2. Improve Data Collection, Monitoring, and Follow-up
3. Clarify Governance and Accountability between the CPFSA and the Adoption Board
4. Re-orient Foster Care toward Permanency and Enable Concurrent Planning
5. Establish Administrative Permanency Timelines
6. Pilot Structured Openness and Early Placement Models
7. Operationalise Oversight through the CCPA Advisory Council
8. Integrate Adoption into a Revised Child Care and Protection Act
9. Clarify Legal Standards for Consent and Abandonment
10. Remove Gender- and Marital-Status Restrictions in Adoption Eligibility
11. Accede to the Hague Convention on Intercountry Adoption

Once an adoption is complete birthparents’ identities are erased, their loss unacknowledged, their grief invalidated, and they are stereotyped as irresponsible.





Recommendations



1 Strengthen CPFSA Capacity for Adoption and Permanency Case Management

Improve Data Collection, Monitoring, and Follow-up

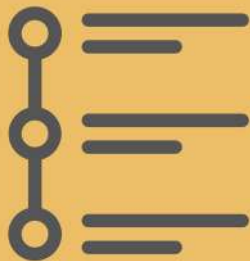
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3 Clarify Governance and Accountability Between the CPFSA and the Adoption Board.

Re-orient Foster Care toward Permanency and Enable Concurrent Planning

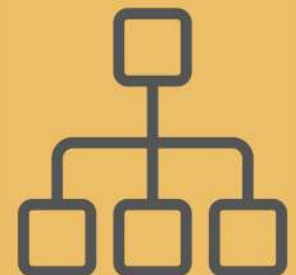
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5 Establish Administrative Permanency Timelines

Pilot Structured Openness and Early Placement Models

6



Recommendations

**7**

Operationalise Oversight through the CCPA Advisory Council

Integrate Adoption into a Revised Child Care and Protection Act

8**9**

Clarify Legal Standards for Consent and Abandonment

Remove Gender- and Marital-Status Restrictions in Adoption Eligibility

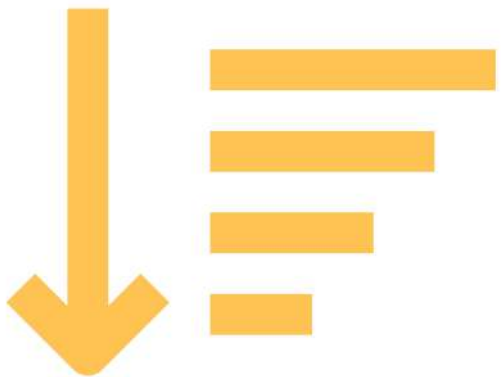
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Accede to the Hague Convention on Intercountry Adoption



1

Adoption as a National Development Issue



Adoption's marginal role is not accidental; it reflects an **institutional** philosophy that treats adoption as a last resort, pursued only after prolonged and often unrealistic reunification efforts.

Adoption is seldom discussed in Jamaica as a public policy issue, and is rarely treated as a core instrument of child protection or social development. It is more commonly understood as a private act of care or a bureaucratic exercise, most often used to formalise kinship arrangements or facilitate a child's migration to join family overseas. Yet adoption is also a core instrument of the state that when used effectively can provide stability and permanence for children in state care, reduce long-term reliance on institutional care and temporary placements, support family formation amid rising infertility, and secure the kind of early childhood environment that underpins lifelong development. These outcomes are central to Jamaica's national development agenda.

Approximately 200–300 adoptions take place in Jamaica each year. Around 95 percent are kinship or kinship-adjacent adoptions, typically involving relatives, stepparents, or long-standing informal caregiving arrangements.¹ They are typically straightforward, documented processes that, once initiated, are completed within three to six months. This report is not concerned with those adoptions. It focuses on non-kinship adoptions involving children who are wards of the state and their placement with approved adoptive parents.²

Despite more than 150 approved adopters

waiting, most for several years, placements remain rare, about 10 to 20 each year.³ At the same time, some 4,500 children between aged zero to 16 are in the care of the state through children's homes, foster care, or family reintegration programmes. It is frequently asserted that almost none of these children are legally available for adoption. However, the trajectories of the few who do reach adoption suggest otherwise: based on cases reviewed by the Adoption Board, there appear to be many children in state care whose circumstances could meet the criteria for adoption but whose cases never progress to that stage. Private children's home managers corroborate this, reporting wards who have had no family contact for years yet are never considered for permanent placement.

The developmental stakes are high: the evidence is unequivocal that the earliest years of life are the most consequential for cognitive, emotional, and social development. Stable, nurturing family environments during this period shape educational attainment, labour-market participation, and long-term wellbeing. Adoption, when pursued proactively and within a well-governed system, can convert early vulnerability into stability and opportunity. When delayed or treated as exceptional, those same children are far more likely to spend their formative years in institutional or temporary care, with enduring negative consequences for themselves and for the country.

Adoption's current marginal role in Jamaica's child protection system is not accidental. It reflects a prevailing institutional philosophy that adoption be considered only after prolonged and often unrealistic efforts at reunification have failed. This approach, while rooted in a legitimate concern for family preservation, has the effect of deferring permanency for children even when reunification is unlikely, unsafe, or indeterminate. The result is a system oriented toward process rather than outcomes, that systematically undervalues the developmental costs of delay, and which subordinates the best interest of the child to other considerations.

This report examines how Jamaica's fragmented legal framework, diffuse governance arrangements, and resource-constrained administrative practices combine to keep adoption peripheral rather than central to permanency planning. Drawing on legal analysis, administrative review, stakeholder engagement, and comparative experience from other jurisdictions, it identifies the key barriers that prevent adoption from functioning as an effective child-protection and development tool. It then sets out a series of evidence-informed reforms aimed at repositioning adoption as a timely, credible, and achievable permanency option for children in state care, aligned with Jamaica's broader social protection and national development goals.

Though there are around 4,500 children in state care and there are more than 150 approved waiting adopters, fewer than 20 children are adopted annually.



2

Why Adoption Matters



Newborns relinquished at birth wait around **two years** for adoptive placement; older children wait longer, and many who could have been adopted spend their entire childhood in residential care.

In Jamaica, adoption is rarely treated as a core instrument of child protection or social development. It is typically approached as an exceptional arrangement rather than as a routine permanency option for children in state care. This framing obscures what adoption can achieve when it is used deliberately and early: placing children who cannot safely return to their families of origin into permanent, non-kin families can support human capital formation, reduce long-term social vulnerability, and limit the developmental harm associated with prolonged instability and institutional care.

Despite these potential benefits, non-kin adoption of children in state care is rare in Jamaica. In 2017, only 27 wards of the state were adopted into non-relative families, from a care population of approximately 4,500 children, including roughly 2,000 living in childcare facilities. By 2020, the number had fallen to 14, although pandemic-related disruption may partly explain the decline.⁴ Of equal or greater concern than these low numbers is the time involved. Newborns relinquished at birth wait, on average, two years to be placed with adoptive families; older children typically wait longer, and many who could have been adopted spend their entire childhood in residential care, despite a standing pool of approved adopters and clear evidence on the value of early permanency.⁵

The negative consequences of this

long-standing norm are substantial. Stable home life is one of the strongest predictors of positive developmental outcomes, extending into adulthood.⁶ Children who grow up in permanent, nurturing households are more likely to succeed in school, develop emotional regulation, and as adults participate productively in the labour market.⁷ In contrast, prolonged instability characterised by repeated placements, uncertain caregiving arrangements, or extended institutionalisation is associated with poorer educational outcomes, behavioural difficulties, and interaction with the criminal justice system. From a public-policy perspective, permanency is therefore not only a child-protection goal but a long-term investment in national development.⁸

Children entering state care often carry early disadvantages arising from the neglect, abuse, or trauma that led to their removal from their families, but the evidence shows that adoption can be a powerful protective factor.⁹ Children placed early into permanent adoptive families frequently recover developmental ground and follow trajectories closer to those of their non-adopted peers.¹⁰ The decisive factor is not family form, but permanence: consistent caregiving, secure attachment, and sustained parental investment.¹¹ Yet Jamaica's child-protection system treats adoption as exceptional rather than integral. The prevailing orientation is to ex-

haust reunification efforts before adoption is contemplated, even where reunification is unlikely or indeterminate. The result is a structural bias against permanency that keeps children in temporary arrangements during their most developmentally sensitive years.¹²

This chapter sets out why adoption, particularly when pursued early and decisively, matters for children and for the country as a whole. It synthesises evidence on early development, attachment, and long-term outcomes to demonstrate why permanent family placement should be understood as a public good. It also situates adoption within the broader continuum of state care, contrasting it with foster care, institutional placement, and prolonged reunification attempts.

Adoption vs. Other Forms of State Care

A child deemed in need of care and protection has experienced a profound loss, whether through orphanhood, abandonment, neglect, or abuse. These children are reliant on the state to safeguard their wellbeing and development. The core task of the child protection system is therefore to restore (or provide) stability, continuity of care, and the conditions for long-term wellbeing. In Jamaica, this is pursued through kinship care, foster care, institutional care. Adoption is deferred until other options have been fully exhausted, and

Children entering state care are often disadvantaged, but adoption can be a powerful protective factor, allowing children placed early to recover substantial developmental ground.

even then, sometimes not at all. These arrangements differ markedly in their degree of legal permanence and developmental consequences for children.

The distribution of placement types shows how rarely adoption functions as a pathway out of care. At the end of 2021, 4,486 children were wards of the state. Of these, 1,115 were living in childcare facilities, approximately 1,184 were in foster care, and 749 were in family reintegration. A further 1,043 children were subject to Supervision Orders (remaining at home under court oversight), and 127 were in Places of Safety. Even allowing for an estimated 10–20 adoptions per year (approximately 15 on average), adoption accounts for a negligible share of exits from care. While in 2021 there was a modest reduction in the number of children in residential facilities compared to the previous year, attributed to the agency's deinstitutionalisation policy, institutional care nevertheless remained the single largest placement category.¹³

Reunification with biological parents is the preferred option in most child-protection systems, and the Child Care and Protection Act (CCPA), Jamaica's overarching children's law, accordingly identifies the family of origin as the child's optimal environment. The Child Protection and Family Services Agency (CPFSA), the primary state provider of child protection services, reflects this orientation in practice.¹⁴ Reunification, however, frequently proves difficult and, in some cases, unsafe.¹⁵ Children typically enter care because of serious and entrenched problems such as neglect, abuse, domestic violence, parental substance misuse, or mental illness; these are challenging to resolve even in well-resourced systems.¹⁶ In Jamaica, neglect is the most prevalent form of maltreatment, occurring at rates more than 40 percent higher than sexual abuse and 30 percent higher than physical abuse.¹⁷ For children who have been neglected, international evidence shows that reunification carries the highest risk of breakdown; in one major study nearly half of children with a history of abuse or neglect were re-abused after returning home.¹⁸ Reunified children also tend to have poorer psychosocial outcomes, including more emotional problems, self-harming behaviour, and risk-taking, than children who remain in care or are adopted.¹⁹

The CPFSA reports low rates of re-entry into care following reunification, but there is no national system for tracking reunification outcomes, so these claims cannot be independently verified, nor is it clear what constitutes "low."²⁰ At the same time, the Adoption Board Case Committee has reviewed cases where children were returned to their birth families, subsequently harmed, and later adopted. While these cases represent a small subset of wards, they point to the risks of prolonged or indeterminate reunification efforts in the absence of robust monitoring and timelines.²¹

Where reunification is not viable, placement with extended family members, known as kinship care, is often the next option. Kinship care is a well-established feature of Jamaican family life: approximately 15 percent of children are raised by a maternal figure who is not their birth mother, and 66 percent are not parented by their biological father.²² Grandparents frequently assume primary caregiving roles.²³ Most kinship care occurs outside the formal care system, though it is sometimes formalised through legal guardianship, fostering, or adoption. Legal guardianship could be a valuable permanency option for kinship carers and long-term foster carers where adoption is not viable. However, the process in Jamaica is legally complex, underused, and not well understood.²⁴

When no suitable family placement is available, children may be placed in residential care. While childcare facilities are preferable to abandonment or homelessness, institutionalisation is widely recognised as a form of structural neglect and should be used only as a temporary measure.²⁵ Jamaican children's homes range from small group settings to large institutions housing several dozen children. Even when well-managed, such environments cannot provide the consistent, individualised caregiving required for secure attachment and healthy development.²⁶ Children raised in institutions face higher risks of developmental delay, emotional and behavioural disorders, and reduced likelihood of later adoption, particularly as they age.²⁷ High caregiver turnover and large child-to-staff ratios further undermine the formation of stable, enduring relationships.²⁸

Foster care occupies an increasingly



prominent place in Jamaica's child-protection system and is widely regarded as preferable to institutionalisation.²⁹ Children in foster care remain wards of the state but live in family settings. International evidence indicates that short-term foster placements can offer meaningful protection from ongoing abuse and neglect, particularly for younger children. Compared to unsafe reunification or prolonged institutionalisation, foster care can improve school engagement and reduce later-life offending, especially among boys.³⁰

Foster care, however, is not a permanent solution. Evidence consistently shows that children who remain in long-term foster care experience poorer educational, economic, and psychosocial outcomes than those who achieve legal permanence through adoption. Foster care provides care but not certainty: children remain subject to placement disruption, continued state intervention, and unresolved legal status.³¹ In Jamaica, this limitation is compounded by the absence of a structured pathway from foster care to adoption. While foster-to-adopt placements occasionally occur, they do so on an ad hoc basis rather than as a deliberate system feature, as will be explored in more detail further down.

The Developmental Case for Early, Permanent Family Life

The first three years of life are decisive for brain development. During this period, the foundations for a child's emotional regulation, language, cognition, and relational capacity are established.³² Neuroscientific and developmental psychology research confirm that early experiences shape brain architecture in ways that are difficult, indeed often impossible, to repair later in life. Stable, responsive caregiving is central to this process. Children who grow up in chaotic home environments, institutions, who are shifted from one caregiver to another, or who are inadequately attended to are more likely to experience delays in language and learning, impaired emotional regulation, and behavioural difficulties.³³

Early adoption offers the most effective means of securing these developmental conditions where safe reunification is not possible. Placement within the first 12 to 18 months of life is associated with markedly better outcomes, including at-

tachment patterns comparable to those of non-adopted peers. By contrast, prolonged stays in care increase developmental risk and sharply reduce the likelihood of adoption, as placement prospects decline with age. Delays therefore compound harm: the longer permanency is deferred, the narrower the child's prospects become.

