SOME ASPECTS OF ADOPTION PROBATION

An Illustrative Study of a Sample of Wards of the Vancouver Children's Aid Society Placed on a Boarding Basis with a View to Adoption (1945-1950).

by

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Bibliography.
This study concerns itself with the pros and cons of placing children whose adoptability is questioned on a boarding or foster-home basis. Because of the growing recognition that early, continuous and warm parental relationships offer the most security for a child, it is important that children should reach their permanent homes early, and that the home be well chosen. This is of particular consequence for children whose adoptability is obscure in infancy.

For exploratory purposes, fourteen wards of the Vancouver Children's Aid Society were selected for study. Each child was in good health when taken into agency care at the age of a few weeks, and each was eventually adopted. The child's file, the relevant foster home files, and the adoption file were studied in every case; and the material was considered in the light of child welfare standards and principles. An attempt was made to distinguish systematically the pros and cons of the procedure and its effects on all the parties to the situation—natural parents; foster parents and/or adoptive parents; the agency and the workers; and, above all, the child.

The assessment indicates clearly the hazards involved when decision for adoption is delayed. The natural parents (many of whom are unmarried mothers) may react by trying to plan for the child themselves. If these plans do not materialize, the result is unnecessary moves for the child. The refusal of the parents' request for adoption may lead to difficulties later in obtaining consent to the adoption.

The child's uncertain status may prejudice the development of enduring affection for him. Lack of decision about adoption makes the social workers' tasks more difficult in interpreting the child's needs to substitute parents, supervising the home, and planning consistently. What stands out as significant from the point of view of the children's development, is that finding a suitable final home can be more critical than the generally-disapproved fact of several foster-home placements. Implications for policy and practice are considered in a final chapter.
I would like to express my sincere appreciation to Miss Dorothy L. Coombe, Executive Director of the Children's Aid Society of Vancouver, for all the facilities in the Agency which have made this study possible. Gratitude is also due to C.A.S. staff members, and in particular to Mrs. A. Campbell and Miss W. Irwin, for their readily-extended assistance.

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SOME ASPECTS OF ADOPTION PROBATION
CHAPTER 1
THE PRACTICE OF ADOPTION

Adoption is only a part of child care as a whole but it is a vitally important part. Its purpose is to provide a child with the security that comes from affectionate family ties. The practice of adoption is based on the theory that continuous, loving family relationships are essential for healthy personality development.

Adoption is the concern of several institutions; in particular social agencies, law-making bodies and courts. The social agency—because of its special services for the placement of children, as well as its understanding of the needs of children—plays a primary role.

Historical Background.

The problem of children without parents is as old as humanity. Records of the ancient Babylonians, Greeks and Jews, show that they all practiced various forms of adoption. In Oriental cultures even the most distant relatives were taken care of by adoption into a branch of the family. The early Christians gathered orphans into large domiciles, and later cared for them in monasteries, where they were deemed "adopted by God". The severity of Roman Law which provided for adoption only to save a family line from extinction, was eventually modified by the influence of Christianity, and in this form survives as the
basis of much of the adoption legislation of Continental Europe.\(^1\)

In feudal times dependent children had the right of support within their economic group. With the disintegration of the feudal system, there was no longer provision to care for them. In England at this time, the number of destitute children became so great that the Government was forced to take action. The Poor Laws—last restated in the Elizabethan statute of 1601—made each community responsible for the care of its dependent children. Under the Poor Laws older children were either given work or indentured, which latter proceeding often led to adoptions. During the Industrial Revolution the children of the poor were in England so badly exploited that religious and philanthropic groups organized orphanages and asylums to improve the lot of these children. Large institutions gradually gave way to smaller homes, and to the practice of boarding out children, which resulted in a certain number of adoptions. The first act to legalize adoption in England was passed in 1926. The Children's Act of 1948 improved adoption practices considerably, by entrusting the supervision of all adoptions to trained Children's Officers. English adoption law confers "the

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privileges of parents upon the childless and the protection of parents upon the parentless. In contrast to adoption legislation on this continent, it does not extend to adopted children the rights of succession and inheritance unless special provisions are made to this effect in the adoptive parents' will. ¹

Adoption was common in America from the middle of the nineteenth century on. Massachusetts was the first state to legislate for adoption in 1851, and eventually all the states recognized the principle of adoption. The practice of placing children in private homes was begun by the Children's Aid Society of New York in 1853. Placement techniques were later refined by the Children's Home and Welfare Associations under leadership of the Illinois Association. The American charity organization movement gave further impetus to the care of children in private homes. Nevertheless, for many years the success of the child placement societies was measured in terms of the numbers of children placed, and only gradually was there a shift from quantitative to qualitative criteria.

The White House Conferences (beginning in 1909) did much to popularize standards of child welfare as a whole, and as a result of this, adoption standards began to improve. The first conference was responsible for the creation of the Children's Bureau; the second conference

set minimum standards in child welfare; while the third conference formulated the Children's Charter which proclaimed that children's needs were children's rights. The fourth conference indicated a new trend in viewing the whole child in relation to his social setting, while the fifth (Midcentury) conference added another approach by looking at children's needs from the point of view of children's feelings. The Children's Bureau (1912) and the Child Welfare League of America (1920) were leaders in improving adoption standards.

In nineteenth-century Canada most parentless children were cared for in large orphanages run usually by the Church. However, adoption was not uncommon, even before the first adoption law was enacted in 1896 in Nova Scotia. Adoption legislation in Canada varies according to province. But in all of Canada it holds that the adoption order divests the natural parents of their legal rights, and confers on the adoptive parents and the adoptive child all legal responsibilities and privileges consequent with the parent-child relationship. Strong links exist between the adoption practices of Canada and the United States, and the decennial White House Conferences contribute immeasurably to the understanding of children's problems in both countries. The Children's Bureau publications are widely read by Canadian as well as American social workers, and the Child Welfare League of America draws its membership from agencies on both sides of the border.
Trends in Adoption Practices

Adoption practices on this Continent show a shift of emphasis during the last decade. While ten years ago the main emphasis was on protecting the adoptive parents from "unsuitable" children, current focus is on finding a suitable family for each child. Adoption is now considered the best plan for every child free to be adopted who can benefit from the advantages of family life. The lack of suitable homes is considered the only reason why some older children, children with certain physical or mental handicaps, and others handicapped by "unhealthy background", are deprived of the advantages of adoption.¹

Placement agencies formerly were much concerned with matching the child to the adoptive family from the point of view of physical appearance, mentality, and national background. This restricted and retarded adoptive placement because the children had to be withheld from adoption until they were old enough to receive intelligence tests. One of the pioneer studies disproving the fallacy that the natural parents' intellectual and occupational achievements were an indication of the child's future mental development, was conducted in 1940 in Iowa (by the Child Welfare Research Station of the University of Iowa). The sample studied consisted of three groups of children with known "inferior"

social histories who were placed in adoption homes in infancy or under two years of age. The three groups consisted of: (a) 87 children whose mentally-retarded mothers had I.Q.'s of seventy-five or less; (b) 111 children whose fathers were unskilled laborers; and (c) 31 children whose mothers were mentally retarded and whose fathers were classified as low occupationally. The study found no corelation between the mental development of the children and the low intelligence or low occupational status of the parents. On the contrary, the study concluded that these children when placed in adoptive homes in infancy, attain a mental level which equals or exceeds that of the population as a whole.1

In an excellent article on "Anthropology and Adoption Practice" (Child Welfare, December 1955), Dr. Shapiro, Chairman of the New York Department of Anthropology, evaluates the importance of cultural, national and racial factors for purposes of adoption. The author questions the wisdom of restricting adoption because of matching. He states that a young child learning or acquiring the cultural attitudes of his adoptive parents encounters no more difficulty than would a natural child learning from his own parents. Dr. Shapiro goes on to say that many nationality differences are merely cultural and can be dismissed as such. He deplores the fact that specific personality and psychological characteristics are attributed to certain races. The only

psychological quality that has been explored to any great extent on a racial basis is intelligence as measured by various standardized tests. The scores on these are apparently influenced in varying degree by education, milieu and other environmental conditions. To some extent, therefore, differences between races subjected to divergent influences can be discounted as non-genetic and non-racial. Whether all the differences can be attributed to non-genetic influences is still controversial. In any event, Dr. Shapiro considers the differences relatively small compared to the range within any racial group. High and low I.Q.'s may be found in all groups. And as far as is known at present, personality types similarly are not restricted to a particular race.

An address given at the New York State Welfare Conference in November 1950 by Helen W. Hallinan (Supervisor of the Adoption Department of the Catholic Home Bureau in New York) under the title "Who are the Children Available for Adoption?", illustrates the change in agency attitudes towards the concept of adoptability. Miss Hallinan states that the focus of agency responsibility must be on the needs of the children without parents and not on the needs of childless couples. She defines as adoptable "any child who has been legally surrendered by his parents, and who is able to contribute to and benefit from family life". Among these children there will be many who are difficult to place because of community attitudes, for example, the older boy,
the child with a physical or emotional problem, or the child with some mental retardation. Miss Hallinan regards it as the responsibility of child placement agencies to change community attitudes that still hamper the adoption of such children.

The shift of concern from the suitability of children to the adequacy of adoptive parents is also evident from an address given by Florence Brown at the same Conference. (Miss Brown is the Executive Director of the Free Synagogue Child Adoption Committee, New York). The address entitled "What Do We Seek in Adoptive Parents?", points out the need for a careful evaluation of the applicants' readiness for adoptive parenthood. The importance of assessing (a) personality adjustment; (b) family relationships; (c) motivation to adopt; and (d) attitude towards infertility, is particularly stressed.

A Workshop held in April 1949 under the auspices of the Child Welfare League of America, on "The Adoption of Children with Pathology in their Backgrounds" contributed significantly to the broader interpretation given by agencies to the concept of adoptability. Case histories were presented to the Workshop of several children who were placed for adoption and able to make a good adjustment in spite of known pathology in their background. (Their parents suffered from such conditions as diabetes, epilepsy, syphilis and mental breakdown.) After a thorough discussion of these cases, the Workshop concluded that the children were adoptable
regardless of the pathology in their hereditary background.

The adoptability of older children was demonstrated in a pilot project conducted by the Children's Home Society of North Carolina in Greensboro. The Society began in 1949 a three-year experiment in the adoptive placement of eighty school-age children selected from institutions. The project proved such a success that at the end of this period, adoption services for older children were included in the regular adoption program of the Society. To quote directly from the Report:

Often a child who has been labelled a "special problem" in the institution was able to respond more quickly than we dared to hope when he received the warmth and affection he needed in his new home. The radical changes in emotional climate plus the new factor of permanency and identification by name with the adoptive parents, often brought out unknown strength and inner resources in the child which no one suspected...Adoption seems to give some older children the incentive they have been lacking to make full use of their native capacities.

The growing body of knowledge in the area of personality development resulted in earlier adoptive placements. The importance of early, continuous mothering has been pointed out by such authorities as Lauretta Bender, Arnold Gesell, Florence Clothier, Rene Spitz, Margaret Ribble and John Bowlby. The danger in deferring adoptive placement on the assumption that after a few months, more accurate predictions will be possible, was pointed out by Dr. Bowlby in Maternal Care and Mental Health, (Columbia University Press, New York, 1951). The period of waiting in an at-

mosphere that lacks "psychological mothering"—such as institutions and crowded receiving-homes for babies—is likely to produce retardation which is then taken as evidence that the child is inherently backward. Hence, there develops a paradoxical situation in which the delay in arranging for adoption creates a condition in the child which may make him ultimately "unfit for adoption".

The Los Angeles County Bureau of Adoptions obtained excellent results with adoptive placements effected directly from hospital. All forty-five such placements made during the period of 1952-54 seemed to be favorable, within that limited period at least. The placements had the three-fold advantage of serving well the children, the natural parents, the adoptive parents. The children developed wholesomely in their permanent homes. The natural mothers felt much more comfortable about giving up their babies for adoption without having to wait for the infant "to prove himself good enough" for adoption. The suspense involved in delay is often so difficult for the mothers that it hampers their rehabilitation. The adoptive parents were happy with the direct placements, feeling the child more their own because they could participate so early in his growth. 1

The change that took place in agency adoption practices on this Continent stands out forcibly if a com-

parison is made between the reports of the first and second workshop on *Adoption Practices, Procedures and Problems*, of the Child Welfare League of America. The first report was published in 1949 and the second in 1952. The first workshop was attended by 75 representatives of fifty-one agencies from the United States and Canada. The second workshop was attended by 103 representatives of eighty-seven agencies from the United States and Canada. The information given by the participants in the workshop was supplemented by information compiled from answers submitted to a questionnaire by sixty-seven agencies in 1949, and ninety-four agencies in 1952. It is of no slight interest to note that while in 1948 eighty per cent of the member agencies were looking for the "perfect" child and "perfect" background for adoptive placement, in 1951 only sixty per cent of the reporting agencies stipulated that the child's background be altogether "healthy", and only forty-seven per cent insisted that the child be free from handicap. At the time of the first workshop, the participating agencies disapproved of early adoptive placements because of the prevailing attitude that adoptive parents should be protected from all risks. In contrast, the agencies participating in the second workshop affirmed by vote that the children


should be placed for adoption as early as possible, preferably directly after birth. While it is evident from the first report that some agencies still "punished" unmarried mothers by refusing to place their children, the second report shows no such punitive attitudes. On the contrary, it is clearly stated in this report that good adoption service is predicated upon good casework services to natural parents, be they married or unmarried. It adds that the focus of attention is on planning in the best interest of the children, and not on securing of children for adoption. A comparison of the two reports shows also the significant change that had taken place in views about the adoptability of older children. In 1948 only about five per cent of the children placed through member agencies were over five years of age, and only twenty-one per cent were over two years of age. In 1951 eleven per cent of the children placed by member agencies were over five years, and forty-three per cent were over two years of age. The change in thinking that had occurred is also reflected in agency attitudes towards investigating the reasons for the adoptive parents' infertility. The first report states that the question of infertility was rarely investigated in order to save adoptive applicants embarrassment. Only nine agencies required a report on sterility in 1948 as compared to forty-four such agencies in 1951. Another important change of attitude is noticeable in the increased willingness of caseworkers to accept the responsibility of deciding adoptability. In
1949 seventeen agencies reported that they rely heavily
upon the recommendations of a psychiatrist as to whether a
child is adoptable, and thirteen agencies reported that they
delegated this decision to their physician. In contrast,
the participating agencies in 1952 placed this responsibility
squarely where it belongs: the decision for adoption is a
casework responsibility, although in some cases a specialist's
opinion should be sought.

Principles and Standards of Adoption

Adoption involves responsibility to three groups of
people: (a) the child; (b) the natural parents; and (c)
the adoptive parents. The needs of the child must be the
primary focus of adoption procedure because of the purpose
of the agency, which is primarily dedicated to the service
of the children in the community. Caseworkers should never
forget that the children's lives have been entrusted to them
by the community, and that they have to do their utmost in
order to live up to this responsibility. In most cases the
children cannot speak for themselves, and their entire
future depends on the worker's wise judgement and her pro-
fessional integrity.

The agency has the responsibility of helping natural
parents—married or unmarried—to arrive at a plan in the
child's best interest, and to assist them with any other
problems they may have. The parents should be given enough
time to discuss the various angles of the plan for adoption as they see it, and come to their decision with the help of the worker. They should be encouraged to share information with the Agency regarding their own circumstances, their family background, the history of the child, and their feelings about the child. They should be helped to understand what will be involved in a plan for adoption, for them as well as the child. Whenever desirable, the father should be brought into the planning.

The natural parents are given a description of the home, and their consent is asked for adoption in that specific home. Identifying data is not given so that the separation between the natural parents and the child should be final. The natural parents should be notified if and when the adoption has been consummated.

Experience has shown the crucial importance of the home study for successful adoptive placement. The objective is to select families who give promise of a stable, loving and protecting relationship; who can meet dependency needs and yet encourage growth. The qualifications of adoptive families are primarily the same as responsible parents would require in selecting a home for their own children. Both adoptive parents must be genuinely desirous of adoption, and capable of giving to a child not born to them the warmth and understanding that every child needs.

1. Adoption Practices, Procedures and Problems, 1952, pp. 7-10
Applicants should be screened during the intake interviews, and only those approved at this stage should be given application forms and subjected to more intensive study. Applicants should be interviewed together but also separately in order to give each an opportunity to express himself freely. At least one interview should be conducted in the home because this provides a possibility to see the family in characteristic behavior in a more natural, less controlled setting than the office. It is also a means of evaluating the home atmosphere. An exploration of the following areas is particularly helpful in assessing the couple's potential for adoptive parenthood:

**About Themselves**
- Marital adjustment
- Emotional maturity
- Reason and attitudes towards sterility
- Reasons for wanting to adopt a child
- Feelings about their own masculine or feminine role, respectively
- Participation in the life of the community
- Acceptance of differences among individuals
- Reactions to stress situations in the past
- Current reactions to the irritations of daily living

**About Children**
- Early family relationships, and feelings about their own childhood
- Understanding of children; capacity for warmth and affection
- Ability to meet dependency needs, and yet encourage growth
- Ability to accept a child biologically not their own; feelings about heredity; acceptance of unknown potential of a child
- Feelings and attitudes about neighbours' or relatives' children
- Ideas about what they would expect from a child
- Ideas about training & discipline
It is preferable to place children with parents of an age "natural" for the child. Thus infants are not placed with women over forty. Medical certificates are required to ensure that the adoptive parents have a reasonable life expectancy, and the physical ability to care for and support the child, as well as to safeguard against communicable diseases. Previous mental illness should be a deterrent from acceptance, because the added responsibility for a child may tend to precipitate another breakdown. In accordance with the law, adoptive placement should never cross major religious lines, in order to protect the child from religious conflict. The child should be placed in a home where there is some religious practice, but there is no set criterion of just how much religious belief is expected from adoptive applicants. Stability and continuity of income is expected, but the amount of income is of no primary importance as long as it suffices to keep the child in good health, to permit him to maintain his self-respect, and to provide him with a basic education. Attitudes about income are important, as is the capacity to use money wisely.

One of the most important considerations in conducting the home study is to help the couple to participate in their own assessment. The success of the adoption will depend on the degree to which the applicants are active in thinking through, in understanding and in accepting what is involved in the adoption.
The agency's responsibility to adoptive applicants makes it mandatory to avoid unnecessary hurt by effecting rejections early and skillfully. Only the application for a child should be rejected but not the applicants themselves as worthy individuals. In discussing the reasons for rejections, care should be taken not to endanger the applicants' relationship to each other nor threaten their self-esteem. Whenever possible, applicants to-be-rejected should be helped to withdraw on their own initiative. The worker should keep in touch with promising adoptive applicants during the waiting period in order to mitigate the strain of waiting, as well as in order to sustain the relationship between the Agency and the applicants. The waiting period should not be too long, partly because this creates undue strain in applicants, and partly because the family situation may have changed in the meantime which would negate the validity of the home study.\(^1\)

After the home has been approved, there is another waiting period until the agency decides which child should go into that home. Then the child is described to the couple, and his background and development discussed. It is generally accepted that adoptive parents have a right to all information which will be helpful in rearing a particular child. However, there is controversy about just how much information is going to be

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"helpful". B. Kohlsaat and A.M. Johnson in "Some Suggestions for Practice in Infant Adoption", express the view that any history not pertinent to the baby's future development should be withheld from adoptive parents. In other words, the parents should only be given knowledge of the child's potential for good health, but no specific details pertaining to his background. The authors also advocate the rather radical view that—although the placement agency should examine the background information—the worker of the adoptive family should not see this. She should only be told as much as she can relay to the adoptive parents. The reason for this is that the authors see a real danger in that the worker's attitude may betray her knowledge of unfavorable background features and make the adoptive parents critical of the child. Most social workers consider this view extreme, indeed almost amounting to a denial of professional responsibility.

A by far more generally accepted theory is that it is the caseworker's responsibility to determine in each case what information would be most helpful. Selected information appropriate to each particular situation, and beginning with what the couple wants to know, should be given to adoptive parents. The guiding principle is not to reveal such social inadequacies of the natural parents as will arouse anxiety

If they have no bearing on the child's capacity for development. It is usual to begin with a factual description of the child (age, sex, appearance, nationality, etc.) and in the case of an older child, with the adjustment that he has made so far (including feelings about adoption, interests and significant experiences). When discussing the background of an older child, it is important to give the adoptive parents as much information as the child himself is aware of. The aim is to help the parents enable the child in later years to bring out questions about his natural parents in an atmosphere of understanding, in order that he may gain a satisfying image of his natural parents and thus retain his self-respect.

Following these discussions, the couple meets the child, sometimes several times, and are given ample opportunity to discuss and explore their feelings in relation to him. Early placements, preferably directly from the hospital are considered best. The tremendous importance to infants of continuous loving care from birth has already been pointed out. This need can best be satisfied by providing the child with permanent parents as soon as possible. A further consideration is that the earlier the adoptive placement, the better are the child's chances for complete identification with his new family, and the less is his need to turn in fantasy or actuality to his biological parents.

For older children, it is useful to arrange for an

1. Policy Manual, Children's Aid Society of Vancouver, (Adoption Policy, p.2)
outdoor showing without the child's knowing that the people who might be his future parents are around. This is done in order to spare the child the knowledge of rejection if this should follow. The child should be carefully prepared for the adoption. He should be considered a distinct personality. The worker's best efforts must be directed towards building a relationship with the child which may serve as a bridge between the old home and the new. She must help the child with the difficulties of separation from his own family, and his fears of entering into a new experience. The worker should discuss how he feels about leaving home, what it means to him to have his parents give him up, how he feels about their not wanting him, and what he expects from the adoptive parents.

The objective of the probationary period is to nurture the potentialities of the adoptive couple for good parenthood and to enable them, as well as the child, to form a cohesive family unit with strong kinship bonds. The focus is on helping with problems that arise in the adjustment of the couple and the child to each other. The adoptive parents should also be helped during this period to take the responsibility of telling the child about the adoption. In case of infants, the worker should discuss with the couple when and how they will best do this. The worker should know through observation of behavior, interviews with the child and the adoptive parents, how the child is developing, and what his place is in the home. His relationship to members of the family and companions, his activities, his school progress (in case of older children), his appearance and general health, are all significant indications of his
adjustment. Symptoms of emotional disturbance as expressed in behavior, habit or personality problems, should be recognized.
The adoption of the first child should be completed before a second child is placed in the home. This gives the first child a chance to take firm roots in the family before he is exposed to emotional competition and sibling rivalry. Having the status crystallized is also advisable in order to avoid the possible danger of rejection of the older child.

If a satisfactory adjustment cannot be achieved, the worker must help the adoptive parents to give up the child. Removal from an adoptive home is a painful experience for all concerned. Nevertheless, the worker must have sufficient courage to proceed with the removal from a home that does not satisfy the child's basic needs, despite protests from the family.

Legal Aspects of Adoption

The Adoption Act of B.C. provides that a child must have resided with the adopting parents for a period of one year before leave for adoption may be petitioned. At least six months before the petition is filed, the adoptive parents must notify the Superintendent of Child Welfare of their intention to adopt. The Superintendent reports to the Court before the hearing, either recommending the adoption or not as the case may be. If on basis of this report (prepared in practice by the social worker who supervises the home) the Judge is satisfied that the home is suitable for the child, he issues an Adoption Order. This establishes all legal responsibilities and privileges of the normal parent-child relationship between the
adoptive parents and the child.

The following written consents are required to the adoption: (a) parental consents; (b) the child's consent if he is twelve years of age or over; (c) the legal husband's consent if the natural mother was married at the time of birth of her child. (If the mother was unmarried, her consent suffices.) Parental consent can be waived under special circumstances, as when the parents are incapable of giving consent or if they cannot be located. Children who have no parents capable of proper care, and who are not deemed adoptable, are made wards of the agency (i.e., guardianship has been transferred by Court Order from the parents to the agency. Nevertheless, parental consent to the adoption is still required. This is so because wards legally have two parents: (1) the natural parents and (2) the Board of Directors of the Agency. Consent of the natural parents involves definite approval of an adoptive home with which they have been acquainted through information presented to them by the supervising worker. Consent in British Columbia is not a complete relinquishment of the rights of the natural parents, for they must be again contacted if the adoptive placement should fail. (This aspect will be dealt with more fully in the last chapter)

Types of Children in Agency Care

Every child placement agency is faced with the problem of finding the most appropriate type of placement for each child entrusted to its care. For a limited number of children temporary care in group-living homes appears to be best. This may be due to several reasons. The children may be too disturbed
to adjust to life within a family group, or they may be at an age (e.g. adolescence) when they do not benefit from close family relationships. Or in the case of brothers and sisters such a placement may be the only way to avoid separating them. In other cases, group living may be preferable because the children's attachment to their own family may be so strong that it prevents them from forming new ties. Then there is another group of children for whose problems a suitable foster home seems to be the best answer. These are usually children who have close ties with their own family but need a temporary placement in order to help the family over some period of stress, after which it is hoped that they will all become reunited once more. For another group straight adoption is the best plan. These children have no families of their own capable of properly caring for them, and the purpose of the placement is to provide them with new, permanent and happy family relationships.

The foregoing are the relatively straightforward cases. Among an agency's caseload, however, there may also be a group of children who are in the peculiar situation that although adoption would serve their needs best, the agency does not place them for adoption because of some doubts about their suitability for adoption. The change in the last decade of agency interpretation of the concept of adoptability has already been described. The concept of adoptability is given varied interpretation during the same period of time by different agencies, in accordance with community readiness to accept a particular child for adoptive placement.
The last group of children pose a complex problem. Should the child be placed with foster applicants until adoption is indicated, and then be placed in an adoptive home? This procedure seems undesirable because moving the child tends to undermine his feelings of security. Or should the child be placed on a foster basis with adoptive applicants? This may also lead to replacement; the couple, though anxious to adopt, may tire of waiting, and reject the child before he is considered adoptable. Should the child be placed in a foster home and—provided the family wishes to adopt him—continue to stay in the same home after he becomes adoptable? This also has its drawbacks because, as will be seen in the next chapter, the qualities to be sought in adoptive parents differ from those looked for in good foster parents.