Human Capital Formation

Cognitive and emotional development in early childhood is the foundation of human capital. Children who experience stable, nurturing care in their earliest years are more likely to succeed in school, form healthy relationships, and grow into emotionally regulated adults. Jamaica's education system is often expected to compensate for deficits arising from neglect, trauma, or disrupted attachment, but even the most well-resourced schools cannot reverse the effects of early deprivation.

Research consistently shows child outcomes are shaped more by the stability and quality of family life than by family structure itself.³⁴ Chronic instability and household chaos are associated with poorer cognitive development, academic underperformance, and behavioural difficulties that extend into adulthood, manifesting in lower educational attainment and reduced earnings.³⁵ In Jamaica, these risks are amplified by unplanned pregnancies, single parenthood, and poverty. Approximately 5,000 children are born each year from unwanted pregnancies, most to young and/or economically disadvantaged mothers.³⁶ Children born into such circumstances are more likely to experience weaker parent-child bonding, and lower levels of sustained parental investment. These disadvantages frequently spill over to siblings and reproduce vulnerability across generations.³⁷

Adoption offers a pathway to interrupt these dynamics. For children whose biological parents are unable or unwilling to care for them, timely placement in a permanent family provides stability, attachment, and sustained parental investment that foster care, repeated placements, and institutional care cannot reliably deliver. Jamaican adult adoptees report better educational and social outcomes than their non-adopted biological siblings, often attributing this to being raised in homes that prioritised schooling and long-term planning.³⁸ Viewed in this light, adoption

reform is not only a child-protection concern but a strategic investment in human capital, supporting education outcomes, workforce readiness, and social cohesion.³⁹

Violence Prevention

Jamaica's extraordinarily high homicide rate may be the country's greatest obstacle to growth and development. It is driven by the entrenchment of gangs and the informal communities that sustain their territorial control. The involvement of so-called "unattached youth" joining gangs is less a reflection of alienation or deprivation than a structural outcome of gangs' capacity to recruit and socialise children who are effectively unparented and unprotected.⁴⁰

Gangs depend on a steady pool of children and adolescents who are out of school, lack stable caregivers, and who live in communities where the state's presence is weak. In these settings, gangs provide substitutes for parental or family care and security, such as food, shelter, belonging, and protection. In this way gangs perpet-



Reunification for neglected children carries a high risk of breakdown; in one study nearly half of abused or neglected children were re-abused after returning home.

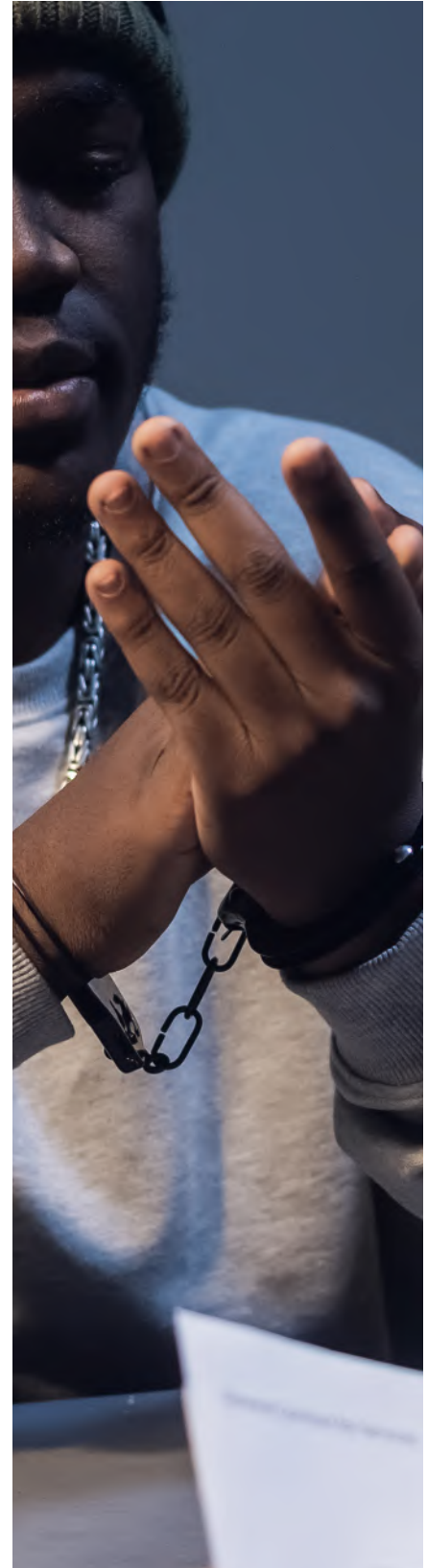
uate themselves and sustain their operations. Many of Jamaica's most violent offenders were not simply born into poverty, but raised without consistent parental care or supervision.⁴¹ Cross-cultural evidence shows a persistent association between attachment insecurity and violent behaviour, in both males and females.⁴² The traits that predict gang involvement—impulsivity, poor emotional regulation, and low trust in authority—often stem from early relational trauma.⁴³ Removing children from these environments reduces exposure to daily violence, coercion, and criminal socialisation during formative years.

From this perspective, adoption has the potential to reduce the pool of children available for gang recruitment. Early placement into stable, permanent families removes children from setting that gangs exploit, and interrupts trajectories that lead from neglect and instability to street exposure and incorporation into criminal networks.

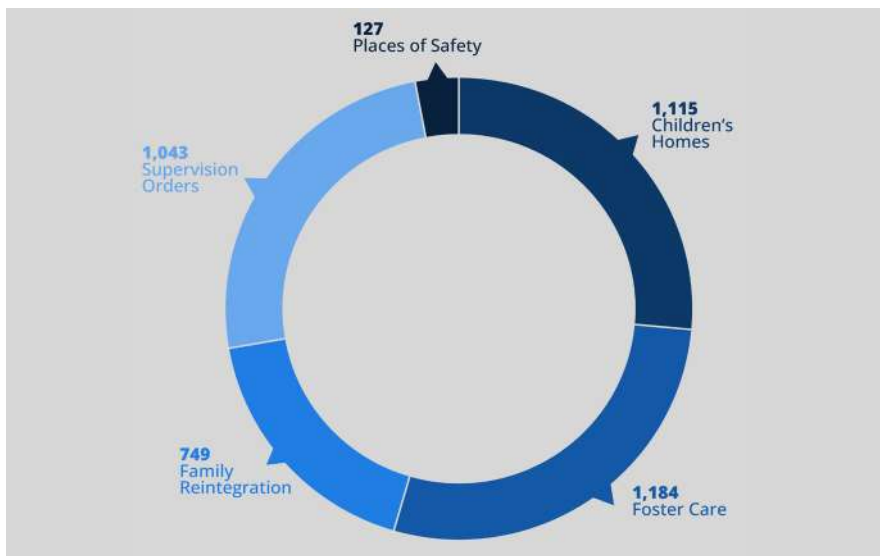
Evidence from across the Caribbean supports this structural interpretation. Research from Trinidad and Tobago and three Eastern Caribbean states indicates that gang involvement is closely associated with prolonged instability, lack of supervision, and weak adult guardianship, rather than with poverty alone, family structure, or individual pathology.⁴⁴ Young people involved in gangs are disproportionately those who experienced fragmented or absent caregiving, while those raised in stable family environments are less exposed to gang recruitment.

A functioning adoption system is therefore relevant to violence prevention as a protective intervention. Timely, well-governed adoption can reduce the number of children who spend their childhoods unparented or in informal placements, particularly in unsupervised community settings that gangs actively exploit. By reducing the number of unparented children

growing up in gang-controlled spaces, adoption reform contributes, indirectly but materially, to limiting gang recruitment, weakening criminal organisations' human supply chains, and reducing fu-



Distribution of Children in State Care



Children raised in institutions face higher risks of developmental delay, emotional and behavioural disorders, and reduced likelihood of later adoption, particularly as they grow older.

ture violence. In this sense, adoption policy is a strategic public safety investment.

The Demographic “Crisis”

The underutilisation of adoption intersects with Jamaica's shifting demographic and reproductive realities. The country's total fertility rate has declined from 4.5 in 1975 to approximately 2.0 in 2020, below replacement level, and was 1.3 births per woman in 2025, placing it among the lowest in the world.⁴⁵ While fertility decline was once an explicit policy objective, sustained sub-replacement fertility now raises concerns about population stability, labour-force renewal, and the long-term sustainability of development strategies that depend on human capital.⁴⁶

At the same time, infertility has become more prevalent. In 2002, 31 percent of sexually experienced women aged 15–49 experienced some form of fecundity impairment; by 2021 it had increased to 34 percent, most commonly among women aged 30 to 44.⁴⁷ Despite this, only 7 percent of women experiencing infertility seek treatment, due largely to cost, stigma, and lack of public provision.⁴⁸ National policy acknowledges infertility as a priority concern, yet assisted reproductive technologies remain largely inaccessible, and surrogacy is not legally defined in Jamaica.⁴⁹

While adoption does not address fertility decline in the demographic or macroeconomic sense in which governments usually frame the issue, it does speak directly to childlessness as a quality-of-life con-

cern for individuals and couples who wish to parent but cannot conceive. For many, adoption is the only legally established pathway to permanent parenthood. In a context where voluntary and involuntary childlessness risks becoming normalised, reforming the adoption system can enable family formation while simultaneously meeting the needs of children who require permanent homes. In this indirect but meaningful way, adoption reform aligns personal wellbeing with broader social objectives, even if it does not alter fertility rates per se.


Fiscal Considerations

Taxpayers bear the financial cost of maintaining children in institutional care. Publicly funded children's homes require sustained expenditure on accommodation, staffing, security, education, health care, and other basic needs. Each child who remains in institutional care for years represents a long-term fiscal commitment by the state. By contrast, every ward of the state placed in a permanent adoptive family reduces future reliance on public resources. Strengthening the adoption system would therefore ease pressure on institutional care budgets and allow resources to be redirected toward prevention, early intervention, and post-placement support. This logic aligns closely with the CPFSA's stated policy direction toward deinstitutionalisation. Under its Raising Children in Families framework, the agency has committed to reducing reliance on residential care and expanding family-based alternatives.⁵⁰ In practice, however, adoption has not been operationalised as a

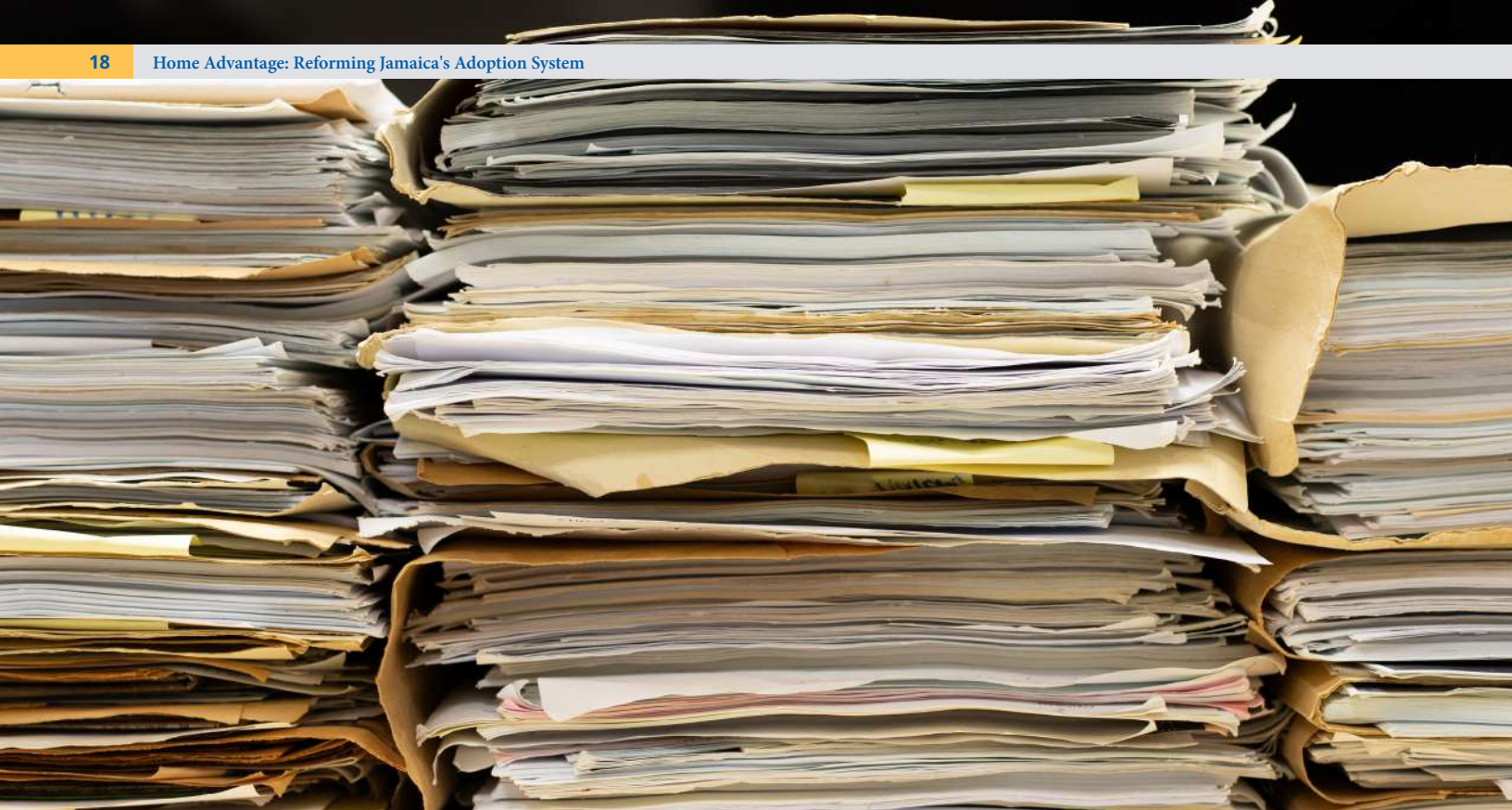
central mechanism for achieving this goal. Instead, reunification and foster care dominate, reflecting a prevailing view of adoption as a last resort rather than a permanency pathway in its own right.