The Policy of the Children’s Aid Society of Vancouver

The children who comprise the subject of this study came into the care of the Children’s Aid Society of Vancouver in the years 1945-50. In those years the policy of the Society was to use different adoptive criteria for infants and for children above the age of two, because background history was considered less important as the child increased in years. The following adoptive criteria was used for infants: (a) maternal background—normal intelligence, stability and maturity, good health and no inheritable disease, no inheritable mental illness, etc.; (b) paternal background—known paternity, plus factors as in maternal background; (c) child’s physical condition—no excema, asthma, club foot, poor “inherited” traits.
From about the age of two, the decision for adoption was based on the child's development. The phrase commonly used in this connection was that the child was "judged on his own merits". To aid in the evaluation, the Agency made use of the Child Guidance Clinic's judgement on three adoption criteria: (a) normal health—including treatable defects; (b) intelligence—including dull normal I.Q.; (c) adjustment in home.

The role of the Clinic was to make a diagnosis and recommendation, while the final decision with regard to adoptability remained a responsibility of the Agency. Thus a child whose adoptability was previously questioned could be re-classified as adoptable if, on the strength of the Child Guidance Clinic report and the worker's observations, adoption seemed indicated. Homes for this group of children were chosen either from the group of foster applicants or in some cases from the group of adoptive applicants (usually when the adoptive applicants' chances for a regular adoptive placement were slim because of their having children of their own). The child was placed on a permanent boarding basis with a view to adoption until such time as he could be tested "on his own merits". If adoption became indicated and the parental consent to adoption was available, the child was put on adoption probation.

Although the British Columbia Adoption Act provides for waiving of parental consent, it was Agency policy to make all possible effort to secure consent. Sometimes only after years of continued unsuccessful attempts was consideration given to recommending to the Court the waiving of consent.
Proposed Study

The best procedure for a "regular" adoption is now well established. For the regular foster home placement, where a child is in the care of substitute parents who have no intention of legally adopting the child, the requirements for casework service and for the best adjustment of the child are also well-known. What happens, however, where the situation is not clear—where an uncertain combination of foster-home care and adoption exists? This is essentially the theme of the present study, taking an illustrative set of cases in which the decision for adoption was delayed. The circumstances of these cases are reviewed, and an attempt made to distinguish systematically the pros and cons of the procedure and its effects on all the parties to the situation—natural parents; foster parents and/or adoptive parents; the agency and the workers; and, above all, the child.

The study is of necessity exploratory, and qualitative in form. The information examined is derived from the child's file, the relevant foster home files, and the adoption file; and the material is considered in the light of child welfare standards and principles. Fourteen cases of the Vancouver Children's Aid Society were examined, drawn at random from the total of wards placed on adoption probation during one year, 1951. (Agency policies on placement and on "adoptability", have changed since that year.) The only subdivision for comparative purposes consisted of taking seven children from
the group who experienced a maximum of two moves before they became adopted, and seven children from the group who underwent three or more moves before adoption was completed.

The framework developed in this analysis is explained by the structure of the succeeding chapters. Distinguishing, first, (a) all influences which bear on the child, from (b) all influences or consequences for the other parties (all of whom in some degree or another are parental), a set of criteria have been evolved to point up the problems which arise from indecision or delay. These are illustrated by case examples; and the implications for policy and practice brought together in a final chapter.

1. The word "move", as used throughout this study, refers to all complete changes in the child's family or living environment, e.g., when the child is taken from one foster home and placed in another, when he goes from a foster home to hospital for a period, etc.
CHAPTER 2

PARENTS AND SUBSTITUTE PARENTS

For the child who comes to a children's agency there are at least, in a sense, three sets of parents or parent-substitutes in his first years, and there may be four: his natural parent or parents, the agency (or its social worker) who in the circumstances acts in loco parentis, his foster parents, and his adoptive parents, if he is eventually adopted. When decision with regard to adoption is delayed, resulting uncertainty in planning may influence, in varying degrees, all these parents or parent-substitutes.

Effects on Natural Parents

Usually the natural parents are the first to become exposed to the full impact of indecision in planning. Parents who request adoption of the children are frequently unmarried mothers. When an unmarried mother turns to the agency with a request for adoption, she usually does so because she wishes to help her child to have a normal home with two parents. She wishes especially to give her child security, status and the opportunities that adoption would bring. Not only does the mother attain a sense of contribution to her child in providing for adoption, but she also derives a sense of achievement from the decision to relinquish the child early so that he may have a permanent home as soon as possible. But when she is told that
the baby cannot then be recommended for adoption, and that it might take two years or more before a decision can be made, she feels discouraged. Since temporary homes must be used for an indefinite period, she sees no assurance of stability and emotional security for her child. In her disappointment the mother then tries herself to plan for the future of her baby—a proceeding which frequently occasions an undesirable number of moves.

Sandra A's mother, only fifteen years old and unmarried, wished to place her baby for adoption. Although her newborn baby was found to be in good health, the worker was bound by existing policy to tell the mother that it was questionable whether the baby could be recommended for adoption—not only was the paternity unknown, but the mother's intelligence rating was low ("dull normal"). The record in the file states that "she seemed quite upset, and said that if the baby has to be moved from home to home, she would rather take it herself".

As the youthful mother could not make immediate plans for her baby, Sandra was taken into Agency care on October 27, 1948, thirteen days after her birth. The mother still hoped later to be able to make permanent plans for her child. The baby was taken from the hospital, and placed on a temporary boarding basis in one

1. For a full discussion of the symbolic meaning of adoption for unmarried mothers see Leontine Young, Out of Wedlock, New York, McGraw-Hill, 1954.
of the Agency's baby receiving-homes. As the mother wished to visit her child, and this was not possible in the baby receiving home, Sandra had to be moved to another home on November 1st, 1948. Two months later, the fifteen-year-old mother realized that she could not hope to care for her baby. Consequently, Sandra was moved again, and placed in a permanent boarding home in February 1949. Thus, within the short period of four months, the baby had to adjust to four different environments, and was moved "from home to home", just what the mother wanted most to avoid.

When attempting to plan for her baby, Sandra's mother experienced once more unnecessary defeat, and the feeling that the world was against her and her child.

Roy G was another baby whose mother requested his adoption. Although Roy was a legitimate child, his parents were separated at the time of his birth. Roy was in good physical condition, yet adoption was considered doubtful because his parents were considered emotionally unstable, and his father had a jail record. The record states that the mother was unwilling to consider any solution other than adoption. As she could not make immediate plans for him, the Agency placed him on September 3, 1947, at the age of two weeks, in a foster home. Meanwhile, a reconciliation of the parents was effected, and in February 1948, at the age of six months, Roy was returned to the care of his parents. According to the family file, there was a long history of assaults and desertions in this marriage.
Thus it seemed unlikely that the reconciliation would last, and that the parents would be capable of giving Roy proper care and security. In December 1948 Roy was returned by his mother to agency care. The father was again in jail, and the Agency was faced with the need for emergency placement. Roy was temporarily placed in a receiving-home for babies. He was sixteen months old, yet at this tender age he had already known three different parental environments.

Gerry E, born in May 1945, is another case illustrating the point. Here too, the mother requested adoptive placement from the Agency, and was told that it was uncertain whether the baby could be recommended for adoption. Although the baby's health was pronounced good at admission to agency care, the baby was reserved from adoption because of the mother's lack of moral sense (this was her third illegitimate child). The mother reacted to this as did Sandra A's mother. She decided to make her own plans for the baby, but these plans also fell through. Meanwhile Gerry was placed in a temporary boarding home for babies. Although the record states that this foster mother "is only good for small babies", Gerry was left there until the age of six months because of her mother's unrealistic hopes of taking Gerry herself. When finally the worker decided not to wait any longer for the mother to carry out a plan, Gerry was placed in another foster home in November 1945. In May 1946 the record
states that this family was anxious to keep Gerry permanently. As Gerry's mother was still hoping to take her eventually, the worker had to tell the foster parents that their chances for adopting were slim. Although this may not have been the only reason why Gerry was later rejected by the foster mother, it seems likely that it had considerable bearing on her decision to request removal of Gerry in September 1946.¹

In all three cases the mothers had originally intended to relinquish the children for adoption. All three babies were in good physical condition at the time. In each case the mother reacted to the refusal to recommend adoption by attempting to make plans on her own, although none of the mothers was able to care for her child. This should not have come as a surprise to anyone who knew their past inability to cope with life situations. Thus the prolonged planning for their children could only result in heartbreak for themselves, and additional insecurity for their children.

Another hazard in the case of delayed decision is that by the time adoption is recommended, the parent's consent might be difficult to obtain. Gerry E's case illustrates this point. As may be recalled, her mother had requested adoption and was ready to give her consent.

¹. For details regarding the foster mother's decision see pp. 56-57
As time went by her circumstances changed; she got married and was anxious to conceal the fact that she had an illegitimate daughter. She had moved to the country, and delayed signing the consent until she could come to town without her husband's knowledge. It took almost two years before she considered it safe enough to come to the Agency and sign the consent for adoption.

Murray P can also be invoked here. His adoptability was questioned on the grounds of his mother's emotional instability, and the fact that paternity was unknown. This mother had requested adoptive placement but was dissuaded from this plan. After spending his first seven weeks in a temporary boarding home for babies, Murray was placed with a family anxious to adopt him. However, by the time a decision for adoption had been reached, Murray's mother, who at the time of her original request was only too willing to give her consent to the adoption, could not be located. She had left this city, and moved to the East, and it was only with the greatest efforts that the Agency could find her. Consent to the adoption was finally received in June 1952, three years after the foster parents first wanted to proceed with the adoption.

Richard L is another case in point. Here again adoption was initially requested by the mother, and deemed inadvisable on account of the mother's lack of moral sense, Richard being her fourth illegitimate child since her separation from her husband.
As the husband is the legal father of any child born to his wife, Mr. L's consent to adoption had to be obtained along with that of Mrs. L. The Agency was last in contact with Mr. L on April 28, 1948, less than three weeks before the date of Richard's admission into Agency care. By the time Richard was deemed adoptable in October 1950, and Mr. L's consent to adoption was required, the Agency was unable to locate him. Although the mother's consent had been obtained in October 1950, adoption was delayed for another three and a half years until a Court Order dispensed with Mr. L's consent. The foster parents had wished to adopt Richard ever since November 1948, but had to postpone adoption until May 1954, when, just one week before Richard's sixth birthday, the Adoption Order was granted.

**Effects on Agency Planning**

The lack of decision in relation to adoption tends to create obstacles to effective casework planning. To select the right home for a child is never easy; sensitivity and considerable diagnostic insight are required. The task of the worker in selecting a suitable home becomes increasingly difficult if the worker is uncertain whether the child is in need of a foster home or an adoption home. Although mature, loving people are sought in both cases, there are essential differences between good foster parents and good adoptive parents. These differences grow out of
the characteristics inherent in the nature of boarding and adopting.

The agency asks the foster parents to share the responsibility of rearing other people's children. Foster parents must be able to identify closely with the agency; indeed the agency considers them as non-professional members of the staff. The agency actually hires these parents, it is hoped, with the same care and skill with which it hires professional staff. Like all human beings, foster parents must get satisfaction from the work they are doing. Some foster children are satisfying, many of them are not. Moreover, foster children belong only partly and temporarily to their foster parents. Frequently foster parents care for many children during their association with the agency, and a great number of these children--because of their feelings toward their own parents--are incapable of giving love to parent surrogates. As such children are not emotionally satisfying to foster parents, the latter need to derive their main satisfaction from their relationship to the agency. A realization that they are recognized as a vital and responsible part of the staff, and that they are participating in the agency's program, enables them to continue to care for other people's children in spite of behavior problems or difficult "own" parents. When they apply, they must be helped to realize that they are not just applying for a child but for a job caring for children.

for an agency. Acceptance of a foster child with his accompanying parents, social worker, doctor, and other professional people, by a family is not something that can be imposed by an agency. Rearing a foster child should be a deep emotional experience in which worker and foster family share. The agency's relationship with the foster parents starts with the foster applicants' first enquiry to a worker, continues throughout the home study, through the transfer of the supervision of the home to another worker, and during the entire period in which the home is used by the agency. M. E. Gelley and R. A. Wright in their thesis on *Social Casework Method in Foster Home Finding* came to the conclusion that there is a correlation between the time allotted for the development and growth of identification of foster parents with the agency, and the increase in their understanding of service to children.¹

The agency has the responsibility of seeing that foster parents are given help in upholding their end of service to the child. Thus the agency stays in the picture. It pays board rates; it keeps in contact with the child's own family, and it may keep on furnishing direct services to the child. There is no need for alarm if the couple's wish to board a child includes along with philanthropic reasons a desire for financial gain. To quote Jean Charnley's recent book, *The Art of Child Placement*: "Most foster parents are interested in some financial gain, a

fact that is understandable and healthy". To critics who complain that foster families sometimes go into the business of boarding children "for the money only" she points out that anyone interested in "money only", could make a great deal more with half the effort in any other line of work. People should most certainly choose the work they do well and expect some pay for it.¹

A foster home study must include the immediate circumstances under which the foster parents came to the agency, their previous associations with agencies, if any, their current family set-up, their marital relationship, their personal adjustment and their understanding of children. It must include something of their previous experiences, current place in the community, and their health, and financial security. If there are children in the home, they must be known, and the parent-child relationships assessed. While covering these matters the worker has an opportunity to evaluate how the couple function, and what they do in relation to what they say. It is important to assess in this way their maturity, their feeling for people, their attitude to philanthropy, their attitude to people not like themselves, and their ability to accept the child's own family as well as the child.²

¹ Charnley, Jean, The Art of Child Placement, Minneapolis, University of Minnesota Press, 1955, p.147
² Gelley and Wright, op. cit. p.63
While satisfaction for boarding parents comes from participating in the work of the agency, satisfaction for the adoptive parents stems from more personal reasons. Their goal is the acquisition of a child as a member of the family. The essential difference between foster and adoptive parents is thought by Dorothy Hutchinson—one of the foremost authorities on foster homes—to lie in the fact that the boarding parents are constantly aware that the child is really a member of another family, while the adoptive parents are free to make the child a part of their own family.  

Adoptive applicants also have a relationship with the agency, but this relationship is of a different nature. In contrast to foster parents, they are not considered part of the agency. Nor does the agency stay in the picture after the probationary period has elapsed. The worker offers help during the probationary period to the adoptive parents, as well as to the child, in their adjustment to each other. She withdraws when the adoptive parents and the child have succeeded in working out their way of living together, so that when the adoption becomes legal, the worker is ready to conclude the agency service to the family. From there on the worker enters the home only when called upon by the family.

Since the assessments that should be made in a careful adoptive home study have already been discussed

In detail in Chapter 1, only the more significant differences between foster and adoptive home studies will be pointed out here. Both studies have much in common because the worker's aim in each case is to assess the couple's emotional maturity, their ability for warmth, their understanding of children, their way of dealing with stress situations, and their marital and family relationships. Health and age are also to be ascertained in both types of studies. However, these acquire additional significance in an adoptive study, because of the necessity for the agency to select adoptive parents whose life expectancy seems to indicate that they will see the child into maturity. Adoptive parents should be of an age "natural" for the child, and approximate as closely as possible the parent-child relationships of "natural" families. In contrast, some foster parents who offer excellent care to children may be people in their fifties, that is, people who play the role of grandparents rather than that of parents—a role which, on occasions, may be most desirable, as, for example, when the child still has strong ties to his own parents.

Foster parents must be unselfish enough to respect the children's ties to their own families, and capable of giving up the child if and when he may be returned to his own family. In contrast to this, adoptive parents are expected to regard the child as their own. Consequently,
the home study must focus on the couple's ability to accept a child not born to them as if he were their own. In this connection their attitude towards heredity will be of utmost importance. Since most adoptive applicants are childless couples, one of the most important areas to explore in the home study is their attitude towards their infertility. Is it so painful that they cannot discuss it? Do they consider it a disgrace? Has this made them feel inadequate? Has this negatively affected their relationship to each other? Florence Brown cautions workers against women who will not be satisfied with having a child but continue to long for pregnancy and the giving of birth. When an individual talks about adoption as "second best" it must be determined how much of a compromise adoption actually means. People who feel that having to adopt is something to be apologetic about, perhaps something even to be concealed, are not ready for adoption. ¹

Social workers agree that a child should be told that he is adopted as soon as he is able to understand, so that he can grow up with the idea, and assimilate it without damage to his self-respect. In this way, the shock which is likely to accompany the accidental acquisition of this information can be avoided. In her recent book on adoption, Louise Raymond cites several cases in

¹ Brown, Florence, op. cit. p. 156
which the belated discovery of adopted children that they were not born into their families, brought disastrous results. She urges parents to tell the child, because this is the only way to build an adoptive family that is strong and stable, and to give the adopted child a happy and sound personality. The author says that the talisman of the adoptive parents is always to remember that the child is their own, but never to forget that he is adopted.¹

Workers need to use caution with people who do not wish to tell the child about his adoption, and should discuss the matter further, in order to determine whether the reluctance of the adoptive applicants means a lack of their own acceptance of adoption or just a lack of understanding which can be changed through further contacts. In the former case the adoptive placement would be ill-advised, while in the latter, the worker can help the applicants to understand why and how the child should be told.

The motivation of adoptive applicants may comprise many elements not known to the couple themselves. In adoptive home studies these deeper levels of the wish to adopt must be explored, in order that a correct diagnosis of the couple's suitability for adoptive parenthood may be arrived at. People who feel that a marriage without a child is not worth much, usually make sorry parents.

Actually, they are asking the child to undertake an unfair task; to do for them what they cannot do for themselves. A child cannot save a shaky marriage, nor turn a discontented spouse into a happy one. The worker must make certain that both husband and wife truly want to become adoptive parents. It is important that neither harbour secret misgivings while outwardly going along with the idea, simply to please the other partner. People who want a child to carry out their unfulfilled ambitions do not make good adoptive parents. Neither do those who insist on certain specifications as if the child were a commodity, ordered and made to measure to suit their needs. A child must be free to develop according to his own potential, and not according to a pattern forced upon him. There are many different kinds of healthy motivations for applying for adoption but they all have one thing in common: the feeling that a child will make life richer for the applicants, and a creative desire to give a child the optimum opportunity to develop into a happy human being.

The very great importance of the home study in adoptive placements was once again confirmed by a recent study of unsuccessful adoptive placements, made during a three-year period by the Colorado Department of Public Welfare. The findings pointed toward the necessity of determining the calibre of the adoptive parents. The researchers concluded that evaluating applicants' motivations, their flexibility, their feeling qualities, and the balance
of relationships within the family, is the crucial task in adoption work. In the cases examined in the present study, the uncertainty as to the outcome of a placement tended to result in home studies that were incomplete from the point of view of necessary adoptive data, as for example, health, reason for sterility and attitudes towards it, marital and early family relationships and emotional maturity. Motivation and attitude towards adoption could not be diagnosed, for the obvious reason that the worker herself did not know whether she was looking for adoptive parents or foster parents.

To find couples who have the qualifications required for both adoptive parenthood and foster parenthood is nearly an impossibility. While it is only natural that foster parents expect to be paid for their services to a child belonging to other people, prospective adoptive parents should regard the child as their own and, consequently, should not expect pay for the care given to him. However, because of the lack of decision with regard to the outcome of this type of adoptive placement, board was being paid to the family as long as the child's adoptability remained doubtful. The danger of such an arrangement lies in the possibility that the family might get so accustomed to the extra income that they would prefer to remain on a boarding basis rather than proceed with

the adoption. This might further delay the child's attainment of the state of full belonging and the emotional security that goes with this. Had it been a regular adoptive placement, this danger would never have occurred.

The history of Gerry E in the Evans home might serve as an illustration of this type of situation. Her prospective adoptive parents had become so used to receiving board that they were reluctant to give up the extra income. Gerry went to this home at the age of two, in June 1947. This was her fourth placement. After she had been in the home for ten months, the record states that Mrs. Evans felt that "it would break her heart" if Gerry were to be moved away. At about the same time it is mentioned that the foster parents are glad that Gerry is still on a boarding basis for financial reasons. In July 1948 Gerry was tested by the Child Guidance Clinic who found no contra-indications to adoption. In November 1948 the foster mother is again quoted as saying that she would like to continue the foster arrangement because she still needs the board rates. In May 1949 she still felt that "she can use the extra help". Finally, in July 1951, she agreed to give up the board rates, and Gerry's placement became changed to "permanent free boarding". Unfortunately, adoption probation could not be commenced because of the difficulty in obtaining the natural mother's consent until April 1953. In January 1952 Gerry contracted
whooping cough. When Mrs. Evans received the medical bill for Gerry's treatment, she phoned the Agency requesting payment. It is true that as long as adoption probation has not officially started, the Agency remains responsible for the payment of medical bills. However, it is equally true that Gerry had been in this home for four and a half years, and that if the prospective adoptive parents had regarded Gerry as their own, Mrs. Evans might have given less weight to financial considerations. Although it cannot be established from the record whether or not the mother's consent could have been secured earlier if the prospective adoptive parents had shown a greater eagerness to proceed with adoption, the chances are that this might have been the case. More likely than not the worker would have found it possible to complete the adoption sooner, if she had not encountered difficulties on the part of both the natural mother and the prospective adoptive parents. In the circumstances, Gerry had to wait until she reached the age of ten before she became finally adopted.

That the same applicants cannot meet the anomaly presented by the different sets of requirements for both foster parenthood and adoptive parenthood, is again demonstrated by the attitude of the Clarks in Roland C's case. Roland was placed in the Clark home at the age of four months in May 1949. In October of the same year, the record states that the couple had become very attached
to him. They were anxious to proceed with adoption, and must have been urging the worker, because she remarks in January 1951 that they "create the impression of impatience for a child taken on a foster home basis." The implication in this statement highlights the basic difficulty of this type of in-between situation. The urge to regard the child as part of their own family is highly laudable in applicants selected for adoption, while the same characteristic, if present in foster parents, will, as just stated, lead to criticism. It seems like asking the impossible to expect a couple to combine in their emotional reaction to a child two sets of attitudes that are so much at variance with each other.

The same principle seems to emerge from William F's placement in the Field home. William was placed on a permanent boarding basis with a view to adoption in September 1946. The record states in November 1949 that Mrs. Field "seems always in fear that the child will be removed." The worker also finds her unco-operative and non-accepting of agency policy.

The nearly impossible objective of finding couples who qualify for foster parents as well as adoptive parents, may sometimes lead to selecting couples who are unsuitable for either role. The Blacks with whom four-months-old Wayne B was placed in December 1948, seem to substantiate this theory. Another baby-boy, Johnny, had been placed on a foster basis in the same home four months earlier.
Johnny's mother continued to be desirous of making plans for her son. The foster file states that the mother's visits to the home had to be discontinued on account of Mrs. Black's jealousy, and that meetings between mother and baby had therefore to be arranged at the premises of the agency. When the mother was ready to take Johnny home in July 1950, Mrs. Black put the child "in smelly, dirty clothes and gives no others". Her attitude towards Johnny shows that she was far from being a good foster mother. At the same time her behaviour towards Wayne B indicated that she was not a good prospect to be an adoptive mother either. Although the foster parents were told that Wayne could be adopted as soon as he passed the Child Guidance Clinic test, the foster mother rejected him, and he had to be removed in April 1949. In the course of 1950 when the Blacks requested another foster baby, a new worker visited the home, and found both foster parents "immature", and stated that Mrs. Black appears "totally unfit as a foster mother". Consequently, the home was closed in 1951.

The Arkleys, Sandra A's adoptive parents, were another couple who did not appear to measure up to the requirements of either foster or adoptive parenthood. Sandra was placed in this home at the age of four months, in February 1949. In February 1951, adoption probation was commenced. In August 1951, the foster mother took a temporary job and left the child's care to her (the foster
mother's) mother. This family changed their residence frequently. From time to time, however, the foster mother applied for the placement of foster children. The worker thought this was in order to help with family expenses. To place a second child in the home before the first child is adopted tends to undermine the first child's feelings of security, and such a situation should be avoided. For similar reasons it is also undesirable that the foster mother take a job and leave the adoptive child to the care of someone else. Since financial ability to provide for a child should be a requirement for adoptive parenthood, the necessity for these procedures should never have occurred.

In October 1951 a foster child was placed in the home. This child stayed there until May 1952. For a while, in 1951, two school-age girls were boarding with the family. The record gives the impression that the family's circumstances were continually changing, and also that the father seemed hardly a member,—he is almost unknown. Sandra was adopted on November 21, 1952. In April 1953 a foster baby was placed with the family. At this time the worker comments that Sandra felt jealous and excluded, and showed signs of regression. The worker adds that Mrs. Arkley showed no awareness of the situation.

1. This principle is more fully discussed in Chapter 4.
In 1954 Mrs. Arkley's mother tells the worker that Sandra, at the age of six, is still bedwetting. It is obvious that the child was not to blame for this regression. First, Mrs. Arkley's decision to accept a job, and then her desire to take in foster children before Sandra had a chance to gain security in the home, indicate that she had no real understanding of how to make an adopted child feel emotionally secure. Moreover, she also failed in her role as a foster mother. The foster file states in June 1953 that Mrs. Arkley "is persistent in wanting a baby, then when offered one, makes other plans". The worker finds her erratic, and when, in 1954, she once more applies for boarding a baby, refuses the request basing the rejection on Sandra's problems.

The choice of Murray P's adoptive parents was not entirely satisfactory either. He was placed in the Piggott home at the age of two months in February 1949. The home study mentions that both husband and wife approached the subject of adoption "in a business-like manner". A worker remarked in April 1951 that Mrs. Piggott "is a rough and ready type of person", and quoted her as shouting at Murray, "shut up, or I'll hang you on the clothes line". Although she appeared fond of Murray, it is questionable whether shouting at him in this manner was conducive to his happiness. Her behavior here seems to indicate that a woman who might want to care for babies might be quite unsuitable to care adequately for an older
child. Since Mrs. Piggott kept asking for the boarding of babies while Murray was still on adoption probation, it seems to have been easier for her to accept a baby's dependency, than to exercise the patience necessary for the care of an older child.

Subsequently, her home was used for the boarding of an average of five babies at one time, which leads to the question of how much time Mrs. Piggott had left for Murray. Whenever the number of boarded babies became less than five, Mrs. Piggott "feels discriminated against and becomes difficult". The worker also described Mrs. Piggott as a woman with a deep sense of inferiority whose ability to comprehend appeared limited. Nevertheless, Murray was adopted in August 1952.