Early adoption within a well-governed system functions not only as a child-protection measure but as a development strategy. For many children who cannot safely remain with their biological families, adoption offers the greatest developmental return. It provides legal permanency, sustained attachment, identity formation, and intergenerational belonging. It is also the only form of care that permanently transfers responsibility from the state to a family, eliminating the need for ongoing public oversight and expenditure. Children adopted early consistently fare better than those who remain in long-term foster care, institutional settings, or biological families unable to provide adequate care. These gains accrue over the life course, reducing later social and fiscal costs and advancing national objectives related to education, workforce participation, and social stability. Treating adoption as a measure of last resort, rather than as a timely permanency option, therefore carries real developmental and systemic costs, and is not in the best interest of a child who cannot be with their birth family.

The question, then, if adoption so benefits children and society, is why it remains so marginal within Jamaica's child-protection system, and what barriers prevent it from playing the role that both evidence and policy direction suggest it should.



Children in **long-term foster care** experience poorer educational, economic, and psychosocial outcomes than those who achieve legal permanence through adoption.



3 Barriers to a Timely and Effective Adoption System



Prolonged reunification efforts and temporary care arrangements are prioritised even where the likelihood of family restoration is **low**.

Adoption offers clear benefits for many children who enter state care, and for the society that ultimately bears the cost of their outcomes. When used effectively, it provides legal permanence, supports cognitive development, reduces reliance on public resources, and contributes to national goals such as social inclusion, education, and violence prevention. Yet for wards of the state in Jamaica, adoption is rare, slow, and marginal. Approved adopters wait years without being matched, while children who could thrive in families spend much or all of their childhood in care.

This disconnect is the result of interlocking legal, procedural, and institutional barriers that prevent adoption from functioning as a primary permanency option. Some stem directly from Jamaica's outdated adoption legislation; others have emerged through administrative practice in the absence of reform, oversight, or clear statutory guidance, and have hardened into institutional norms.

Chief among these is a prevailing policy orientation that treats adoption as exceptional. Prolonged reunification efforts and temporary care arrangements are prioritised even where the likelihood of safe or timely family restoration is low. While grounded in a legitimate concern for parental rights, the effect is to subordinate children's developmental timelines



to institutional preferences. By the time adoption is pursued, if it ever is, the advantages it offers have been substantially diminished.

These limitations must be understood within Jamaica's wider public sector context. Outdated laws, chronic underinvestment, weak governance, limited data use, and capacity constraints affect many areas of government. They do not, however, fully account for adoption's persistent marginalisation. Many of the barriers identified here are the product of legal and policy choices.

While some of the following observations echo previous findings in reviews of Jamaica's child protection system, this analysis treats adoption as a policy instrument in its own right. The sections that follow examine how legal design, administrative practice, and institutional orientation have combined to limit adoption's use, and identify where targeted reform could realign the system with children's best interests and Jamaica's broader development goals.

Legislative Framework

Adoption in Jamaica is governed by the Children (Adoption of) Act of 1958, referred to as the Adoption Act. A separate regime, the Child Care and Protection Act (CCPA) of 2004, is Jamaica's principal child protection legislation. The two Acts were developed independently, more

Jamaica's adoption law was modelled on the UK's 1958 Adoption Act and has remained unchanged, whereas the UK has revised its adoption legislation three times.

than four decades apart, and are neither aligned in content, nor integrated in application, despite overlapping mandates related to child welfare, the best interest of the child, and shared institutional actors such as the CPFSA and the Family Court. The Adoption Act deals only with adoption, while the CCPA defines the circumstances under which a child is deemed in need of care and protection, and outlines key duties such as the mandatory reporting of child abuse and the parental obligation to secure a child's access to health and education. The CCPA does not reference adoption, permanency planning, or the legal transfer of parental rights.

Jamaica's adoption law was originally modelled on the UK's 1958 Adoption Act and has remained unchanged since its passage. By contrast, the UK has revised its adoption legislation three times, in 1976, 2002, and 2014.⁵¹ There is broad consensus among policymakers and child protection officials that Jamaica's Adoption Act is outdated and in need of reform. A formal review was undertaken in 2013, but as of January 2026, no changes have been enacted, despite periodic ministerial statements signalling imminent Cabinet consideration. The CCPA has also been under review since 2013, including through a Joint Select Committee in 2023.⁵² In 2023, an amendment abolished the detention of children deemed "uncontrollable" who had committed no offence. However, the alternative framework put forward by that amendment has yet to be put in force. Beyond this change, no substantive legislative reforms have been implemented. This sluggish pace of legal reform reflects broader legislative inertia, where capacity constraints routinely delay or derail policy change. In the case of child protection the ongoing stasis may also point to the low visibility of adoption, which affects relatively few people, and is thus not politically

valuable. The Adoption Act established the Adoption Board as the sole legal authority responsible for all aspects of adoption, including approving applications, investigating prospective adopters, and matching children with adoptive families. By contrast, the CCPA assigns child protection responsibilities to several entities, including the Office of the Children's Advocate and the Office of the Children's Registry. It also refers to an "agency with responsibility for children"; though not named, that agency certainly refers to the Child Development Agency (CDA), created while the CCPA was being drafted to consolidate child welfare functions previously dispersed across several departments; it is now known as the Child Protection and Family Services Agency (CPFSA).⁵³

With the establishment of the CDA (now the CPFSA) the practical administration of adoption matters was transferred away from the Board. The CPFSA therefore now performs the core operational functions of both child protection and adoption, a configuration which has material implications for adoption. Although the original intention was to repeal the Adoption Act and replace it with a new framework within the Agency, this reform never materialised.⁵⁴

As a result, the Board remains the sole legal authority for adoption, despite having no office, budget, dedicated staff, or operational role, while in practice, the CPFSA administers adoption, exercising effective control over identifying children for placement, managing the adopter waiting list, conducting investigations, and facilitating matches.⁵⁵ There is no formal legal framework or administrative instrument governing this delegation of authority, nor any requirement for systematic reporting or external review of adoption policy or practice.⁵⁶ Thus, in its current form, the Adoption

There is no formal legal framework or administrative instrument governing the delegation of authority for administering adoption to the CPFSA.



In 2023 the portfolio minister announced the intention to prepare a Cabinet submission to amend the CPFSA's legal framework in light of acknowledged weaknesses in oversight and accountability.

Board is largely redundant outside its Case Committee, which meets monthly to review adoption applications based on CPFSA casework.⁵⁷ Beyond this narrow function, the Board has no guaranteed access to information on adoption activity, including the number of children eligible for adoption, or the criteria guiding decision-making. That and any other information is provided only on an ad hoc basis and at the Agency's discretion, leaving the Board unable to exercise its statutory mandate in any meaningful way as it cannot mandate corrective action nor enforce accountability.

The Board's neutering and its inability to provide meaningful oversight is compounded by the institutional and governance structure of the agency itself. The CPFSA is not constituted in statute but is an executive agency, a governance model originally intended to provide operational flexibility for self-financing para-statal entities.⁵⁸ It was not designed for entities carrying out high-risk safeguarding functions requiring strong external oversight, and the CPFSA is fully financed by the central government. Oversight exists, but it is procedural, fragmented, and diffuse, with reporting obligations spread across several state entities rather than exercised through continuous or direct governance. Authority is concentrated in the office of the Chief Executive Officer who is ostensibly supported by an advisory board whose role is consultative rather than supervisory. In the absence of a statutory governance framework, responsibility for policy interpretation, operational decision-making, and procedural design is largely internalised within the Agency.⁵⁹

Concerns about the suitability of the CPFSA's governance structure are not confined to external observers, nor are they limited to adoption. In early 2023, following a critical report by the Office of the Children's Advocate, the portfolio

minister publicly acknowledged weaknesses in oversight and accountability within the Agency and announced the intention to prepare a Cabinet submission to amend the legal framework governing the CPFSA, with a view to transitioning the Agency from an executive agency with a non-binding advisory board to an entity overseen by a board with stronger governance authority.⁶⁰

Incidentally, the failure to repeal the Adoption Act while transferring administrative powers to the agency has unintentionally preserved the only point of external scrutiny within the child-protection system. Because the Adoption Board and Case Committee are composed of individuals external to the CPFSA (they are appointed by the portfolio minister, as per the law) it functions as a form of de facto oversight, as it is the sole forum in which agency case files are reviewed by outside actors. This scrutiny, however, carries no authority: concerns raised with Agency leadership or conveyed to the minister rarely result in response or reform, rendering this approximation of oversight observational rather than consequential.⁶¹ The tenuous legality of the CPFSA's role in administering adoptions was implicitly recognized in a 2015 judicial ruling that struck down an extralegal "pre-adoption" screening requirement imposed by the agency but not authorized in law.⁶² This procedural irregularity had operated for over a decade and would have excluded an unknown number of would-be adopters based on agency-devised criteria rather than statutory standards.

Further complications arise from the CPFSA's dual role as guardian of children under the CCPA and administrator of adoption given that the two statutes are neither integrated nor cross-referenced. Perhaps the most consequential is the absence of a unified definition of the best interest of the child. The CCPA defines



the concept extensively, with an emphasis on biological family preservation, while the Adoption Act mentions it, only twice, without defining it. The 2015 court ruling held that adoption may serve a child's best interest where it offers greater long-term stability, care, and opportunity than remaining with the birth family; but neither statute has been amended to reflect this interpretation, nor have the proposals for amendments been updated to do so.⁶³ In practice, both CPFSA social workers and Adoption Board Case Committee members apply the "best interest" standard inconsistently and without clear guidance, leaving adoption decisions vulnerable to discretion rather than principle.⁶⁴

Consent and Dispensing of Parental Rights

The refusal or absence of parental consent is a recognised barrier to adoption globally. Difficulty obtaining parental consent, particularly from birth fathers, is among the most persistent barriers to adoption in Jamaica. Terminating or dispensing with parental rights is among the most serious forms of state intervention in family life. It requires balancing the right to private and family life, which is enshrined in Jamaica's Charter of Fundamental Rights and Freedoms, and the parents' right to withhold consent, against the best interest of the child.

Jamaica's adoption law requires the consent of both parents. A mother's consent may not be given until six weeks after birth; there is no equivalent procedural guidance for fathers. CPFSA does not place children with prospective adopters unless both parents have consented, or the court has dispensed with consent, an infrequent occurrence. The Act permits the court to dispense with consent where a parent has abandoned, neglected, or persistently mistreated the child; failed to fulfil parental obligations or demonstrate interest in the child; cannot be found; is incapable of giving consent; or is unreasonably withholding consent. These grounds are undefined in law and are accompanied by no evidentiary standards, timelines, or procedural thresholds. The Adoption Act only stipulates procedural requirements for advertising and registered letters when a parent cannot be found. As a result, decisions about whether and when consent may be dis-




pensed with are largely left to administrative interpretation and judicial discretion, resulting in delay, inconsistency, and a tendency to defer to absent or disengaged parents.⁶⁵

Cases that reach the Adoption Board Case Committee with a recommendation to dispense with consent are typically limited to situations where exhaustive searches for absent fathers have failed or where a mother is mentally ill. Cases involving unreasonable withholding of consent, particularly by mothers, are rare. In one documented case, a child entered state care at 18 months but was not made available for adoption until age 11 solely because the birth mother refused to consent, despite showing no interest in the child's welfare.⁶⁶ The extent to which similar cases exist is unknown, as no data are collected on how often children are not adopted due to withheld consent.

Paternal consent presents additional complications. The law does not distinguish between fathers who have legally acknowledged paternity, those who merely claim it, and those who are unidentified. The practice has been to conduct extensive searches even when fathers are unnamed or untraceable, a common occurrence; the process itself can take months and even years, during which children remain institutionalised. In one case reviewed by the Case Committee, a months-long search was conducted for a possible father identified only by a nickname. No data exist on how often such searches succeed, how many fathers are located, or how often consent is ultimately withheld. While such efforts reflect procedural diligence, they raise broader questions about proportionality, particularly in a system with limited staff and heavy caseloads, where children remain in care throughout the search.

The extent to which a parent's right to withhold consent should yield to a child's best interests is unresolved in Jamaica's adoption framework. In the absence of a unified statutory definition and authoritative interpretation of the child's best interests, practice appears to default toward deference to biological parents, even in cases of prolonged absence or demonstrable disinterest.⁶⁷ There is no explicit directive in law, policy, or customary practice that the best interest of the child





A **2015** ruling held that adoption serves a child's best interest if it offers greater stability, care, and opportunity than remaining with the birth family.

should override the parent's right not to consent. As noted earlier, the concept of best interests is interpreted inconsistently across the CCPA, the CPFSA, the Adoption Board, the Courts, and international standards.

Most modern child-protection systems require the initiation of termination of parental rights after a defined period in care, typically between six and 15 months, reflecting evidence that prolonged uncertainty undermines children's development and reduces adoptability. Bermuda dispenses with consent after 12 months in care without contact; South Africa defines abandonment as three months without contact; and several countries restrict paternal consent to fathers who have legally established paternity.⁶⁸ Neither the Adoption Act nor the CCPA establish such statutory triggers that compel timely movement from state care toward adoption. Proposed revisions to the CCPA allow up to 24 months for biological parents to meet reunification requirements. For infants and very young children, this timeframe exceeds what developmental research associates with secure attachment and emotional stability. The longer a child is in care, the lower the likelihood of being adopted.⁶⁹

Jamaica's provisions on parental consent were designed to prevent exploitation and protect family integrity, but their current interpretation too often delays or denies permanent family life for children who need it. Other jurisdictions have addressed these challenges through

legislative standards. In New South Wales, courts may override parental consent where adoption is preferable to alternative arrangements. South Africa also does not require father's consent in cases of incest or rape. Putative father registries in parts of the United States allow adoptions to proceed if no claim is registered, while countries such as Norway and New Zealand require both parents to be named on birth certificates, reducing later uncertainty.⁷⁰ Legislative clarification, procedural reform, and external oversight are required to better balance parental rights and the child's best interest in a more timely and developmentally appropriate way.