As has been said, an adoptive home study should assess the marital adjustment of the couple and their attitude towards sterility. The danger incurred in neglecting this principle is evidenced in William P's case. The child was placed with the Fields at the age of three months in September 1946. The home study states that Mrs. Field was unable to have children because of a car accident. However, there is no mention of how Mrs. Field felt about this inability. Neither does the home study include the couple's marital adjustment. William's adoption probation was commenced in January 1951.
In the course of the same year Mrs. Field suffered her first mental breakdown, which, according to her mother, originated in her inability to accept the fact of sterility. In March 1952 the couple separated, and this resulted in Mrs. Field's second mental breakdown, and her admittance to the Crease Clinic. For some time William continued to live with Mrs. Field's mother. Later he was moved to another home where he was eventually adopted. It is interesting to note that Mrs. Field was known to the Agency as having been a former unmarried mother. Although this fact might not necessarily rule her out as an adoptive mother, it does indicate a need for a particularly detailed home study, with emphasis on emotional maturity and marital relationship.

The attitude of the adoptive applicants towards telling a child early about the fact of his adoption should be explored in the course of the home study. Applicants should be helped by the worker to understand and accept the reasons for telling the child. Because of the child's uncertain status, workers tended to omit discussion of the feelings of applicants in this area. Thus it happened that by the time the worker brought up the subject and tried to explain the necessity of telling the child, the adoptive parents strongly resisted his suggestions.

The attitude taken by Murray P's adoptive parents might serve as an illustration of this possibility.
In May 1952, three months before the adoption was completed, Mrs. Piggott, the adoptive mother, phoned the worker and enquired about the agency's point of view in relation to telling the child about his adoption. The worker recorded her surprise that this had not been discussed earlier with the family, and told Mrs. Piggott that they should undoubtedly tell the child, and why.

In April 1955 (Murray was six and a half years old by then) another worker who visited the family in connection with the boarding of babies, remarked that the adoptive parents are adamant in their intention to conceal the knowledge of adoption from the child.

Although of a different kind, Roy G's case also shows a lack of interpretation. Before Roy and his sister were placed in the Gould home, it would have been helpful to have discussed with the foster mother just how much of an adjustment in personal routines the presence of the two children would mean for her. This would have been even more necessary partly because the children were placed on a permanent basis in this home, and partly because this was Roy's fifth move (if we also take into account his stay at the Infants' Hospital). The foster mother is quoted as saying that she did not realize how much extra work the children would mean. It worried her a great deal that she could not keep the house as tidy as she used to do, and she asked for the children's removal after they had been with her for the short period of eighteen days.
The uncertainty about the adoptability of these children extends the period of supervision considerably, and this in turn, in some cases, affected the worker's performance adversely. In regular adoptive placement the supervision period coincides with the one year term of adoption probation. The knowledge that the decision about the suitability of the home for a particular child has to be made within a limited period of time, helps the worker to focus his attention on the importance of supervision. A further advantage of the shorter time limit in regular adoptive placements lies in the fact that a change of workers is less likely to occur.

In contrast, when an indefinite time limit in which to determine the suitability of a particular adoptive home is at the worker's disposal, matters might be allowed to slip, due to the various pressures from other sides exerted on the worker's time. The change in workers further affects adversely the quality of the supervision. Thus, for example, in Wayne B's case, the record states in November 1950 that the prospective adoptive mother showed surprise when visited by a worker, since no one had visited the home for over half a year. An entry in Murray P's record in March 1951 shows that his adoptive home had not been visited either for a period of six months. A summary recording in Gerry E's file states in May 1950 that the worker had called at the Evans adoptive home only twice during the year.
That omissions may occur in this type of adoptive placement may also be seen in William F's case. William was placed on adoption probation in January 1951. Some time after this the Fields, his prospective adoptive parents, moved to Vancouver Island. There is no mention of this fact in the narrative of either the child's file or the foster or adoptive files. The next information on file is a letter written by the Child Welfare Division in July 1952, informing the Agency that the adoptive mother had suffered a mental breakdown in Nanaimo, and that the adoptive parents had separated. The letter goes on to say, "We feel it is regrettable that we have not been advised of the adoptive parents' move as they could have received help at an earlier date".

The case of Jarvis S (born May 1947) might serve to illustrate the difficulties that the lack of decision in regard to adoption can create. Mr. and Mrs. Sloan, the prospective adoptive parents, urgently desired to proceed with the adoption, and suffered much anxiety because of the many obstacles in the way. It should be said also that all workers active on the case agreed that Jarvis was well cared for and happy in the home. However, a Child Guidance Clinic evaluation in September 1948 pronounced Jarvis to be of borderline-to-moron-group intelligence, and advised therefore against adoption. That four days earlier he had been bitten by a dog was apparently not taken into account, nor was the family's anxiety, which may have been transmitted
to Jarvis and may have affected his performance. A few days later a worker visited and discussed the test results with the foster mother. Mrs. Sloan said that now that it had been pointed out to her, she realized that Jarvis was behind other children she had known, and especially behind her own daughter. Nevertheless, comparison would be unfair, and she objected to it. She was certain that Jarvis' intelligence rating could not matter too much, because he would probably be smart at mechanics or something else.

The worker disagreed with this, and left the foster parents to decide whether they were willing to wait until another Clinic evaluation became possible or whether they wished to give up the child. Since the foster parents were much attached to the little boy—who they thought fitted well into their family—they agreed to wait until September 1949, when the next test was to take place. They had to realize that they could not proceed with the adoption against the Clinic's recommendation.

The value of the clinical tests lies in the light they may throw on a child's potentials and limitations. The worker's responsibility is to discuss the results of the tests with the prospective adoptive parents. She then has to make a decision as to whether or not the parents accept the child, and if so, whether they are capable of being good parents to him. In this case the worker postponed her decision until a clinical re-testing could be carried out, thus making the Clinic the final judge in the
matter of adoption. In September 1949 Jarvis was re-tested and found to rate low, in the slow normal group of intelligence. There is no mention in the record of any contact with the family until July 1950 when the foster mother asked for a routine permission to take Jarvis for a short holiday. The record shows no endeavour directed at either including the foster parents in planning for the child's future, or helping them with their mounting anxiety. In October 1950 a new worker states: "in reading the file I would assume that the foster parents have been somewhat ambivalent about adoption and therefore, before any action is taken, I feel there should be a close contact between the Agency and the foster parents". In November 1950 another change of workers took place. The new worker made her first visit in January 1951. On this occasion the foster mother declared that she could not understand why the adoption had to take so long. In reply the worker asked how long she had had the child. Mrs. Sloan answered since he was sixteen days old.

From the foregoing it appears that the changes in workers may result in a lack of understanding, and a lack of continuity in planning. Due to pressure of work, the workers probably did not have sufficient time to study the file and learn the facts of the situation. It could also be argued that frequent transfers are not only unfortunate from a casework point of view, i.e., because of their influence on the child himself, but undesirable from a
business economy point of view because each new worker must start afresh, and spend a great deal of time studying and analyzing the same material before he can work efficiently with the clients.

A third Child Guidance Clinic test in February 1951 found Jarvis of average intelligence, and the Clinic commented favourably on his relationship with the foster parents. Two more changes in workers took place. In May 1952 one of these workers discovered that, although the record stated that Jarvis had been on adoption probation since August 1951, the matter had not been brought before the Agency Board for approval, and therefore the adoption probation had not commenced officially. Thus adoption could not be finalized until 1953, when Jarvis was five years and ten months old.

Effects on Substitute Parents

The doubt surrounding the status of a child may have undesirable effects on the substitute parents also. Some problems of adjustment between the child and the couple are to be expected in any adoptive placement. The chief objective of the probationary period is to help solve such problems, so that the new family may grow into a cohesive unit. The ability of the adoptive couple to overcome difficulties in adjustment is rooted in their firm belief that the child may become theirs. This belief helps them to make allowances for the child's weaknesses, and to
grow to love the child as they would their own. When, however, the couple is left uncertain as to whether or not the child may ever become theirs, problems of adjustment may become intensified. People seldom dare become too attached to what might be taken from them. Instinctively they will tend to keep their emotions in check, in order to protect themselves from hurt if the child were removed. Thus lack of decision about adoptability might prevent the growth of family cohesiveeness, and might result in a lack of acceptance of the child. This, in turn, might produce prolonged ambivalence in the couple towards the child or even direct rejection by them.

To illustrate this, Gerry E might again be cited as a child who suffered rejection twice on this account. On November 1945 Gerry was placed in the home of Mr. and Mrs. Elms at the age of six months. In May 1946 the record states that the couple "are anxious to keep Gerry permanently". However, they were told that Gerry's mother was still hoping to make plans for the little girl. While on their holiday, the foster mother became exasperated with Gerry because, as she stated, the child "decided to make strange" and refused to go to anyone. Gerry was a year and two months old, and thus had reached the stage where she could differentiate amongst people and recognize those she knew and those she did not know, and consequently, wished to avoid strangers. This reaction is a sign of growth and perfectly normal in the development of a child. Yet the record further states that the foster mother was "almost
beside herself" because of Gerry's behavior, and rejected her to the extent that the child had to be removed.

Gerry was next placed with Mr. and Mrs. Emery. In January 1947 the worker found the couple "anxious to proceed with adoption". By this time Gerry's mother had lost all interest in her. In February 1947 Gerry was sent to the Child Guidance Clinic for evaluation. Although the evaluation results were favorable as far as Gerry's own development was concerned, the Clinic's psychiatrist is quoted as being of the opinion that, "because of background, adoption could still not be recommended". (The word "background" referred in this case to the natural mother's lack of moral sense.) In June 1947 the foster mother became pregnant and requested the Agency to remove Gerry from the home. If Mrs. Emery could have felt more certain about Gerry's adoptability, she might have grown to regard her as her own child and in all probability would never have asked for Gerry's removal simply because of her pregnancy.

Jarvis 3's case probably shows best how hard it may become for prospective adoptive parents to accept the prolonged period of uncertainty in regard to adoption.

Mr. and Mrs. Sloan desired adoption when he first came into their family in May 1947. The first obstacle to adoption was the natural mother's attitude. Although she had originally requested adoption, she was told that the baby was not considered adoptable; (according to a psychiatric
examination the mother was thought to be "constitutionally neurotic"), and by the time the Agency sought to obtain her consent, she hesitated to co-operate. In April 1948 the record quotes Mrs. Sloan as saying that they are becoming so fond of the baby if they must run the risk of giving him up, they would prefer to do so as soon as possible. In August 1948 she said that she is "unable to make plans for the future when she is constantly worried about the child being moved". During the same month Mrs. Sloan phoned the worker repeatedly trying to get a definite answer in regard to the child's adoptability. When the mother's consent to adoption was obtained in August 1948, a Child Guidance Clinic examination was arranged. Mrs. Sloan, disturbed about this new obstacle, asked the worker whether it was absolutely necessary to test a child "when the foster parents are willing to take the chance (of adoption) without the benefit of the test". She was told that this was a matter of agency policy. The worker remarked that the foster mother "appears to be somewhat demanding" but ascribed this to the fear of losing Jarvis. The little boy was not recommended for adoption by the Clinic. The foster mother became upset when told that she had to face a further indefinite period of uncertainty. In January 1949 she asked for Jarvis' removal. In February she phoned the worker and wanted to know whether the worker had yet found a new home for him. In March the worker persuaded the foster parents to postpone their decision with regard to Jarvis' removal until another
Child Guidance Clinic test could be taken. The record states that both foster parents were resentful of agency policy. In September 1949 a second Child Guidance Clinic evaluation caused the adoption to be postponed once more. In August 1950 Mrs. Sloan is again quoted as saying how fond they are of the little boy, and how well he fits into their family. About the same time the worker remarked that the child seemed to be part of the family and appeared to be happy in the home. In January 1951, the foster mother asked again that if the Agency decided to remove Jarvis they would do it now "before the tie became too strong". Instead, another Child Guidance Clinic test was arranged for February 1951. This time the test results were favourable. When told about this, the foster mother stated that she knew all along that the Clinic had underestimated Jarvis' development.

The prolonged delay in making the decision for adoption caused, in this case, needless anxiety to the adoptive parents, and deprived the child of the benefits of an early adoption.
CHAPTER 3

EFFECTS ON THE CHILDREN

The quality of parental care which a child receives in his earliest years is of vital importance for his future mental health. The infant's basic satisfaction is being fed and in addition to this, being in contact with his mother (or mother substitute), and having her warmth and affection. A baby is meant to spend his first year getting hungry, demanding food, enjoying it, and thus finding satisfaction. However, it is not enough that the baby be given the "right formula"; how it is given is of equal importance. The intake of food goes together with the intake of the relationship with the mother. The baby will thrive on the "formula" only if he is being fed love and devotion at the same time. Never again in an individual's life will there be such a close correlation between physical sensation and emotional relationship. During feeding, the baby needs to be held firmly, comfortably, and affectionately. He must be shown by gentle sounds, smiles and fondling that the mother (or mother substitute) considers him the most wonderful baby in the world. This is what makes his spirit or grow, just as the milk/"formula" makes his body grow. The baby is at peace if these needs are met.

Dr. Lindenfeld, on the occasion of a consultative conference with Children's Aid Society Staff on February 10th, 1956, emphasized the infant's need for warm physical
contact with the mother or mother substitute. The baby needs to be touched and fondled, and given things to play with, in order that he may gain a concept of himself, and thus later achieve an integrated picture of the world. A child who has been allowed to grow up isolated from relationship to a mother figure, will not be able to realize his inherent capacity to identify with a mother. Serious behaviour disorders may be the result, and his capacity to form meaningful relationships may become impaired. Similarly, Dr. Bender has come to the conclusion that an appropriate expression of mother-love is a basic dynamic factor in stimulating an infant's healthy development. Infants who do not have sufficient "psychological mothering" for physiological integration and organic vitality, develop painful tension states. ¹

Jean Charnley advises social workers against credit- ing babies with too little feeling. An older child, when placed in a disagreeable environment can express his disapproval in angry words or he can become delinquent or neurotic. Another child, not blessed with the release of angry words, may act out his feelings in gestures hard to misunderstand. A baby acts out too. Denied the power of speech, he acts out a mighty drama with the whole of his little body. ² He may react by turning his head away

¹ Bender, Lauretta, Agression, Hostility and Anxiety In Children, Charles C. Thomas, Springfield, Ill., 1953, p.151

² Charnley, Jean, op. cit. p. 8
and refusing to take food. He may cease to suck so that strong stimulation is required to make him do so. He may retain a disorganized, irregular type of breathing for a long time. He may develop diarrhea, or regurgitate what is in his stomach as if to say “If I can’t have what I want, I don’t want anything.”

The Use of Receiving-Homes for Babies

Frequently children are placed in baby receiving-homes when a decision for adoption has not been arrived at. A disadvantage of this practice lies in the fact that when there are several babies boarding in the same home, the foster mother may not be able to give each infant the desirable amount of attention. However, while it is established that infants do not develop well unless they receive the amount and kind of “mothering” indicated above, naturally it cannot be said that physical set-backs are always the result of lack of individual attention. Nevertheless, the number of disturbances in the development of the children under consideration in this study, seems to indicate that infants placed in baby receiving-homes may lack the requisite amount of “mothering” and individual attention.

Wayne B’s case could serve as an illustration of this point. Wayne was born in August 1948. Although his

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mother had requested adoptive placement, this was not considered advisable in view of her low intelligence rating and the fact that paternity was unknown. Wayne was admitted to Agency care two weeks after birth "in good health", and placed in a baby receiving-home. In November, he developed a stiffness of limbs and an ear infection. The record also states that he became restless and cried a great deal. The worker states that the little boy needs more individual attention than he is getting.

Sandra A\(^1\) was taken into agency care in October 1948, and immediately placed in a receiving-home for babies "in good health". Four days later she was moved to another baby home to enable the natural mother to visit her easily. Unfortunately, the foster mother in the new home had little patience for spoon-feeding, so that during the month of January, Sandra was described as an unhappy baby who presented feeding difficulties.

Merle D was born in October 1948. His mother had requested adoption but in view of her psychopathic tendencies this was not recommended. Three weeks later Merle was taken into Agency care and placed in a baby receiving-home "in good physical condition". In January 1949 he is said to "cry fretfully at times" so that he needed to be given a sedative. Two more children who appear to have reacted unfavorably to the care given in the baby receiving-

\(^1\) For details of Sandra A's earliest history see pp.27-28.
homes are Gerry E, who in "good condition" when she entered the home, suffered later from diarrhea, and William F, also in "good condition", who developed vomiting soon after admission.

Hospitalization.

Physical disturbances—such as those discussed under the previous heading—led, in a number of the cases studied, to the children being admitted to hospital. A disadvantage of hospital treatment is that the children are perforce left a great deal to themselves. Dr. Buxbaum states that children left alone too much of the time are not stimulated to explore and learn, and may become retarded. Since nobody whom they can recognize touches them, they develop responsive feelings toward anyone. Jean Charnley advises that the hospital should not be used for small children unless absolutely necessary. She reiterates the importance of the maternal relationship to an infant who is trying to get well. The mother figure that the baby needs is not to be found in a hospital working on eight-hour shifts. Real mother substitutes take the hard twenty-four hour shift that spells security. Miss Charnley analyzes what the hospital might mean to the baby:

Gone is whatever was familiar and warm and sure in his past....Instead, there is much light, a tighter, firmer bed, and a procession of fast-moving men and women, all starched and white, who sometimes come.

with needles. There are voices of many children crying. There is a confusion of motion to and fro.¹

Roland C born in January 1949 can be used as an illustration here. Adoption was not considered advisable, partly because nothing was known about the father who had deserted, and partly because the record shows a remote history of mental illness in the maternal background. (The child's great-grandmother spent some years in an asylum, and his great-aunts--again according to the record--were "somewhat morally depraved".) The baby was admitted to agency care "in good health" when two weeks old, and at once placed in a baby receiving-home. On March 1, 1949, he was moved to the home of Mr. and Mrs. Carter, on a temporary basis, probably because the Carters had applied for a girl baby's permanent placement. On March 15, 1949, he was admitted to the Infants' Hospital suffering from diarrhea and vomiting.

William F, admitted to agency care on June 17, 1946, as "a healthy and attractive baby" was on June 24, taken to the Infants' Hospital because of vomiting. The record states that he had become listless and cried a great deal. At the age of five months, Merle D acquired an ear infection, and was eventually admitted to hospital with salmonellosis, where he spent the next six months. Roy G at the age of sixteen months had already had three moves. One week after being placed in a baby receiving-home, he

¹ Charnley, Jean, *op. cit.* p.7
was admitted to hospital with a high temperature and severe cold. It cannot be determined from the records whether the children studied were suffering from diseases which normally necessitate hospitalization. Perhaps had a decision for adoption been made, the children in question would have been cared for at home—a procedure which authorities agree is generally preferable.

**The Importance of Selecting the Right Home**

(1). **Danger of Many Moves**

As previously discussed, careful home study is the most important single factor in successful adoptive placements. The applicants' potential for adoptive parenthood must be assessed not only in relation to an infant's needs, but also in relation to the needs of a growing child. The importance of warm continuous parental relationship is recognized by social workers, who realize that deformity of personality may occur when changes in parent relationships take place early in the child's life. If the child's early identification processes are lost or distorted, the normal process of personality may falter.

Edith Buxbaum gives a vivid account of how small children react to separation from parents. For the child separation means rejection. For him two explanations for this rejection are possible—he is bad or the parents are bad. Eventually new parents may be accepted and the child's faith in the world may be restored. If however he is left several times after having made new attachments,
his ability to trust people may be considerably impaired. He may be most reluctant to attach himself again, and will attempt to survive/whatever way he can, by fighting or by submitting.\(^1\) He may even lose his ability to love. Nevertheless such is the recuperative power of a child that the capacity for recovery and growth is still there, and if a good home is eventually provided the child's difficulties may be resolved and a good adjustment ensue.

These statements can be illustrated by Roy G's history. He was admitted to agency care in September 1947 when he was one month old. At seven months of age he was returned to his parents. At the age of sixteen months he was readmitted to agency care and placed in a baby receiving-home. He was hospitalized, discharged, and then at the age of 18 months, placed with his sister Linda in the Gould home on a permanent boarding basis. This was his sixth move, therefore it is not surprising to learn that he appeared apprehensive, not knowing what was going to happen, although the worker had attempted to prepare him for the move.

The Goulds were foster applicants who had five own sons ranging in age from three to fourteen years. The couple desired a little girl, therefore the worker suggested placing Linda with them, but explaining that she could not be separated from her brother. The foster parents decided

\(^1\) Buxbaum, Edith, *op. cit.*, pp 9-10
to take both children. The home study gave some indication of the couple's maturity, but otherwise contained little information. The home was said to be cramped, as there were only two bedrooms. (The foster parents slept in the living room.) The youngest child was said to be healthy, active and well-advanced. The other four sons were said to be good students, who each had a paper route and bought their own clothes. Their adjustment was not described. On March 11th of the same year, Roy, with Linda, was moved again, since the foster mother found she could not keep her home as tidy as she had been accustomed to do. A tidy home would appear an impossibility with seven children crowded into so little space. Questions therefore arise here. What was the nature of the family's wish for a girl—how strong was it? Is the existence of five healthy boys a valid check as to the welfare of a sixth child—the only girl—and what would be the position of a younger boy who had been taken only in order to get the girl? It would appear that there should have been realistic insistence on the family's having sufficient room for all these children, since this in itself would be an essential test of intention, if motivation was found normal and sufficiently strong. All this should have been discussed beforehand in order to spare Roy the grief of yet another separation. As it was, the two children were returned to the baby receiving home, which probably was not suitable for children of their age, nineteen months and three years, respectively.
As the name of this home does not appear on the record, nothing could be determined about it. It should be noted that Roy did not appear unduly upset by the move, and according to the record progressed reasonably well in the baby home. In June 1949 the two children were moved once more, this being Roy's seventh move.

The day after the placement in the Greer home Roy is said to have settled down well. But on September 9 the record states that Roy is apprehensive of the worker. He is described as quiet and at times obstinate. He is also said to "refuse to talk". It is also noted at this time that "in the past it had been impossible for workers to take Roy into Vancouver for a visit with the mother as he screams and kicks so much in the car". Previous observations in the record stated that Roy had continued to develop normally. Nevertheless, his fear of the worker, his apparent fear of leaving the home, his slowness, or reluctance, in talking, suggest a lonely and scared little boy. In October the foster mother is quoted as saying that she would be glad if the children could be returned to their mother as she finds their care too big a load. However she added that she would not like to see them moved to another temporary home because such moves were too hard on Roy. Sufficient interpretation, and a discussion of the amount of work which would be involved, might have clarified the situation beforehand, with regard to both placements.
In November of the same year the natural mother visited the children several times in the Greer home, but the visits seemed to upset the children. On February 20, 1950, Linda was placed with her maternal grandmother. After Linda left, Roy was said to throw himself on the floor "on occasion". The children had been together since February 1948, and Linda's presence was the only thin thread of continuity in a world where—it must have seemed to Roy—strange people moved him in and out of unfamiliar homes, and every time he learned to know his way around he was moved again. Eight days later he, too, left the Greer home, to be placed in the same home as his six-months-old brother Larry. Roy did not know his brother who had been placed in this home in September 1949.

The Orrs, Larry's foster parents, wished to adopt Larry. The natural mother, however, would not consent to this unless the foster parents were prepared to take Roy too. This placement with Mr. and Mrs. Orr appears to have been Roy's first real encounter with security. The home study had been carefully done and Larry had made a good adjustment with the Orrs. The foster parents became devoted to both children and were happy in their decision to adopt them.

However, the results of Roy's previous experiences became apparent. In March 1950 Roy is said to have a great fear of falling, and also that he is bed-wetting. Almost a year later, in February 1951, the record states
that although Roy's nervousness had lessened somewhat, he was still a nervous child. He had stopped tearing the sheets in his sleep, but still bit his nails, had a fear of falling, swinging and bathing.

In February 1951, Roy and Larry were both placed on adoption probation. Adoption was granted in June 1952, when Roy was four years and 10 months old. As his adoptive parents were much attached to him and gave him the affection he needed there is reason to believe that Roy's recovery and growth were assured.

The case of Gerry E can be cited as another illustration. Since this case has been analyzed in Chapter 2, a summing up will suffice here. On admission to agency care, Gerry was placed in a baby receiving-home where she was left until the age of six months. Then she was moved to a foster home where she met with rejection, moved again, and rejected once more because of the foster mother's pregnancy. Both foster mothers gave the impression that they might have taken a different attitude had they been allowed to regard Gerry as their own, but lack of decision about adoption made this impossible. Her next placement was with Mr. and Mrs. Evans. The couple had applied for a foster child with a possible view to adoption. The home study was careful. It contained information on emotional maturity, marital relationship, reason for not having any more children and motivation for possible adoption.
The couple's own daughter, 4 years older than Gerry, was described as sensibly-trained and well-cared for. The parents were said to be devoted to her. On the occasion of the worker's first visit to the home, Gerry was said to have become apprehensive when she noticed the worker "in case she was going to be moved again", and cried when she saw the car. This observation shows the plight of a child who has known many separations and her terror of yet another move into the unknown. The foster mother confirmed Gerry's fear of the Agency, and said on April 10, 1948, that Gerry was wondering "if she is going to be moved again". The foster mother added that she might be at fault because when Gerry first came to them she used the Agency as a threat when Gerry was naughty stating that "the worker would take her when she came." This of course, was a mistake. In the case of children who have been moved several times, workers should always make certain before they effect a new placement that the foster parents understand the meaning of separation to the child. They should know how to handle his fears in this respect.

The case of Merle D, who has already been mentioned in this chapter, will serve as a further illustration. Up to the age of one year Merle had five moves (including hospitalization), and before being placed in his final home he was described as "flabby and listless". Within the short period of four months in his adoptive home, he developed into a "beautiful, sturdy little boy". His final excellent adjustment shows that it was in the child's best interest.
to subject him to the fifth and last move, and also in
a certain sense confirms Anna Freud's findings that:

When choosing between the two evils of broken
and interrupted attachments, and an existence of
emotional barrenness, the latter is the more
harmful solution because it offers less prospect
for normal character development.†

(2). Insufficient Moves

What stands out as important, therefore, in the
cases studied, is not merely the number of placements—
without minimizing the hazard to the child's well-being if
there are several moves—but the even greater importance
of providing a suitable final home.