Gender and Marital Status Discrimination

The Adoption Act contains restrictions based on gender and marital status that limit the pool of prospective adoptive parents, without clear evidence that they improve child safety or welfare. Most notably, the Act prohibits single men from adopting unrelated female children, except where a court is satisfied that "special circumstances" exist. Single women may adopt children of either sex, and single men may adopt boys or girls to whom they are biologically related. The Act does not define what constitutes "special circumstances," nor does it articulate the policy rationale for this distinction, though it likely stems from concerns about protecting girls from sexual abuse. Concerns about child safety are legitimate and must remain paramount in adoption

policy. However, the available evidence does not support a categorical distinction based solely on the gender of a prospective adopter. While reported sexual abuse disproportionately affects girls and is more often perpetrated by males, the data do not establish that single male adopters present a higher risk than other caregivers. Abuse most commonly occurs within familiar settings, including biological families, and sexual abuse of boys is widely recognised as underreported.⁷¹ Studies from other jurisdictions have found no higher incidence of abuse or poorer outcomes among children adopted by single men compared with those adopted by single women or couples, when appropriate screening and safeguarding processes are in place. International experience has shown that single men, like single women, can be suitable and committed adoptive parents, particularly for children who are harder to place, such as older children or those with disabilities.⁷² Contemporary child-protection systems therefore tend to rely on rigorous assessment of individual suitability rather than categorical exclusions based on gender. In this context, Jamaica's restriction may be better understood as a legacy provision grounded in precaution rather than evidence, and one that warrants careful review rather than automatic retention.

Other aspects of the Adoption Act similarly reflect outdated assumptions about family structure. Unmarried couples are prohibited from adopting jointly, and stepparent adoptions require the biological parent to relinquish parental rights

only to re-adopt the same child. These provisions are unaligned with current Jamaican family realities and introduce procedural burdens that may discourage otherwise suitable adoptive placements. Reconsidering these restrictions would allow adoption law to better reflect contemporary evidence, family forms, and the paramount interest of children in achieving stable, permanent family life.

Open Adoption

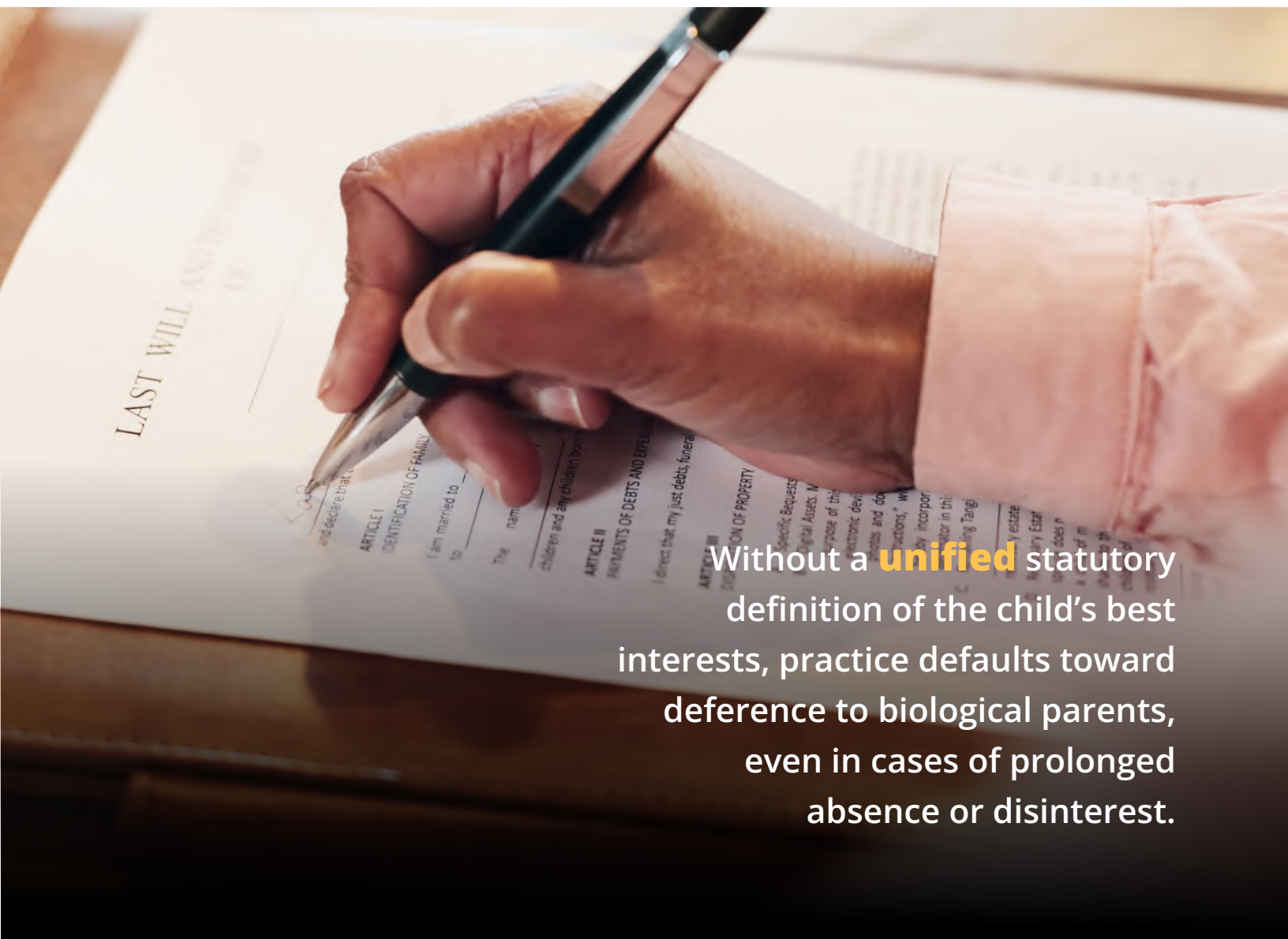
Jamaica's adoption system is premised on a closed model, offering no statutory provision for post-adoption contact or for adoptees to access original birth records. This reflects a traditional "clean break" approach, in which adoption severs all ties between birth and adoptive families.⁷³ While historically common, this model is increasingly out of step with contemporary evidence and practice, which rec-

ognise that carefully managed openness can support better outcomes for children, birth parents, and adoptive families.⁷⁴ Open adoption does not imply a single or uniform arrangement. Rather, it encompasses a spectrum of practices, ranging from the sharing of non-identifying information or medical histories, to indirect contact through letters or photographs, to more direct forms of contact such as supervised visits. At a minimum, openness within the adoptive family that is truthful and age-appropriate, where children are told about their origins, is widely regarded as good practice and foundational to healthy identity development.⁷⁵

A substantial body of international research suggests that closed adoptions are associated with higher risks of identity confusion, unresolved grief, and strained family relationships.⁷⁶ Longitudinal evidence, including findings from the

landmark Minnesota/Texas Adoption Research Project, indicates that adolescents and adoptive parents report higher satisfaction and better adjustment where some form of contact or information exchange exists.⁷⁷ Birth parents who receive limited updates also show lower levels of unresolved grief and psychological distress, which can make relinquishment more bearable and, in some cases, more likely. Evidence from the United States, Australia, and the United Kingdom similarly shows that openness, when appropriately supported, does not destabilise placements or confuse children, and may reduce anxiety and secrecy within adoptive families.⁷⁸

Experience from other jurisdictions shows that introducing openness is not merely a legal or policy shift, but a cultural and practice-based one. Entrenched beliefs about adoption as an opportunity for



Without a **unified** statutory definition of the child's best interests, practice defaults toward deference to biological parents, even in cases of prolonged absence or disinterest.

adoptees to enter a new family with a blank slate, as well as assumptions that birth parents, particularly those whose children enter care, are inherently dangerous, can shape adopters,⁷⁹ professional, and public resistance. Moreover, not all birth parents wish to maintain contact, and some may themselves believe that total separation is in the child's best interest. As practice in the UK and elsewhere has shown, effective openness requires careful, case-by-case assessment, attention to risks and benefits, and sustained professional support for all parties, including adopters, birth families, and practitioners.⁷⁹

Jamaica's context presents both challenges and opportunities for open adoption. Informal adoption, kinship care, and extended family arrangements have long involved varying degrees of ongoing contact, suggesting that openness is not culturally alien, though these practices remain largely undocumented and unsupported within the formal system. Small-scale Jamaican research and clinical experience indicate that many adoptive parents already recognise the value of early disclosure and open communication, and that children told early about their adoption show no adverse behavioural effects.⁸⁰ There are also anecdotal accounts of successful open formal adoptions of former wards of the state, where adoptees have contact with birth families.⁸¹ Jamaican psychologists working in adoption emphasise that access to information about one's origins supports identity formation and strengthens trust within adoptive families.⁸²

Modernising Jamaica's adoption framework to allow for structured, safeguarded openness, without mandating contact, and with flexibility to reflect individual circumstances, would remove a significant barrier to adoption. Legal reform would only be one aspect: meaningful implementation would require guidance, training, and support for social workers, judges, adoptive parents, and birth families, as well as recognition that openness is a matter of practice as much as policy. Properly approached, openness has the potential to make adoption a more humane, transparent, and workable pathway to permanency, while keeping the child's welfare at the centre of decision-making

Inter-country Adoption

Jamaica's legal framework for inter-country adoption is narrow and outdated. Under the 1958 Adoption Act, only Commonwealth citizens and citizens of the United States, Denmark, and Sweden ("scheduled countries") are permitted to adopt Jamaican children. No rationale has ever been articulated for the inclusion of Denmark and Sweden, no adoption application from a Swede or Dane has come before the Board at least since 2012, and the list of eligible countries has never been reviewed or updated.⁸³ This statutory restriction limits the pool of prospective adoptive parents and operates as a structural constraint on inter-country adoption.

Even among those who are legally eligible, adoptions by unrelated foreign nationals are rare. This is not due to lack of interest: non-Jamaican applicants appear on the CPFSA's waiting list, and new applications are routinely received. Rather, low inter-country adoption rates reflect internal agency practice. The CPFSA applies a hierarchy that prioritises prospective adopters by perceived geographic and cultural proximity to Jamaica: first Jamaicans resident in Jamaica, followed by Jamaicans abroad, then foreigners living in Jamaica, and lastly foreigners abroad. This hierarchy has no statutory basis but is consistently applied. In addition, it is agency policy that prospective adopters,



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foreign or local, are not permitted to visit children's homes in the hopes of meeting a child.⁸⁴

As a result, the small number of Jamaican children placed through inter-country adoption tend to be those considered "hard to place," typically older children or children with disabilities. These placements most often occur through private, church-linked childcare facilities with foreign affiliations, where prospective adoptive parents, usually white, Christian, American families, have direct access to the homes mostly on "mission trips". Through this connection, they are able to inadvertently circumvent the rule that prospective adopters not be allowed to visit the homes, and they are able to form bonds with specific children, learn of their situation, and apply for them by name. By contrast, foreign applicants without such connections, who apply through the formal system and wait on the approved list, are almost never matched.⁸⁵

Private inter-country adoption arrangements—where foreign adopters apply for a named child that is not a ward of the state, who they have made arrangements for with the birthparents outside of the purview of the agency—are usually viewed with suspicion by both the agency and the Adoption Board, reflecting concerns about child trafficking and the exploitation of vulnerable birth parents.⁸⁶

2 Barriers to a Timely and Effective Adoption System



While these risks are real and well documented internationally, the prevailing institutional response has been to restrict intercountry adoption through informal practice rather than to regulate it through transparent safeguards, outcome monitoring, or structured oversight.

For Jamaican children adopted overseas, there are concerns about adjustment, identity confusion, and alienation. Some research, particularly from the United Kingdom, has raised concerns about cultural identity, belonging, and racial socialisation when Black or minority-ethnic children are adopted into white families.⁸⁷ Other longitudinal studies complicate this narrative. A 12-year follow-up of Afro-Caribbean and mixed-race children adopted by white British families found generally strong psychological, educational, and social outcomes, comparable to those of same-race adoptees.⁸⁸ Broader evidence from North America and Europe indicates that internationally adopted children often achieve outcomes similar to their non-adopted peers when raised in stable, supportive environments, though adolescence may bring heightened questions of identity.⁸⁹ Meta-analyses suggest that adjustment is shaped less by ethnicity or nationality than by caregiving quality, parental responsiveness, access to mental-health support, and active engagement with the child's cultural heritage.⁹⁰ Overall the evidence indicates long-term favourable out-

comes for minority children raised in a mixed-race environment.⁹¹

There are also concerns for Jamaican children adopted by foreigners, many of whom are older, and possible post-traumatic stress responses, given pre-adoption histories of neglect, abuse, multiple placements, and prolonged institutionalisation. There are anecdotal reports that some older Jamaican adoptees, once overseas with their new families, exhibit attachment-related mental-health difficulties linked to unresolved trauma that was undisclosed or unknown at the time of placement. In the absence of data, however, it is impossible to assess either the prevalence or severity of these reported outcomes.⁹²

Whether intercountry adoption ultimately benefits Jamaican children cannot be determined without systematic outcome follow up. For some children, it may represent the only realistic opportunity for family life and access to specialised therapeutic services unavailable in Jamaica's residential care system. Yet without follow-up mechanisms, the state has no way of knowing whether these potential benefits are realised or whether early vulnerabilities persist or worsen, nor the dimensions of the inevitable tradeoffs.

These domestic constraints operate alongside a global contraction of inter-

country adoption which could further narrow the already limited set of receiving countries for Jamaican children. Over the past two decades, international placements have declined sharply due to heightened ethical concerns, including improper financial incentives and weak safeguards in sending countries.⁹³ Incidentally Jamaica's two scheduled countries are leading this trend. Denmark has begun dismantling its national intercountry adoption system, and Sweden is conducting a government inquiry widely expected to result in the cessation of all intercountry adoptions.⁹⁴

Taken together—restrictive eligibility rules, conservative institutional practice, absence of outcome data, and shrinking international receptivity—intercountry adoption remains an underutilised and poorly understood option for Jamaican children. It is neither strategically managed nor clearly aligned with the best interests of children who cannot be placed domestically.

The Hague Convention (Adoption)

Many of the reforms required to address the weaknesses identified in intercountry adoption, such as outcome tracking, procedural clarity, and strengthened safeguards, also arise in the context of Jamaica's long-standing consideration of accession to the Hague Convention on Protection of Children and Co-operation

in Respect of Intercountry Adoption, the principal international framework governing ethical and regulated intercountry adoption.⁹⁵ The UN Committee on the Rights of the Child has flagged Jamaica's non-ratification of the Hague Convention as a continuing concern.⁹⁶

The Convention prioritises placement with extended family or national adopters, treating international adoption as a residual option, provides for safeguards against exploitation and trafficking, and promotes transparency and cooperation between countries on adoption matters.

Non-ratification creates practical difficulties for overseas adopters, including diaspora Jamaicans.⁹⁷ Adoption Orders issued in Jamaica are not automatically recognised in Hague-compliant jurisdictions. In the United Kingdom, Jamaican adoptions must be re-processed through British courts. For the United States, CPFSA is required to produce extensive case documentation to satisfy federal immigration requirements. This is consequential given that the United States is the main destination for Jamaican intercountry adoptions. Also without Hague accession, U.S. immigration law recognises only orphans as eligible for entry. Ratification would remove this barrier by allowing children with living parents, who are nevertheless unable to care for them and who have consented to the adoption, to qualify for adoption and migration.⁹⁸ Beyond childhood, adoptees may also face legal, immigration, or inheritance complications in jurisdictions that do not recognise non-Hague adoptions.

Accession to the Convention would resolve many of these difficulties by enabling mutual recognition of Jamaican Adoption Orders and eliminating the need for the current Adoption Licence process. Compliance would require Jamaica to formally designate the CPFSA as the Central Authority and to expand its administrative capacity, alongside procedural reforms to align domestic practice with Hague standards. While ratification would require inter-ministerial coordination and legislative action, factors that have historically slowed treaty implementation across sectors and issues, it would



materially strengthen the credibility, predictability, and international legitimacy of Jamaica's adoption system.

Administrative Constraints

Beyond the legal and institutional issues with how adoption is administered, the CPFSA's internal functioning must be examined in its own right. Children only become available for adoption after they have entered state care and their cases have gone through the standard processes. Adoption is typically considered only after other placement options, reunification in particular, have been pursued and deemed unworkable, consistent with the agency's treatment of adoption as a last resort. This obtains even when, as sometimes happens, a prospective birthmother presents herself while still pregnant to the CPFSA stating her intention to relinquish her child at birth so the child can be placed for adoption.

This sequencing means that the principal source of delay is not the adoption unit itself, but the wider case-management system that determines when or whether a child is referred to the Adoption Desk. Once a child's file reaches the Adoption Desk the process moves comparatively quickly given the substantial pool of approved adopters. That is, the bottlenecks are earlier, in how children are advanced toward any permanency outcome at all. Many of the administrative constraints, therefore, are not actually specific to adoption per se, but reflect agency-wide capacity and practice issues. In this light, the concern raised by the UN Committee on the Rights of the Child in 2015 about excessive delays in Jamaica's adoption process, is better understood as a manifestation of broader weaknesses in child-protection practice and case management, rather than a failure of adoption procedures alone.

It is well documented that chronic understaffing, high caseloads, and expanding responsibilities within the CPFSA have produced uneven case management, and weak progression from entry into care to permanency.⁹⁹ Procedures have evolved without a clear evidence base, responsibility for cases is often diffuse, and standardised benchmarks are largely absent.¹⁰⁰

The lack of independent oversight means that policy interpretation, procedural adaptation, and performance assessment are internally determined and inconsistently monitored.

Understaffing is a primary driver of stagnation in casework upstream of the Adoption Desk. Jamaica's ratio of approximately 111 social workers per 100,000 children places it well below the staffing density of comparable child-protection systems, which typically range from 200 to 300 practitioners per 100,000 children.¹⁰¹ Across all aspects of the agency's work, children's officers manage caseloads far exceeding international norms.¹⁰² Evidence from other countries shows that high caseloads reduce the likelihood of children being adopted as social workers lack time for file reviews, follow-up, investigations, and sustained engagement with birth families.¹⁰³ As a result, children can remain in care for years with little documented progress toward permanency simply because their cases are not actively managed. The Adoption Board Case Committee has reviewed files where children had no formal care plans, assessments, or active consideration for adoption over extended periods. In several instances, applications reached the Committee only because a prospective adopter encountered a child through a volunteer visit or holiday foster programme and discovered that the child was, in fact, eligible

for adoption.¹⁰⁴

Capacity constraints also delay the early procedural steps that determine a child's trajectory in care. Children entering the system are first put in a "place of safety" pending longer-term decisions. The CCPA requires that a Fit Person Order (FPO), formally designating the child as a ward of the state, be issued "without delay," with CPFSA policy setting a target of 48 hours. In practice, obtaining an FPO often takes between 11 and 28 weeks. Until the FPO is issued, no placement review can occur, meaning months may pass before a child's case is even assessed for reunification, foster care, or adoption. As a result, a newborn relinquished at birth spends an average of 15 months in institutional care before placement with an adoptive family.¹⁰⁵

A typical case illustrates these dynamics. In 2019, the Adoption Board Case Committee reviewed an application for a child born in December 2016 whose mother had notified the agency of her intention to relinquish during pregnancy. It took six months to secure a Fit Person Order and a further two years to obtain parental consent. The child was eventually placed with adopters who had been waiting since 2014.¹⁰⁶

Older children experience similar delays. Children in residential care who have had



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no family contact for years often remain unconsidered for adoption due to children's officers' file backlogs, incomplete assessments, and under-referral. Private children's home managers report having children in their care who could be suitable for adoption, but they lack the authority to initiate the process, while overburdened case officers are unable to advance their files.¹⁰⁷

Even where timelines exist, weak tracking and accountability because of capacity constraints make compliance inconsistent. The CPFSA itself has reported that there is no centralised system to monitor timeline adherence, no routine oversight of case progression, and limited accountability for individual case outcomes.¹⁰⁸ While reunification plans are often drafted, their implementation is inconsistent, and adoption is not pursued in parallel. Institutional norms and organisational culture further shape adoption practice, including in ways that run counter to evidence. A clear example is the deliberate separation of foster care and adoption. Foster-to-adopt, also called concurrent planning, is a standard child welfare approach in which family reunification efforts occur alongside preparation for permanent alternatives such as adoption. Opposition to concurrent planning typically is grounded in the belief that allowing prospective adopters to foster children risks emotional attachment that would complicate later separation, and on the concern that it places an unfair emotional burden on prospective adopters.¹⁰⁹ These assumptions are not supported by evidence, yet they have materially shaped policy and practice. In practice, foster-to-adopt arrangements are meant to shift the burden of uncertainty away from the child who would otherwise form and lose attachments repeatedly, and onto adults who can be supported to manage that risk.¹¹⁰ Research on foster-to-adopt shows that early placement with carers who may become permanent parents reduces unnecessary moves, supports earlier stability, and improves outcomes for children, particularly infants.¹¹¹

Procedural change is also thwarted by this precedence of cultural orientation and agency norms. An attempt to introduce a

foster-to-adopt pathway, the From Cradle to Loving Arms initiative, was introduced by ministerial directive and approved by Cabinet. Its implementation would have required new procedures across multiple departments, increasing workload and disrupting established routines without additional staffing or resources. It also lacked benchmarks, reporting requirements, and monitoring mechanisms to track compliance or outcomes. Most critically, it did not confront the agency's entrenched resistance to concurrent planning. In this context, the absence of measurable improvement in early placement for babies and young children was predictable.¹¹² These administrative dynamics have direct consequences for where children ultimately land within the system, how long they stay there, and for where they end up.

Foster Care

Foster care is a core component of Jamaica's child-protection system and often becomes the default option for children who could be adopted. Rather than functioning as a temporary pathway toward permanency, it frequently substitutes for adoption because adoption is not actively pursued. It allows the agency to advance its stated deinstitutionalisation objectives without engaging adoption as a central permanency strategy, reinforcing the treatment of adoption as marginal rather than as an integral component of family-based care.

The scale of foster care relative to adoption nevertheless illustrates this dynamic. Foster care supports a large standing population of children, while adoption contributes only a negligible number of exits from the system. In 2013, at the same time as approximately 900 children were living in foster care, just eight adoptions were completed over a five-month period. Although these figures reflect different measures, the contrast highlights the marginal role adoption plays in reducing the population of wards of the state.¹¹³ Children in foster placements may meet the legal criteria for adoption but are not regularly nor routinely formally assessed for it. Without the termination of parental rights and placement in an adoptive family, children remain wards of the state





indefinitely. Foster care is administered entirely through internal CPFSA policies and precedent rather than law. Neither the Adoption Act nor the CCPA contains provisions governing foster care. There is no statutory definition of a foster child, foster parent, or foster placement, and no legal framework setting out rights, duties, safeguards, or accountability of any party involved. This legal invisibility creates systemic vulnerabilities for children, foster carers, and the state, which remains the child's legal parent.¹¹⁴ A consequence of the legal and regulatory vacuum is the absence of any statutory requirement to assess whether a child in foster care should be made eligible for adoption. There are no procedural triggers such as a fixed period in care or failed reunification attempts that compel evaluation of adoption as a permanency option.¹¹⁵

This problem is compounded by the institutional separation of foster care and adoption. The two are administered as distinct programmes, governed by different processes, and treated as conceptually unrelated. Foster care is framed as temporary even when it becomes long-term; adoption is framed as permanent and therefore exceptional. In the absence of legal or policy integration, many children are never considered for adoption, even when permanence would be in their best interest. Foster parents who have cared for children for years, sometimes from infancy, often find themselves unable to pursue adoption, despite being the only caregivers the child has ever known. Those who attempt to do so describe the process as slow, opaque, and discouraging.¹¹⁶

The lack of integration precludes concurrent planning. In systems where concurrent planning is routine, children may be placed with foster families already approved as adoptive families, allowing for continuity of care if reunification fails.¹¹⁷ While the From Cradle to Loving Arms initiative was intended to introduce a version of this model by registering approved adopters as foster parents, as noted earlier, it never did become agency policy.¹¹⁸ A de facto form of concurrent planning nevertheless occurs through so-called "private arrangements." In these cases, birth parents and prospective adopters

meet and come to an agreement without the CPFSA's involvement. The child is placed with the adopters, often immediately after birth. The adopters then submit a formal application some months or years later, and the agency conducts its investigation as with any other case. Although these arrangements carry some risk, as birth parents retain the right to withhold consent until it is formally given, this is the same risk that any prospective adopter agrees to if a child is placed with them by the agency. Private arrangements account for roughly 15 percent of adoption applications—four times the number of placements of wards of the state with approved adopters—suggesting that early newborn placements with adoption further down are not only feasible but common within the Jamaican context.¹¹⁹ A structured framework, with legal safeguards and social worker support for all parties, would formalise what is already in practice.

Foster care, as currently structured, reflects and reinforces the systemic barriers to adoption. It fills the space where permanency planning should occur, but without the tools, authority, or intent to deliver permanent outcomes. The separation of foster care and adoption has broader rights implications: children in long-term foster care have a right to stability, continuity of care, and legally secure relationships with their caregivers. These rights are not protected in a system where foster care is unregulated, open-ended, and fully discretionary. Many children in extended foster care would likely benefit from the security and permanence of adoption, but no structured or systematic mechanism exists to ask or answer whether that is the better outcome.

Proposed amendments to the Child Care and Protection Act (CCPA) seek to address longstanding gaps in the regulation of foster care, including the creation of a Foster Parents' Register, enforceable standards and protocols for children in foster care, clarification of the legal rights and limits of foster parents vis-à-vis biological parents, the establishment of critical incident protocols, and clearer duties on the CPFSA to monitor foster placements. These reforms would regularise foster care, improve oversight, and strengthen

safeguards for children and carers alike. However, it does not provide for concurrent planning, nor do the revisions address adoption at all either.

Culture and Stigma

Cultural attitudes influence adoption in Jamaica. Adoption is often thought, by both professionals and the general public, to carry social stigma.¹²⁰ While informal caregiving arrangements are deeply rooted and socially accepted, formal adoption apparently is a more sensitive matter. The distinction appears to lie less in the act of caring for a non-biological child than in the legal permanence of adoption and the formal transfer of parental rights. In a context where mistrust of state institutions is common, and family matters are viewed as private, the legislation of caregiving may provoke discomfort in ways that informal arrangements do not.¹²¹

The perceived negative societal attitude toward adoption, reported especially by prospective adoptive mothers, engenders a feeling of need for secrecy.¹²² Research offers useful precepts to explain this: the “genetic family ideology” has historically framed non-biological families as less legitimate, associating adoption with the “twin stigmata of infertility and illegitimacy.”¹²³ Accordingly, Jamaican adoptive parents report that it is seen as a “second-best” option compared to having biological children, especially when it follows infertility. Infertility itself is still regarded as a private or taboo subject, and that silence can extend to adoption and fostering as alternative paths to parenthood.¹²⁴ Some adoptive families may thus not want to disclose their adoption story, fearing judgement or misunderstanding from others, and to protect their child from same.

Stigma also follows birthparents who relinquish children for adoption. International research shows that birth mothers experience deep shame and disenfranchised grief for having “given up” a child. In Jamaica when a birth mother relinquishes her child up for adoption, she is chastised by society.¹²⁵ In Jamaican and wider Caribbean contexts, strong norms around parental responsibility and family loyalty mean that relinquishment can be interpreted as moral failure rather than as a protective decision.¹²⁶ Once an adoption is complete, birthparents’ identities are erased, their loss unacknowledged, their grief inval-

idated, and they are stereotyped as irresponsible.¹²⁷ These effects are reinforced structurally by the absence of post-relinquishment counselling, psychosocial support, or any right to information about the child’s wellbeing after adoption.

Public scepticism about state involvement in children’s welfare further compounds these dynamics. Reports of abuse and neglect within children’s homes contribute to mistrust of the system among both prospective adopters and birthparents. For prospective adopters, the process can appear bureaucratic and impersonal.¹²⁸ For birth parents, relinquishing a child to “the system” may feel unsafe or morally fraught, deterring birthparents from formal adoption channels.¹²⁹

Although practitioners suggest that attitudes toward adoption may be evolving, there is little systematic evidence on how stigma operates in practice or the extent to which it deters relinquishment or adoption.¹³⁰ Until these dynamics are examined through structured, representative research, cultural barriers will remain poorly understood and inadequately addressed. If adoption is to become a more accessible and accepted pathway to family life, public dialogue and policy reform must be grounded in empirical understanding of Jamaican attitudes toward family, care, and state involvement, rather than assumption or anecdote.







4

Towards a Functional Adoption System



No statute or policy establishes **clear timelines** for determining abandonment, dispensing with parental consent, or reviewing permanency plans.

This study finds that Jamaica's adoption system is constrained by three interlocking structural conditions: an outdated legislative framework, a diffuse and weak governance architecture, and a chronically under-resourced administrative system operating without effective oversight or systematic use of data. The combined effect is a system that positions adoption as a last-resort rather than as a purposive child-protection and development function, with limited attention to outcomes for children or to adoption's broader social and developmental value.