Roland C was discharged from the hospital, and re-
turned to a baby receiving-home in March 1949, at the age
of two months. In May 1949 he was placed on a permanent
boarding basis in the home of Mr. and Mrs. Clark, a couple
selected from the group of foster applicants. Although the
home study contained a great deal of information on the
couple, some of it is not favourable from the point of
view of adoption. The husband is stated to be embarrassed
that they do not have children, and declined to be examined
by a doctor. This could indicate basic insecurity, and a
fear of facing reality. It could also suggest a special
fear regarding his own masculinity, especially dangerous in
the placement of a boy, who could seem a rival. It might
even mean that he did not really want a child. The study

1. Freud, Anna and Burlingham, Dorothy T., Infants
   Without Families, International Universities Press,
   New York, 1944, p.63
states that the husband has a workroom in the basement, where he spends "every idle moment, leaving his wife alone upstairs". This could mean that Mrs. Clark would see the child as a replacement for her husband as company, or as a male she could control, and might lead to Mr. Clark's resentment.

The worker states that the marriage is happy and congenial, although Mrs. Clark admitted that one of her motives in taking a child is that she felt lonesome. The home is described as "spotless and shiny", and the woman's appearance as "immaculate", statements which induce the question as to whether such a woman would be able to lower her standards of cleanliness for the sake of a child who is bound to create disorder. It would at least appear that this child's previous problems of diarrhea and vomiting might make him a potential irritant to such a mother. Despite all this, however, according to the record both husband and wife in October 1949 stated their desire to keep him permanently.

At about this time the worker remarked that the baby is progressing well and appears happy and bright. In May 1951, the couple having expressed a desire to have a baby girl on a permanent boarding basis, the placement occurred. Enough has been said already to indicate that a second child should not be placed in the home until the first child's adoption is completed. The paramount importance of conducting a second home study before the second child's placement occurs—with particular emphasis on family relationships and the adjustment of the first child—has also been stated. This procedure
was not followed in this case. A worker who visited the baby girl in the home, describes the foster mother in critical terms, "a tense, anxious, and cool-type of person". The worker also stresses the fact that the home was again "immaculate" and that Roland was expected to take his shoes off before entering, which is a standard of cleanliness that almost suggests pathology. This, added to a frequent rebuke for touching things, might suggest to a child that he lacks worth. At this time the worker who had gone to see the baby girl, describes Roland as a thin-faced, serious little boy who never smiled once during her stay. This worker suggests that the home should be closely supervised. However Roland's worker either never learned about these findings, or did not credit them, because nothing was said about them in Roland's report, and he was soon placed on adoption probation. Adoption was completed on November 3, 1952.

The histories of Sandra A and Murray P, (discussed in detail in Chapter 2) can also be cited in illustrating the principle that the number of moves is secondary to the importance of providing the child with a final suitable home.

(3) Successful Cases

Experts in personality development agree that no phase passes without leaving traces in the following phase and those coming after. The child fortifies, weakens, represses, or suppresses whatever nucleus of personality he
has acquired so far with the help of and under the pressure of his further life experiences. Each person carries within himself some residue of everything that has happened to him from the time of his birth. As Tennyson says in his "Ulysses", "I am part of all that I have met".

Therefore it would appear that those children have the greatest chance for good emotional adjustment whose basic needs were met at the beginning of their lives. The histories of Theo R and Larry O can be adduced here.

Theo R was born in April 1949. As his mother could not make plans, he was taken into agency care in May 1949. Theo was not recommended for adoption partly because of his maternal grandmother's mental illness, and partly because paternity could not be established. A further deterrent factor was that he was born prematurely. On the day of admission to agency care, Theo was placed in a baby receiving-home, "in good condition". He continued to make good progress in this home, although he was still considered a thin baby. While in the baby receiving-home, he underwent circumcision. In June 1949, at the age of two months, he was placed on a permanent boarding basis with a view to adoption, with Mr. and Mrs. Reid who were chosen from the group of foster applicants.

This home study contained information on early family relationships, marital adjustment, emotional maturity, reason for not having any more children of their own,
attitude towards adoption, as well as a description of the adjustment of the couple's own son, aged two years and nine months. The latter is described as an exuberant and generous child who gets along well with other children. Theo received excellent care in this home and progressed well. His foster parents became exceedingly fond of him. In March 1950, at the age of eleven months, he is described as a bright baby who weighs twenty pounds and eats and sleeps well. Theo was able to feed himself at one year. In June 1950 the worker states that he was full of laughter and energy. Two months later he is said to be very bright. His relationship with the foster parents was considered excellent. In May 1951 he was placed on adoption probation. The Adoption Order was granted in January 1953. Theo was then three years and nine months old.

Larry O was born in August 1949, and two weeks later admitted to agency care. Larry's mother had requested adoption but this was not recommended in view of the parents' emotional instability and the father's jail record. On the day of admission Larry was placed in the Orr home on a permanent boarding basis.

The Orrs were foster applicants. This home study was also careful—early family relationships, marital adjustment, attitude towards adoption, emotional maturity, and motivation to adopt have all been discussed. Larry was a healthy baby who continued to progress well. In September of the same year the worker comments that Larry
was well accepted by the family. In March 1950, the record states that the foster parents were anxious to adopt him, and that the natural mother was willing to consent if Roy (Larry's older brother by two years) were to be placed in the same home. (This has been discussed under the subtitle "Danger of Many Moves" in this Chapter.) After Roy was placed in the home, the worker comments that the two children were happy with each other. In April 1950 the foster parents, who by then urged the adoption of both children, advised the worker of their plan to move to California. As Mr. Orr had no concrete offer of a job there, the worker feared for the children's welfare, and recommended that the foster parents delay adoption until they had more definite plans for the future. In June 1950 the worker describes Larry as healthy, full of energy, and happy. In September 1950 the worker notes that the foster parents were happy in their decision to adopt the two children. Both children were placed on adoption probation in February 1951. A month later the record states that both parents are relaxed, affectionate, and intelligent people who are happy in themselves and in their marriage. The Adoption Order was granted in June 1952. Since the family had moved to California, the Order was forwarded by mail. Larry was two years and ten months old at the time of adoption. Some time later the worker received two letters from the adoptive parents informing that their move to California had been a successful one.
This case shows that the fortunate choice of adoption parents was the result of a careful home study. It was necessary to set aside the rule against placing an older child with a baby. Less mature people might have resented the older child and not been able to meet his need, or might have let the baby feel pushed aside. Casework services were given to the natural mother who, through the worker's accounts, must have felt sure of the home. In addition, the worker waited to find out the adjustment of the two children as well as the economic security of the adoptive parents. That there was a positive relationship between the foster parents and the worker, was tangibly demonstrated by the two letters written to her subsequent to the adoption.

Since the histories of Barbara M and Kerry N were similarly happy, it can be said that these four children had attained with adoption the full measure of security of an own child. All four developed well, both physically and emotionally. Two of the four children were placed directly in their adoptive homes, while the other two first spent a brief period in a baby receiving-home. However, all four children were in their permanent homes by the time they were two months old. Two families were selected from the group of adoptive applicants, and two came from among the foster applicants. Two home studies contained detailed adoptive data, while the other two--although less full--included diagnostic evaluation of the adjustment of the couple's children. Therefore, the selection of the parents was sound in each case. Family relationships were warm.
and stable. The home atmosphere was relaxed. The children were loved and accepted without reservations. The family's relationship to the Agency was positive in each case. All four children became adopted at a relatively early age (the child oldest at the time of adoption was three years and nine months.)

From this it would appear that the most successful placements were those which approximated closely to the conditions of a regular adoptive placement; that is to say, where the children were placed early in their permanent homes, and most important of all, where that permanent home was well chosen.
CHAPTER 4

SOME IMPLICATIONS FOR POLICY AND PRACTICE

To provide children with new, loving families is a far-reaching responsibility. A task of this nature requires much time and thought; and the utilization of the greatest skills that the social worker has at her disposal.

One of the obvious difficulties confronting the Children's Aid Society of Vancouver is shortage of time and lack of staff. When the Agency was founded in 1901, the City's population was 29,400. Since then the population has increased to 395,000. The Society can hardly keep pace with the needs created by such rapid growth, particularly when the Agency does not refuse its services to any child in the City. According to figures quoted in the Annual Report of 1955, well over seven thousand children received service in that year. The pressure of work can be more fully appreciated when it is realized that to serve this number of children only sixty-two professional workers were employed. Moreover, most children need long-term planning and continuing attention. There is no overnight solution to the problems which bring them into agency care. On the other hand, the Agency is asked to do so much emergency work, that the need to attend exigencies interferes with the workers' long-term responsibilities. It is hoped that as awareness of the
responsibilities of the Agency increases, the Community will see the urgency of the need for more trained personnel.

A less obvious but equally serious difficulty presented to the Agency is the need for reconciling opposing views in planning for some of the children entrusted to its care. Social workers grow ever more convinced that early adoption provides the best method of meeting the need of a child without a family, for security and affection. The findings of experts in personality development confirm the belief that emotional hunger is as real from the time of birth as physical hunger, and deprivation of emotional satisfactions is as serious as deprivation of food. Children fail to develop, or lose what progress they have made, when deprived of love, even when given excellent physical care. The following quotation from the Society's last Annual Report shows the Agency's stand on this principle:

Because the Society recognizes that early and consistent mothering is a basic requirement for the healthy development of children, it has continued the policy of placing for adoption as many children as possible, as young as possible, often direct from hospital.

At the same time the Agency must be concerned with community attitudes. The general public feels strongly about heredity. It questions whether a child with unfavorable features in his background has the capacity to develop into an adult of average health and intelligence. Therefore, many of the would-be adoptive parents expect the Agency to protect them from such risks. (It should be noted that several of the children considered in the study
would not now be regarded by the Agency as a poor risk for adoption. This change in policy will be discussed later. However, the fact remains that there are always some children in the Agency's caseload who cannot be placed for adoption immediately when they come into agency care.)

Thus the Agency faces the dilemma of how to comply with community attitudes without barring the child with an undesirable background from the advantages of adoption. A solution to the problem is found by placing the child in a permanent foster home, with a view to adoption if the child proves himself "on his own merit". The advantages of this practice lie in the fact that it provides the child early with permanent parents, while being still in line with community thinking. Also many children are adopted through this practice of the Children's Aid Society of Vancouver who would not have been adopted in other communities. Moreover, it enables the adoptive parents to know the capacities and possible limitations of the child before they assume legal responsibilities. Nevertheless, the present study seems to indicate that there are certain hazards when the decision about adoption is postponed.

Natural Parents

From Chapter 2 it can be seen that some of the natural parents react to the refusal of recommending the child for adoption by trying to plan for the baby themselves. Many of the parents who request adoption are unmarried mothers. Their chances of providing suitable homes for
their children are for the most part slim. More often than not, the hope to care for a child leads only to unnecessary moves for him, and prevents the Agency from sound long-term planning.

In other cases postponing the decision about adoption creates later difficulties in obtaining the required parental consent to the adoption. Some parents who are ready to give consent when they first become known to the Agency, later hesitate to do so. Again in other cases consent cannot be obtained because by the time adoption is indicated, the parents cannot be located. It is a great strain for the worker to keep in touch with the natural parents over a considerable period of time, particularly if they have lost interest in the child's future. Indeed, such effort seems an unnecessary drain on the Agency's financial and human resources. The Adoption Act of B.C. provides for the waiving of parental consent only if it can be proven that all possible efforts to secure the required consent were in vain. This concern for protecting the parents' natural rights even at the child's expense, often results in undue hardship for the child; partly because it creates an obstacle to long-range planning, and partly because it delays adoption.

Several other provinces have recognized this danger and amended their child welfare legislation accordingly. Thus, for example, the Child Welfare Act of Manitoba distinguishes between temporary and permanent wardship of
a Children's Aid Society. It further provides that the parent loses his right to apply for care and custody of his child one year from the date of a permanent wardship order. From then on only the consent of the Children's Aid Society is required for adoption. Similarly, in Ontario and Saskatchewan, when a child has been committed to permanent wardship of a Children's Aid Society, the consent of the Society to adoption suffices.

In Manitoba, adoption is further facilitated by the fact that the parent consents to the adoption in general, and not the adoption in a specific home, as required in British Columbia. Yet this provision does not violate the natural rights of parents because the same respect for the parents' wishes is possible as when specific consent is required. In both cases the parent has to rely on the worker's judgement, because even when the parent consents to the adoption in a specific home, his agreement is based only on the worker's description of the home. Furthermore, the worker's obligation to involve the parent in planning—whenever possible—remains unchanged. This is a casework responsibility which does not depend on legal requirements.

These two provisions—that of general parental consent and that of transferring the right to consent to the agency—greatly simplify the adoption procedure and thus promote the child's welfare.
Effect on Agency Planning

There are basic differences between the qualifications required for good foster parenthood and good adoptive parenthood. To select the home that would best suit a particular child's needs is never an easy assignment. However, this task becomes increasingly more difficult if it is not clear whether the quest is for a foster home or an adoptive home. Since the placement is made with a view to adoption, the home should be selected with this goal in mind, and the parents should preferably be chosen from among the adoptive applicants. Consequently, the home study should explore significant adoptive data. It should be as full and accurate as possible, and include health, reason for sterility and attitude towards it, marital and early family relationships, emotional maturity (readiness for a child), and motivation and attitude towards adoption. Some of the home studies examined were from this point of view incomplete.