Delays in placing wards of the state with approved adopters stem primarily from operational bottlenecks rooted in staffing shortages, excessive caseloads, and a cautious administrative culture. Children remain in care for years, sometimes their entire childhood, even when adoption would clearly better serve their interests. Children's officers managing caseloads far beyond international norms lack the time and institutional support to review files, advance permanency planning, or pursue adoption in parallel with reunification. These outcomes reflect capacity exhaustion rather than individual neglect or malintent.

At the base of these procedural and administrative weaknesses lies an outdated and fragmented legal framework. Jamaica's



Adoption Act of 1958 remains unrevised and sits apart from the Child Care and Protection Act (CCPA), which governs the wider child-protection system. The two statutes neither cross-reference nor align, producing a structural incoherence: the CCPA regulates children in need of care and protection, but does not engage adoption as a permanency outcome at all; the Adoption Act, in turn, treats adoption in isolation, without reference to the broader child-protection continuum or other permanency mechanisms. The result is a child-protection system with two parallel legal regimes which though administered by the same agency are oriented around different logics.

With both the Adoption Act and the Child Care and Protection Act (CCPA) long under revision—processes initiated in 2013 and stalled since—the logical course is to integrate them into a single legislative framework. This is the approach taken in most Commonwealth jurisdictions, including elsewhere in the Caribbean. Maintaining two separate statutes administered by one agency, and subject to weak or inactive oversight, continues to fragment responsibility and dilute reform. A unified law should adopt a single definition of the child's best interests, incorporating the interpretation articulated in the Sykes decision: that adoption may serve a child's best interests

The core constraint for adoptions is not legal permissibility but operational capacity, institutional clarity, coherent governance and accountability, and evidence-informed cultural recalibration.

where it offers greater long-term stability, care, and opportunity than remaining with the birth family. Integrating adoption into a revised CCPA would align all state care interventions within a single framework, with clear lines of authority and accountability. Commonwealth experience suggests that such unified children's legislation streamlines agency work, reduces fragmentation, and strengthens child protection. This reform presents an opportunity to move away from siloed laws and toward a comprehensive Children's Code that reflects contemporary standards and practice.

The extant legal fragmentation is mirrored administratively. The Adoption Board retains formal legal authority, while the CPFSA administers adoption services without explicit statutory grounding. No statute or policy establishes clear timelines for determining abandonment, dispensing with parental consent, or reviewing permanency plans. In practice, children are left in institutional or temporary care far beyond what developmental evidence recommends, with predictable harm to attachment, emotional regulation, and long-term wellbeing.

Institutional culture compounds these structural constraints. In practice,

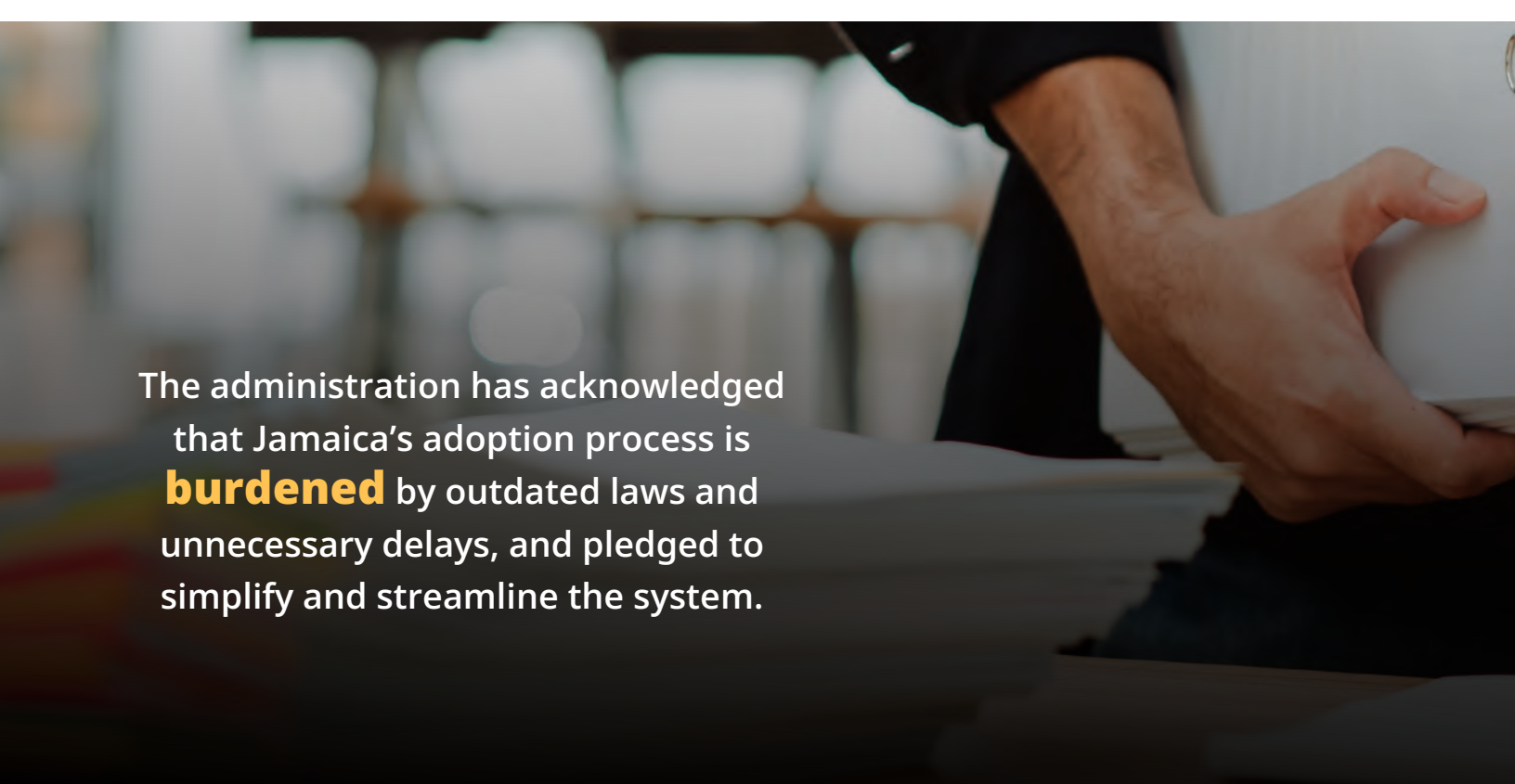
adoption is considered and treated as a measure of last resort, to be considered only after prolonged and often unrealistic efforts at reunification have been exhausted. Agency practice remains strongly oriented toward biological family preservation, even where reunification is unlikely or unsafe. Scarce resources are devoted to tracing absent or disengaged parents, reflecting a belief that biological continuity should outweigh all other considerations. While compassionate in intent, this orientation is not consistently supported by evidence and often conflicts with children's need for timely permanence. Early family stability is a well-established protective factor: prolonged uncertainty and repeated disruptions, rather than removal itself, are key drivers of later harm.

Governance reform is central to addressing this gap. One option would be to reconstitute the CPFSA as a statutory body, probably best done within a revised CCPA, thereby containing all the actors in the child-protection system under the main legislative framework. An alternative, interim mechanism would be to operationalise the oversight role already contemplated in the CCPA by empowering the Advisory Council. Although provided for in law, the Council was not appointed until 2021, 17

years after the Act's passage, and has never been adequately resourced. If properly constituted and mandated, it could provide structured oversight of CPFSA performance, monitor implementation of ministerial directives, and require regular reporting on priority areas, addressing the governance deficit that arises when executive discretion operates without countervailing accountability.

Attitudes and belief systems also require attention. Adoption stigma in Jamaica is both interpersonal and structural, reinforced by policy and professional practice. The absence of post-relinquishment counselling, peer support, or any right to information post-adoption entrenches shame, grief, and social isolation among birth parents. Research consistently shows that where emotional and peer supports exist, mental-health outcomes improve and stigma is mitigated. Reforms that ignore the birth-parent experience risk perpetuating neglect, unsafe informal placements, or prolonged institutional care rather than facilitating timely relinquishment.

The same evidence-practice gap appears in relation to openness and concurrent planning. Evidence from multiple jurisdictions shows that open or semi-open adoption arrangements do not destabilise families or confuse children;



The administration has acknowledged that Jamaica's adoption process is **burdened** by outdated laws and unnecessary delays, and pledged to simplify and streamline the system.

secrecy is more often associated with identity conflict and strain. Similarly, resistance to foster-to-adopt models reflects institutional norms rather than evidence. Where such models have succeeded, success has depended on practitioner training, clear guidance, and support structures that enable adults—not children—to bear the emotional risk of uncertainty. Policy intent without these investments is unlikely to alter practice, as Jamaica's own experience has already shown.

International alignment also matters. Accession to the Hague Convention on Intercountry Adoption would improve safeguards while reducing legal and administrative barriers for Jamaicans in the diaspora and other international adopters, facilitating recognition of Jamaican adoption orders abroad and expanding permanency options for children who cannot be placed domestically.

Legislative reform is necessary but not sufficient. Comparative experience shows that law alone cannot shift institutional practice. South Africa's 2005 Children's Act introduced clear definitions of abandonment, timelines for dispensing with consent, and safeguards against children becoming "legal orphans."¹³¹ Yet adoptions there have declined, largely because institutional practice continues

to privilege parental rights over children's long-term interests.¹³² The lesson for Jamaica is that the core constraint is not legal permissibility but operational capacity, institutional clarity, coherent governance and accountability, cultural recalibration informed by evidence, and a clear orientation toward the child's right to permanent family life as a primary objective. Many improvements can be implemented without awaiting full legislative overhaul. Ministerial regulations and policy directives permissible under existing law could address immediate governance gaps. A formal memorandum of understanding between the CPFSA and the Adoption Board could clarify roles, enable lawful oversight, and establish routine information-sharing. Clear procedural benchmarks and timelines for permanency planning could be embedded in agency policy to prevent indefinite stays in care while legislative reform is pursued. Properly resourced and integrated into a rationalised child-protection framework, adoption could become a pillar of human-capital formation, delivering lifelong developmental gains, reducing the costs of institutionalisation, and contributing to a more stable and cohesive society.

Policy Window

A policy window is a moment of political

alignment and institutional readiness that creates the conditions for long-awaited reform. In such moments, problems already known to government and civil society may finally find their way onto the agenda for action, provided that the right policy solutions are available, and that political actors are motivated to act.¹³³ For adoption reform in Jamaica, such a window may be open.

Leading up to the September 2025 general election, the incumbent administration signalled a clear intention to prioritise child welfare. The Jamaica Labour Party's manifesto outlined a set of specific, actionable policy commitments that correspond closely with the gaps and inefficiencies outlined in this report. Specifically, the manifesto identifies Jamaica's adoption process as "burdened by outdated laws and unnecessary delays," and pledged to simplify and streamline the system. Proposed actions included removing bureaucratic barriers, clarifying guidelines, and supporting prospective adoptive families.¹³⁴

The manifesto also pledged to "strengthen the institutional arrangements for children" through clearer agency mandates, improved coordination, and stronger accountability. This aligns directly with the findings in this report regarding the legislative and operational fragmentation that currently characterises



Jamaica's adoption and foster care systems. The several promises with regard to parenting support this report's proposition about the relationship between adoption, child development, and family strengthening.

Since their success at the polls and re-assumption of office, several political and administrative signals initially suggested a convergence of opportunity for the child-protection sector, including adoption. The appointment of two junior ministers to the portfolio ministry for children appeared to indicate an intention to expand administrative bandwidth and advance reforms.¹³⁵

This prospective reform agenda also aligned with the CPFSA's previously stated policy direction toward deinstitutionalisation. The agency has stated its commitment to reducing reliance on residential care and expanding family-based alternatives, particularly for younger children.¹³⁶ Modernising adoption processes and embedding permanency planning would directly support this shift by creating viable pathways out of care, rather than allowing foster care and institutional placement to function as long-term end points. Adoption reform can therefore be framed not as a new policy priority, but as an instrument for delivering on an

existing one.

However, the translation of manifesto commitments into systemic change remains uncertain. Reforms in adoption and child protection are particularly vulnerable to delay when competing policy demands divert political attention, administrative capacity, and fiscal resources. Without sustained prioritisation and resourcing, longstanding structural weaknesses are likely to persist. Nonetheless, this report, building on previous, recent work, provides a clear, evidence-based reform agenda exists to inform decision-making if and when policy space becomes available.





Recommendations

Measures achievable through policy directives and resourcing



1

Strengthen CPFSA Capacity for Adoption and Permanency Case Management

- Increase staffing levels across children's officers and adoption personnel to reduce caseloads to manageable levels closer to international standard ratios of 25 – 30 cases per social worker, modernise case-management systems through digitisation of files, and introduce a dedicated permanency review function to track cases, flag delays, and ensure timely progression.
- The evidence in this report shows that staffing shortages and administrative overload—not legal barriers—are the primary causes of delay.

Improve Data Collection, Monitoring, and Follow-up

- Develop a centralised information system to track adoption applications, placements, timelines, and outcomes. Publish annual adoption and permanency statistics and introduce structured post-placement follow-up beyond the minimum statutory period.
- Robust data systems are essential for accountability, policy learning, and outcome evaluation. Interoperability with existing systems (e.g. education or health data) should be explored to enable longitudinal tracking.

2



3

Clarify Governance and Accountability between the CPFSA and the Adoption Board

- Execute a formal Memorandum of Understanding between the CPFSA, the Adoption Board, and the portfolio ministry to clarify authority, oversight responsibilities, and information-sharing arrangements pending legislative reform.
- An interim governance instrument would reduce legal ambiguity, strengthen accountability, and mitigate risk while longer-term statutory integration is pursued.



Recommendations



4

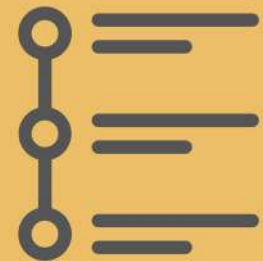
Re-orient Foster Care toward Permanency and Enable Concurrent Planning

- Require that every foster-care placement include a formal permanency plan at the point of placement, with timelines for reunification, guardianship, or adoption. Introduce concurrent planning as standard agency practice, supported by practitioner training, guidance, and psychosocial support for carers.
- Agency resistance to concurrent planning has been documented; addressing it requires structured support and leadership, not policy statements alone. Legislative reform should later codify these practices.

Establish Administrative Permanency Timelines

- Introduce national administrative benchmarks for permanency planning, such as:
 - initial permanency plan within four months of entry into care;
 - mandatory review within six months; and
 - initiation of adoption proceedings after 12 months in care absent compelling reasons.
- These standards can be implemented immediately through policy and later embedded in statute.

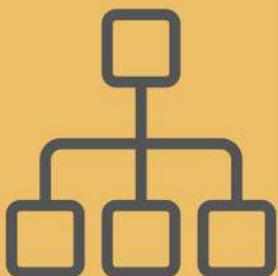
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6

Pilot Structured Openness and Early Placement Models

- Develop culturally appropriate practice guidelines for openness in adoption and early placement. Pilot voluntary open-adoption arrangements, supported by counselling and case-by-case safeguards for all parties.
- Evidence indicates that openness reduces fear, improves psychological outcomes, and facilitates relinquishment when properly supported.



Recommendations



7

Operationalise Oversight through the CCPA Advisory Council

- Provide the CCPA Advisory Council with the administrative resources, technical capacity, and formal mandate required to exercise meaningful oversight over the CPFSA.
- Empowering an existing statutory body offers an interim governance solution without restructuring the agency, addressing the governance and accountability gaps identified in the report.

Measures requiring legislative reform

Integrate Adoption into a Revised Child Care and Protection Act

- Rather than amending the Adoption Act and the CCPA separately, consolidate them into a single, coherent child-protection statute. The revised Act should regulate foster care, guardianship, and adoption within one framework, with clear institutional roles and accountability.
- The unified statute should adopt a single definition of the child's best interests, incorporating the interpretation articulated in the Sykes decision—that adoption may be in a child's best interests where it offers greater long-term stability and opportunity than remaining with the birth family.

8



9

Clarify Legal Standards for Consent and Abandonment

- Legislatively define abandonment, unreasonable withholding of consent, and fixed periods of non-contact that trigger review of parental rights.
- Clear statutory standards would reduce delay and ensure that children's welfare, rather than procedural caution, guides decision-making.

Recommendations



10 **Remove Gender- and Marital-Status Restrictions in Adoption Eligibility**

- Amend the law to remove the prohibition on single men adopting unrelated female children and permit joint adoption by unmarried couples in stable, long-term relationships where this serves the child's best interests. Simplify stepparent adoption procedures.
- These restrictions lack an evidence base, narrow the adopter pool, and are inconsistent with equality principles.

Accede to the Hague Convention on Intercountry Adoption

- Ratify the Hague Convention and designate the CPFSA as Central Authority, with appropriate resourcing to ensure compliance.
- Accession would strengthen safeguards, improve international recognition of Jamaican adoption orders, reduce administrative barriers for the diaspora, and expand permanency options for children who cannot be placed domestically.

11



Appendix: Glossary and Terms

Jamaica's child protection system has evolved organically from its colonial origins through various reforms, agency mergers—some of them incomplete—and the ad hoc adoption of social work practices. Some of these practices reflect international standards, particularly those of the UK and North America; others have adapted over time to Jamaica's unique institutional, legal, and cultural context. The terminology used in the system similarly reflects this mixed lineage. Terms such as “in state care,” “ward of the state,” and “in need of care and protection” are broadly analogous to what the UK refers to as “looked-after children” or “care-experienced children.” In the United States, by contrast, foster care is the default placement for children removed from their families and who are taken directly into foster homes. In Jamaica, however, foster care is typically considered only after a child has already been admitted into state care, most often via placement in a residential facility. Children in the Jamaican system almost always enter foster care from a facility, not directly from their home. In some cases, usually when no space is available in a facility, a foster family who is also designated as a Place of Safety may receive a child immediately upon their removal from the home.

These variations in terminology are explicated further in the glossary below.

Adoption

The legal process by which a person assumes permanent parental responsibility for a child, severing the child's legal ties with their biological parents and establishing the adopter as the child's parent in law. Adoption of a child in state care requires both agency processing and judicial approval.

Adoption Board

Established under the Adoption Act of 1958, the Board was originally responsible for overseeing all adoption matters. While its administrative functions were later absorbed into the former Child Development Agency (CDA), now the Child Protection and Family Services Agency (CPFSA), the Board was never formally dissolved. Its current role is limited to reviewing adoption applications and granting or withholding approval before the matter proceeds to court for a final decision by a judge.

Adoption Licence

A court-issued authorisation permitting a Jamaican child to be taken abroad for the purpose of adoption under the laws of another jurisdiction. The process requires CPFSA facilitation and judicial approval.

Adoption Order

A final order granted by a judge, following CPFSA processing and Adoption Board approval, that legally transfers all parental rights and responsibilities to the adopter(s). It permanently severs the child's legal ties with their birth family.

Adopter

The person applying to adopt a child. In this report, unless otherwise specified, “adopter” refers to a non-relative, approved adopter on the CPFSA's adoption waiting list.

Best Interest of the Child

Defined in the Child Care and Protection Act (CCPA) as the paramount consideration in any decision affecting a child, with several precepts set out in the law to inform it. The Adoption Act does not define this principle, leaving its application in adoption matters open to both judicial and agency discretion.

Child in Need of Care and Protection

A child who is abused, abandoned, neglected, orphaned, or otherwise without adequate parental care or guardianship, and who there-

fore comes under the protective remit of the state. This designation is made by the CPFSA and/or the court under the Child Care and Protection Act.

Childcare Facility

Formerly referred to as a children's home, a childcare facility is a residential institution for children in state care. There are currently 50 such facilities in Jamaica. Of these, 40 are privately operated but licensed and regulated by the CPFSA, and 10 are operated directly by the CPFSA.

"The Agency"

Refers to the Child Protection and Family Services Agency (CPFSA), formerly the CDA, the statutory body responsible for Jamaica's child protection system. It carries out all operational aspects of the state's child welfare mandate, including investigation, placement, case management, foster care, and adoption. The CPFSA is also the legal guardian of children in state care and exercises complete discretion in determining when a child is eligible for adoption, and placing the child with an adopter.

Fit Person Order

A legal directive issued by a court under the Child Care and Protection Act that designates a child a ward of the state. This occurs when a child is deemed to be in need of care and protection and cannot safely reside with a parent or guardian, whether due to abuse, neglect, behavioural concerns, or other circumstances contrary to the child's best interests. Once the order is made, usually after the CPFSA has taken the child into custody, the agency places the child in a licensed facility, a foster home, or a suitable kinship arrangement.

Foster Care

A temporary placement arrangement in which a child is cared for by a vetted foster family. Foster parents are recruited, trained, and supervised by the CPFSA, though the child remains in the legal custody of the state. Foster care does not constitute legal permanency. The foster care programme is not governed by any specific law, regulation, or statute, and currently operates without formal external oversight. The foster care and adoption units within the CPFSA operate as separate programmes. While some foster children are eventually adopted by their foster parents, this occurs infrequently and usually only after several years in care, on a case-by-case basis.

Place of Safety

A residential facility or home designated under the CCPA to temporarily house children who in need of care and protection, usually ahead of or while the child is being assigned a Fit Person Order.

Placement

The process by which the Child Protection and Family Services Agency (CPFSA) assigns a ward of the state to live with an approved adopter. A placement occurs before the legal adoption is finalised and marks the start of the pre-adoptive period during which the adopter assumes day-to-day care of the child under agency supervision.

Relinquish

The act of a birth parent voluntarily offering a child for adoption. The term "relinquish" is the preferred modern alternative to "give up," as it avoids the implication of abandonment and assumes a considered, lawful decision to transfer parental rights in the child's best interest.

Shifted Child / Child Shifting

A shifted child refers to a child who has been informally transferred from the care of their biological parent(s) to another household, often a relative, friend, or community member, without any legal adoption or formal foster-care arrangement. This practice is common in Jamaica and other parts of the Caribbean, and generally arises from economic hardship, migration, or the parent's inability to provide daily care. It can also be understood as informal fostering—in that it is not regulated by the state—and is sometimes referred to as that.

Stranger Adoption

Stranger adoption refers to the legal adoption of a child by persons who have no biological or familial relationship to the child. It is the opposite of intra-family or kinship adoption, in which the adopter is a relative or close connection of the birth family. In this report the term “non-kin” or “non-kinship” adoption is used more than “stranger adoption”.

Supervision Order

A legal order under the CCPA that allows a child to remain in the care of a family member while being formally supervised by a CPFSA Children's Officer.

Ultra vires

A Latin term meaning “beyond one's powers.” In administrative law, it refers to actions taken by a person or body that exceed the legal authority granted to them. In this report, it describes the Child Protection and Family Services Agency's administration of adoption services, for which it is not designated under the Adoption Act and which falls outside its statutory mandate under the Child Care and Protection Act.

Ward of the State

A child for whom the state has assumed full legal guardianship, usually through a Fit Person Order issued by the court, due to abandonment, abuse, neglect, or the absence of fit and willing parents. The CPFSA is responsible for all decisions regarding the child's placement and welfare.

Appendix: Methodology

This report was developed through a mixed-methods approach combining legal and policy analysis, document review, and qualitative data gathering. The research was carried out from October 2023 to October 2024.

Legal and Policy Review

A legal review was undertaken to assess Jamaica's legislative and policy frameworks relating to adoption, child protection, and permanency. Primary legal sources included the Adoption Act (1958), Child Care and Protection Act (2004), and Children (Guardianship and Custody) Act (1957), along with relevant case law, notably *Francis & Daley v. Adoption Board* (2015). Jamaican constitutional provisions and human rights instruments, such as the Charter of Fundamental Rights and Freedoms, were also consulted.

Comparative legal frameworks and international best practices were reviewed from jurisdictions including the United Kingdom (Children and Families Act), New South Wales (Adoption Act and Child Protection Amendment Act), South Africa (Children's Act), Bermuda, Norway, and New Zealand. These comparisons informed analysis of legislative gaps and opportunities for reform in Jamaica.

Relevant policy documents were also examined, including Vision 2030 Jamaica, the Sexual and Reproductive Health Policy (2023), the Cabinet Submission on Surrogacy (2022), CPFSA's Adoption Services Programmatic Review (2020), the First Supplementary Estimates 2024/2025, and Public Sector Consolidated Estimates of Expenditure (2022/23 and 2023/24).

Documentary Review and Literature Base

The research drew on a broad literature base including peer-reviewed studies, grey literature, process evaluations, international agency reports, and Jamaican government publications. Foundational literature in child development, attachment theory, and adoption outcomes was used to build the evidence base for permanency. Particular emphasis was placed on cross-jurisdictional reviews (e.g., Selwyn & Quinton 2004; Thomas 2013; Palacios et al. 2019) and Caribbean-based findings, including those from Trinidad and the eastern Caribbean.

Documents reviewed included the Fix the Village (CAPRI, 2021), Evaluation of the Child Protection System in Jamaica (UNICEF, 2022), the CDA Adoption Process Mapping (Chambers, 2016), and unpublished sources such as the Jamaicans for Justice Review of the Law Governing Adoption in Jamaica (2019). Additional insights were drawn from historical reports like the CDA Annual Report (2007), relevant media articles, and judicial commentary. Academic literature addressing post-adoption adjustment, open adoption, birthmother grief, and the effects of household instability were also reviewed.

Data

There is little publicly available data on adoption in Jamaica. Official figures such as those occasionally reported in the media when a minister announces the number of adoptions completed in a given year are typically provided by the state agency responsible for adoptions. These aggregate numbers usually conflate kinship and non-kinship cases, which are vastly different phenomena, and do not distinguish among the various types of adoption. This absence of disaggregation limits any proper understanding of how the adoption system actually functions.

Some of the quantitative data used in this report were sourced from a member of the Adoption Board who, over several years, has cleaned and organised information from the anonymised case summaries presented to the Board's Case Committee for its monthly deliberations. The analysis draws on several samples of these cleaned cases, covering the period 2012 to early 2025, for which data were disaggregated and available at the time of writing. The applications that were the sources of the data reflect the typical distribution of adoption types processed during this period and therefore provide an indicative picture of prevailing trends, patterns, and dynamics in Jamaica's adoption landscape. Where relevant, details of the sample from which specific data are drawn is noted in the corresponding footnote.

Comparative and International Context

Comparative materials from Australia, the United States, Canada, the United Kingdom, and South Africa were reviewed to identify legislative innovations, institutional arrangements, and alternative adoption practices. Reports on intercountry adoption trends, putative father

registries, and concurrent planning informed the examination of specific policy features not present in Jamaica's framework.

Key Informant Engagement

A member of the Adoption Board Case Committee was interviewed about administrative challenges, procedural constraints, and trends observed from case reviews. That input and their review of the draft report provided further insight that complemented and buttressed the extant legal and policy analysis. No identifying information about children, families, or cases was disclosed and so none was included in the report.

Limitations

There is no publicly available national dataset on the adoption process or outcomes in Jamaica. The most recent CPFSA annual report available is from 2017. As such, this report relied on a combination of published reports, media sources, court judgments, and unofficial statistics. International benchmarks and empirical data were cautiously used to frame analysis, with appropriate caveats regarding their applicability to the Jamaican context.



Endnotes

1 Of 79 adoption applications received and approved over four months in 2024 and two months in 2025, for which data were cleaned and available: 39 (50 percent) were intra-family adoptions, 14 (18 percent) private arrangements, nine (11 percent) involved shifted children in informal foster care, six (8 percent) foster-child adoptions, five (6 percent) stepparent adoptions, five (6 percent) placements of wards of the state, and one (1 percent) DNA-related case. While these do not represent all cases received during that time, they reflect the typical distribution of adoptions processed in recent years and provide an indicative picture of current adoption patterns.

2 The literature also calls non-kinship adoptions “stranger adoptions”. See Appendix 1 for a glossary of terms.

3 Source: anonymised Adoption Board Case Committee summaries (2012–2025), drawn from cleaned and disaggregated samples reflecting the typical distribution of adoption applications. See Appendix 2 for detailed methodology.

4 Edmond Campbell, “Gov’t Allocates \$1.5 Billion to Children’s Homes,” *Jamaica Gleaner*, February 17, 2025, <https://jamaica-gleaner.com/article/lead-stories/20250215/govt-allocates-15-billion-childrens-homes>; Corey Robinson, “Adoption Anguish,” *Jamaica Gleaner*, January 14, 2024, <https://jamaica-gleaner.com/article/news/20240114/adoption-anguish>; Nicola Giordano, Charles Maughan, and Hannah Wichterich, “UNICEF Evaluation of the Child Protection System in Jamaica” (Action Against Hunger UK’s Monitoring, Evaluation and Learning Services, 2022), [www.unicef.org/jamaica/media/4616/file/Evaluation of the Child Protection System in Jamaica.pdf](http://www.unicef.org/jamaica/media/4616/file/Evaluation%20of%20the%20Child%20Protection%20System%20in%20Jamaica.pdf); PIOJ, *Economic and Social Survey Jamaica 2020* (Planning Institute of Jamaica, 2021), https://rise.esmap.org/data/files/library/jamaica/Renewable%20Energy/Jamaica_Economic_and_Social_Survey_2020.pdf. The Robinson article stated that on average ten wards of the state are adopted each year. As there is no single source of systematically collected child protection data in Jamaica, the information presented in this report, like most studies of the sector, draws on a range of sources, including government documents, agency communications, and credible media reports. The Child Protection and Family Services Agency does not currently publish regular, publicly available data, and its most recent annual report was issued in 2017.

5 Giordano et al., UNICEF Evaluation of the Child Protection System in Jamaica.

6 AEI-Brookings Working Group on Childhood in the United States, *Rebalancing: Children First* (Brookings Institution, 2022), www.brookings.edu/articles/rebalancing-children-first/.

7 Shu Wu, “The Influence of Family Nurturing Environment on Children’s Emotions and Behaviors,” *International Journal of Education and Humanities* 14, no. 2 (2024): 274–78, <https://doi.org/10.54097/ca4kqt80>.and analyzes its theoretical framework and research findings. Firstly, we delve into the concept of family upbringing environment, including factors such as family atmosphere, parenting styles, and family support systems. Subsequently, we systematically review relevant literature, discussing the mechanisms through which different family upbringing environments influence children’s emotions and behaviors. We find that warm and supportive family environments typically promote healthy

emotional development in children and contribute to the formation of positive behavioral patterns; conversely, hostile and indifferent family environments may lead to emotional problems and behavioral abnormalities in children. Further analysis indicates that the influence of family upbringing environment on children extends beyond emotions and behaviors, profoundly impacting their psychosocial development. Finally, this paper proposes suggestions for future research, aiming to deepen understanding of the comprehensive impact of family upbringing environment on children and provide more effective intervention strategies for promoting children's healthy development.”;container-title”:”International Journal of Education and Humanities”;DOI”:”10.54097/ca4kqt80”;ISSN”:”2770-6702”;issue”:”2”;journalAbbreviation”:”IJEH”;language”:”en”;license”:”https://creativecommons.org/licenses/by/4.0”;page”:”274-278”;-source”:”DOI.org (Crossref

8 Lucy S. King et al., “A Comprehensive Multilevel Analysis of the Bucharest Early Intervention Project: Causal Effects on Recovery From Early Severe Deprivation,” *American Journal of Psychiatry* 180, no. 8 (2023): 573–83, <https://doi.org/10.1176/appi.ajp.20220672>.

9 Harriet Ward et al., *Outcomes of Open Adoption from Care: An Australian Contribution to an International Debate* (2022), <https://doi.org/10.1007/978-3-030-76429-6>.

10 Brenda Jones Harden, “Safety and Stability for Foster Children: A Developmental Perspective,” *The Future of Children* 14, no. 1 (2004): 31–47, JSTOR, <https://doi.org/10.2307/1602753>.they face additional difficulties within the child welfare system that may further compromise their healthy development. This article discusses the importance of safety and stability to healthy child development and reviews the research on the risks associated with maltreatment and the foster care experience. It finds: Family stability is best viewed as a process of caregiving practices that, when present, can greatly facilitate healthy child development. Children in foster care, as a result of exposure to risk factors such as poverty, maltreatment, and the foster care experience, face multiple threats to their healthy development, including poor physical health, attachment disorders, compromised brain functioning, inadequate social skills, and mental health difficulties. Providing stable and nurturing families can bolster the resilience of children in care and ameliorate negative impacts on their developmental outcomes. The author concludes that developmentally-sensitive child welfare policies and practices designed to promote the well-being of the whole child, such as ongoing screening and assessment and coordinated systems of care, are needed to facilitate the healthy development of children in foster care.]”;archive”:”JSTOR”;-container-title”:”The Future of Children”;DOI”:”10.2307/1602753”;ISSN”:”10548289, 15501558”;issue”:”1”;note”:”publisher: Princeton University”;page”:”31-47”;title”:”Safety and Stability for Foster Children: A Developmental Perspective”;volume”:”14”;author”:[{"family”:”Harden”;given”:”Brenda Jones”}],issued”:{“date-parts”:[[“2004”]]}],”schema”:”https://github.com/citation-style-language/schema/raw/master/csl-citation.json”}

11 Michael Lamb, “Mothers, Fathers, Families, and Circumstances: Factors Affecting Children’s Adjustment,” *Applied Developmental Science* 16, no. 2 (2012): 98–111.

12 While individual cases of former wards of the state who have achieved notable success are sometimes highlighted in the media, the absence of systematic outcome tracking means it is not possible to determine how representative these cases are. It is also possible that other positive outcomes remain undocumented or unpublicised.

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- 14 Nickieta Sterling, “CPFSA Strengthens Family Reintegration Programme at Childcare Facilities,” Jamaica Information Service, May 20, 2019, <https://jis.gov.jm/features/cpfsa-strengthens-family-reintegration-programme-at-childcare-facilities/>.
- 15 Elsbeth Neil, Lisanne Gitsels, and June Thoburn, “Returning Children Home from Care: What Can Be Learned from Local Authority Data?” *Child & Family Social Work* 25, no. 3 (August 2020): 548–556, <https://doi.org/10.1111/cfs.12724>. but rates of re-entry are often higher than for other exit routes. This study used 8 years of administrative data (on 2,208 care entrants
- 16 Elaine Farmer, “Reunification from Out-of-Home Care: A Research Overview of Good Practice in Returning Children Home from Care,” University of Bristol, 2018.
- 17 “Neglect Identified as Dominant among Child Abuse Cases,” *Gleaner*, March 26, 2025, <https://jamaica-gleaner.com/article/lead-stories/20250326/neglect-identified-dominant-among-child-abuse-cases>.
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- 21 “Interview with Member of Adoption Board Case Committee.”
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- 24 A detailed examination is beyond the scope of this report, but there is a case to be made for making guardianship a more accessible option. See the glossary in Appendix One for definitions of *supervision orders* and other technical terms used throughout this report.
- 25 Marinus H van Ijzendoorn et al., “Children in Institutional Care: Delayed Development and Resilience,” *Monogr Soc Res Child Dev (United States)* 76, no. 4 (2011): 8–30, <https://doi.org/10.1111/j>

.1540-5834.2011.00626.x.unfavorable and unstable staffing patterns, and social-emotionally inadequate caregiver-child interactions. This chapter is devoted to the analysis of the ill effects of early institutional experiences on resident children's development. Delays in the important areas of physical, hormonal, cognitive, and emotional development are discussed. The evidence for and against the existence of a distinctive set of co-occurring developmental problems in institutionalized children is weighed and found to not yet convincingly demonstrate a "post-institutional syndrome". Finally, shared and non-shared features of the institutional environment and specific genetic, temperamental, and physical characteristics of the individual child are examined that might make a crucial difference in whether early institutional rearing leaves irreversible scars."container-title": "Monogr Soc Res Child Dev", "DOI": "10.1111/j.1540-5834.2011.00626.x", "ISSN": "1540-5834", "issue": "4", "note": "publisher-place: United States", "page": "8-30", "title": "Children in Institutional Care: Delayed Development and Resilience", "volume": "76", "author": [{"family": "Ijzendoorn", "given": "Marinus H", "non-dropping-particle": "van"}, {"family": "Palacios", "given": "Jesus"}, {"family": "Sonuga-Barke", "given": "Edmund J S"}, {"family": "Gunnar", "given": "Megan R"}, {"family": "Vorria", "given": "Panayiota"}, {"family": "McCall", "given": "Robert B"}, {"family": "LeMare", "given": "Lucy"}, {"family": "Bakermans-Kranenburg", "given": "Marian J"}, {"family": "Dobrova-Krol", "given": "Natasha A"}, {"family": "Juffer", "given": "Femie"}], "issued": {"date-parts": [{"2011, 12}]}, "schema": "https://github.com/citation-style-language/schema/raw/master/csl-citation.json"}]

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29 Jamaica does not collect data on the outcomes of children in foster care—or from other forms of care—so there is no way to track or compare their long-term experiences. While there is extensive international research on foster care, particularly in jurisdictions like the US where children’s homes do not exist and foster care is the default placement, Jamaica’s system differs significantly in structure, process, and cultural context. Findings from other countries must therefore be interpreted with caution. The insights included in this report have been considered with those limitations in mind.

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Child & Family Social Work; DOI: 10.1046/j.1365-2206.2002.00224.x; ISSN: 1356-7500; issue: 1; journal-Abbreviation: Child & Family Social Work; note: publisher: John Wiley & Sons, Ltd; page: 23-33; title: Long-term foster care or adoption? The evidence examined; volume: 7; author: [{"family": "Triseliotis", "given": "John"}]; issued: {"date-parts": [{"2002", "2", "1"}]}, {"id": 1551, "uris": ["http://zotero.org/groups/5416428/items/QHYCQEJM"], "itemData": {"id": 1551, "type": "webpage", "container-title": "Föreningen Socionomer inom Familjehemsvården", "title": "Långvarig fosterhemsvård jämfört med nationell adoption", "URL": "www.fsf.nu/l/langvarig-fosterhemsvard-jamfort-med-nationell-adoption/", "author": [{"family": "Vinnerljung", "given": "Bo"}]; issued: {"date-parts": [{"2020", "2", "21"}]}, {"id": 1491, "uris": ["http://zotero.org/groups/5416428/items/RVNU138J"], "itemData": {"id": 1491, "type": "article-journal", "abstract": "There are large numbers of children in the care system who are unable to return home and who need a stable permanent placement. Julie Selwyn and David Quinton report some of the findings of a Department of Health-funded study, which followed a complete sample of 130 older children, all of whom had had a best interest decision in favour of adoption as the chosen placement. In the event, not all the children were adopted, making it possible to compare the outcomes of children who were adopted with those who went into long-term foster placements. There were many similarities in the experience of offering an adoptive or foster home to the young people but some key differences were in the stability of placements, the amount of autonomy the adoptive parents/carers had and their views of how close they were to the child and their assessment of the child's closeness to them."}, "container-title": "Adoption & Fostering", "DOI": "10.1177/030857590402800403", "ISSN": "0308-5759", "issue": "4", "note": "publisher: SAGE Publications Ltd", "page": "6-15", "title": "Stability, Permanence, Outcomes and Support: Foster Care and Adoption Compared", "volume": "28", "author": [{"family": "Selwyn", "given": "Julie"}, {"family": "Quinton", "given": "David"}]; issued: {"date-parts": [{"2004", "12", "1"}]}, {"id": 2400, "uris": ["http://zotero.org/groups/5416428/items/6V52V4Z8"], "itemData": {"id": 2400, "type": "chapter", "collection-title": "Research in Social Work series", "container-title": "Adoption from Care International Perspectives on Children's Rights,

Family Preservation and State Intervention,” event-place:”Bristol,” page:”249-264,” publisher:”Policy Press,” publisher-place:”Bristol,” title:”Making sense of adoption from care in very different contexts,” author:[{“family”:”Pösö,” given:”Tarja”},{“family”:”Skivenes,” given:”Marit”},{“family”:”Thoburn,” given:”June”}], editor:[{“family”:”Pösö,” given:”Tarja”},{“family”:”Skivenes,” given:”Marit”},{“family”:”Thoburn,” given:”June”}], issued:{“date-parts”:[["2021"]]}, {"id":1552,"uris":["http://zotero.org/groups/5416428/items/NDQLP3MB"],"itemData":{"id":1552,"type":”article-journal”; abstract:”The benefits and pitfalls of different forms of substitute care have rarely been evaluated in comparison with each other. In this study we compared outcomes in youth and young adulthood of long-term foster care and adoption for children who came into the Child Welfare system at a young age. We linked ten national registers with data covering ten national birth cohorts to compare cognitive, educational and self-support outcomes for 900 adoptees with 3100 who grew up in foster care. Outcomes for 900000 majority population peers were assessed for descriptive purposes. Comparisons adoptees/foster children were done in linear regression models and in Cox regression models with fixed person time. We adjusted the analyses for birth parental related selection/confounding factors (mental health problems, substance abuse and maternal education

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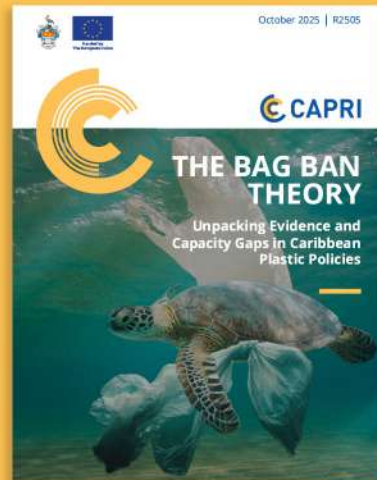
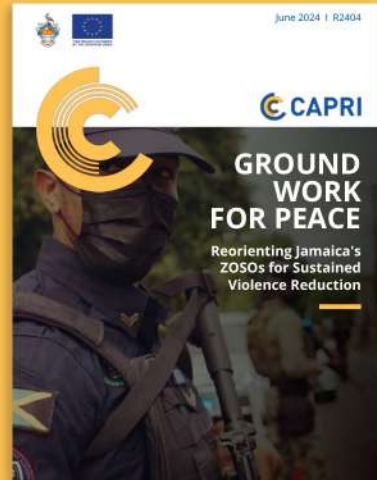
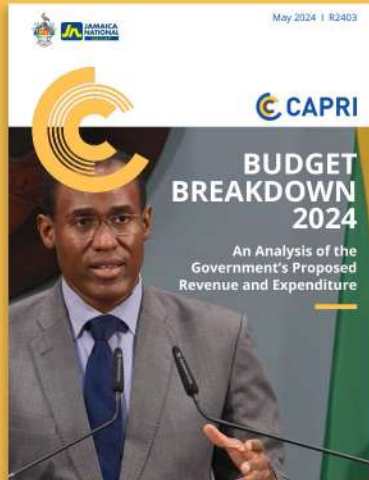
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