Interpretation of the child's needs becomes also more difficult when the child's status in the home is undecided. During the early interviews in regular adoptive placements, workers usually discuss with the would-be adoptive parents the child's need to be told about the adoption. It is considered important that the child be told early and in such a manner that he can feel certain that the bond between his parents and himself is as strong as the bond between the parents and their
biological children. In order to safeguard his self-respect, he should be made to feel that he was not separated from his natural parents because either he or they were unlovable. If the child is not told by his new parents about the adoption and finds out the facts accidentally, he may feel that being adopted is a misfortune or a disgrace, something not to be talked about. Or he may lose his confidence and trust in his parents. But whatever his reactions, he is bound to find it much harder afterwards to assimilate his history without damage to his self-respect.

Discussing the adoptive applicants' feelings about telling the child is also important from a diagnostic point of view, because such discussion reveals much about their attitudes towards adoption and their readiness for it. People who feel ill at ease about telling the child are likely to feel so because they have never quite accepted their state of sterility. They may continue to feel insecure because the child is not their biological offspring and may think of themselves as inferior parents compared with natural parents. Since they do not feel comfortable about the adoption situation themselves, they do not wish to discuss it with the child. Such couples are unlikely to make good adoptive parents because their own lack of acceptance of the situation will make the child feel insecure.
If plans for the child are left in the air, the worker will avoid bringing up the important subject. While there is a wealth of professional literature on the subject of when and how to tell an adopted child, there is no agreement on what to tell a child whose status is uncertain. In fact, it is difficult to find a way in which the truth can be told without harming the child. The worker cannot suggest that the child be told that he is adopted if this is not the case. Nor can he be told that because his own parents "were bad", his substitute parents are waiting to see whether he is "good enough" to be adopted. Thus it may happen that by the time the child's status is cleared and the worker tries to explain the necessity of telling the child about the adoption, the adoptive parents resist the suggestion. This means that an important need of the child will remain unsatisfied; and it may even mean that the couple's basic attitudes towards the adoption are unsound, and have heretofore gone unnoticed.

Another important need of the adopted child is that a second child should not be placed in the home until the first child's adoption is legally completed. This principle is formulated to save the child from too much emotional competition before he has a chance to feel secure. Having the child's status crystallized helps also to avoid the danger of rejection of the older child. When an additional placement is made, a re-assessment
of the home is necessary with special emphasis on family relationships and on the development and adjustment of the first child. This rule was not always followed, because of the lack of decision as to whether this was a foster or adoptive placement, and foster children were placed in the home without consideration for the emotional development of the first child.

If the child is placed "with a view to adoption", the home should be treated as an adoptive home, regardless of whether or not the parents were selected from among the foster applicants or adoptive applicants. The reason for this measure should be interpreted to substitute parents before the child is placed in the home. Another point is that a foster mother who has a strong need for caring for babies may not be suitable as an adoptive mother. If she derives her greatest satisfaction from caring for dependent infants, she may not be able to help a child to cope with the difficulties of growing up and of achieving independence.

If an adopted child needs specially sensitive treatment in order to feel secure, how much more consideration a child needs who has the added handicap of having to prove himself before he can become adopted. Social workers who wish to make it possible for the child to reach the security of adoption, must be aware of the difficult situation that such a child faces through no fault of his own. Miss Charnley suggests that workers should
make a conscious effort to empathize whenever they are trying to help a child through difficult situations. The meaning of such situations to a child may be easily overlooked by a worker with a heavy caseload and many pressures, unless she stops to empathize. As workers have to respect community attitudes, they cannot pronounce adoptable a child with an unfavorable background before he can be judged "on his own merits". On the other hand, it is their professional responsibility to provide the child with conditions which make for healthy personality development, so that the child be given a fair chance to prove himself suitable for adoption. He also has a right to expect that he should be given every conceivable help to make a good adjustment in the home.

The present study seems to indicate that the chances of success of the adoption increase if it is made a cooperative enterprise on the part of the adoptive parents and the Agency. This can be achieved by giving prospective adoptive parents a clear idea before the child is placed in the home, of what is involved in this type of adoptive situation, and the ways in which it differs from a regular adoption. The more the adoptive parents understand the procedure and the reasons behind it, the easier it will be for them to accept Agency policy. Also the more the adoptive parents are encouraged to share in the planning.

1. Charnley, *op. cit.* pp 43-45
with the Agency, the better equipped they will be to act as good parents. If the couple is thus helped to feel comfortable in the situation, they can relax and allow their affection for the child to grow. If, on the other hand, the new parents are made to feel that they have no part in the decision about the adoption, they are almost forced to check their attachment in order to protect themselves from later grief should the child be moved against their desire. Once emotions are inhibited, they tend to stay that way. Couples wishing to have a child of their own, cannot be expected to regulate their feelings for a child in accordance with decisions made by an outside agent.

The purpose of the Child Guidance Clinic evaluation should also be interpreted to the adoptive parents prior to the placement of the child. It should be made clear that this examination is intended as a help with the decision for adoption, and not as a hindrance to adoption. The division of responsibility between the Clinic and the Agency should be strictly observed. This was not done in some cases. The Clinic renders a valuable service through giving an opinion of the child's physical, mental and emotional development. This should be used by the worker as an aid in making the decision about the adoption. It must never be lost sight of that the focus is, of course, on the feelings of the parents and the child to each other. If the Clinic is used to shift the responsibility for the decision, the worker deprives the child and the parents
of the benefits of her casework skills. Maxine Bartsch states very clearly the advantages of the Agency making the decision for adoption.

There are advantages in a social diagnosis as compared to a psychiatric diagnosis: It is more realistic, in that the worker evaluates the child in its relationship to society; it results from a contact with the child in its contemporary environment, and from the association with... foster parents with the opportunity to work with them in their homes; it comes from a close contact which surpasses the written social history and limited personal contact with the child available to the psychiatrist.

The decision about the adoption should take into account the parents' reactions to the child's capacities and limitations. The writer sees no reason for postponing adoption if the worker is satisfied that the parents accept the child as their own despite his possible limitations, (and/that the home meets the child's needs). To insist on waiting for another year until a new clinical examination is possible, serves only to increase the anxiety of the parents. Since tension in the home tends to be communicated to the child, he is likely to be upset by it. This, in turn, may result in lessening his ability to do well on the next examination. Thus a vicious circle is established; the delay creates insecurity, and the insecurity results in further delay.

While the child's potentials for growth should be discussed truthfully, there is no need for stressing a

child's lack of worth, as was done in one case. Such doubts tend to linger, and may be used against the child should he later disappoint his parents in any way.

Supervision in a regular adoption placement is limited to the one-year term of the probationary period. This means that the worker has to decide on the suitability of the home within one year. The necessity of keeping within the strict limit of a rather short span of time compels the worker to give her full attention to the matter of supervision. In contrast, there is no definite time limit set for the supervision in "permanent boarding with a view to adoption". Since no decision is made with regard to the adoption, it is not possible to stipulate time limits. Supervision may be required for any number of years. A worker with a large caseload is always faced with the dilemma of how to attend to her many responsibilities during a seven-hour day. Emergency situations crop up all the time and claim her immediate attention, regardless of what other plans she may have made for the day. The pressure on her time may be so great that it becomes a physical impossibility to do justice to all her duties. Should such a situation occur, it is only natural that those matters which do not have to be attended to within a certain period of time are the ones allowed to slip. The fact that there is a long indefinite time limit in which to make her decision may thus change the worker's whole approach to supervision. If the worker has, for example, three years in which to size up the situation,
she tends to put off the decision. Visiting may tend to be irregular, and subject to the exigencies of the rest of the caseload. This leads to a lack of focus, to gaps in visiting, with telephone calls taking the place of personal interviews. Indeed, contact with the father may be entirely lacking or become reduced to a minimum.

Another point is that the satisfactions derived from supervision in regular adoptive placements are usually greater than those occurring in supervising a placement of this nature. When adoption is a clear-cut objective, the worker is conscious of the creative quality of her work in bringing together a new family. Her beneficent role is clearly recognized by the parents; and since her objectives are in harmony with those of the couple, her efforts meet with appreciation and gratitude. All this makes visiting a pleasant duty. When, however, the child's future is undecided, there may be a clash between the worker's goal and that of the would-be adoptive parents. In fact, the parents may look upon the worker as the person who stands in the way of their wish to adopt. As the parents become more frustrated by the delay in adoption, the worker finds it increasingly more difficult to interpret her role to them, and tends to avoid contact. Thereby delays are increased, and further frustration of the parents occurs. This is why prospective parents were in some cases deprived of casework support at the time when the tension in the home seemed at its peak and
support was most needed. It would be easier for the couple to accept the delay if they were made to feel that the worker understood their difficult situation. The tension in the home could be considerably reduced by the parents being given an opportunity to talk about their feelings, and by the worker's acceptance of these.

The extended period of supervision, however, also makes changes in workers more likely. This is unavoidable; nevertheless, it must be recognized as a decided disadvantage. The present study indicates that frequent changes in workers easily result in a lack of understanding of the family situation, and in a lack of continuity in planning. This, in turn, is detrimental to the relationship of the couple to the Agency. The disadvantage of a change of workers could be eliminated by a careful perusal of the file on the part of the new worker. Even though workers assigned to a case may change, their casework supervisor remains usually the same. She could do much to help the new worker to preserve continuity in planning for the child.

Recording seemed incomplete in some of the cases under study. If, for example, a child has to be admitted to hospital, the record should indicate the circumstances of hospitalization. Such details as why the child went to the hospital, when, and for how long, as well as his reactions to the experience, should be noted. If, after discharge from the hospital he was not returned to his previous home, the reasons for his re-placement and his
feelings about this, should also be stated. Such details are significant from the point of view of understanding the future development of the child.

Where the same home was used for boarding another child, two workers were visiting the family. Thus it happened that the second (foster) worker's observations of the home (recorded in the foster file) included significant diagnostic material about the adoptive child as well. In some of the cases valuable observations could not be utilized by the adoptive child's worker, simply because they were not brought to her attention. In cases where two workers are assigned to the same home, it would be advantageous to share information.

Substitute Parents

It can also be seen from Chapter 2 how the child's uncertain status hampers the growth of family cohesiveness in his new home. When a couple is not allowed to regard the child as their own, they cannot give love freely without constantly running the risk of being hurt in loving a child greatly, and then losing him. Instinctively they avoid becoming too attached to the child in order to protect themselves. Some of the problems of adjustment are expected in any adoptive placement. However, the possibility of regarding the child as a member of their own family, gives the couple strength and willingness to overcome many difficulties. Even biological parents become exasperated at times with their children. The
normal momentary desire to be relieved from the discomfort caused by the child is countered by the conviction that the child belongs to them. If the couple is not allowed to develop the feeling that the child is part of the family, slight irritations assume exaggerated proportions, and may lead to a request for termination of the placement. In other cases the couple may feel such anxiety about the possibility of losing the child that this itself becomes a deterrent to their ability to be good parents. Fear and tension are communicated to the child, and these in turn may generate in him feelings of insecurity. Thus he becomes a victim of the parents' frustration, and the very purpose of adoption (to provide the child with a family atmosphere in which he can thrive) is defeated. It seems imperative, therefore, that every assurance should be given to the substitute parents that they will be able to complete the adoption if they so desire, provided, of course, that the child is happy in the home. Since the present adoption law in B.C. requires the natural parent's consent to adoption in a specific home, consent to the adoption should be obtained prior to the placement.¹ It is true that this means that the natural parent must be approached again if adoption in that particular home fails to materialize and that this may be a damaging experience. Nevertheless, this disappointment can hardly be more upsetting.

¹ The findings of Rosemary Lansdowne point towards the same conclusion. (Lansdowne, Rosemary, The Concept of Non-Adoptability, Vancouver, Thesis, 1949, p. 85)
than the one felt when the original request for adoption is refused. Given skilled casework interpretation, many natural parents could be helped to accept the possibility that the adoptive placement may not work out. Unquestionably such a measure would benefit the children concerned because it would increase considerably the proportion of successful placements. Should adoption be possible, the availability of consent would save the Agency later much time, money and energy—so often spent in vain—when trying to obtain consents. It would also help the child to achieve early a full sense of belonging, because it would speed up adoption procedure. The consent may prove an asset even if the plans for adoption in a particular home do not materialize. If the parent cannot be located later when consent to another home might be required, factual proof that the parent had agreed to adoption might help in securing an Order for the waiving of consent.

Another measure that could do much to reinforce the security of the placement is the setting of a definite time limit on the supervisory period. It should be possible to arrive at a decision about the adoption shortly after the results of the first Child Guidance Clinic examination become known. Any physical or intellectual limitation that the child may seem to have should be discussed with the substitute parents, as should their feelings about such limitations. Although it would be a serious
error to permit a couple blindly to undertake a responsibility which they later prove unable to assume, it would be equally wrong to deny the child the security of adoption if the parents have realistically accepted him for what he is or seems to be. If the worker feels that the parents wholeheartedly accept the child, and that they are able to meet his needs, there is no reason to postpone the adoption. If, however, the worker feels that the home does not meet the child's needs for security, it would be a mistake to leave the child in the home. Of the two evils of separation and an existence of emotional barrenness, the latter is the more harmful experience for the child.

Board rates are paid for the child as long as there is no decision made in the matter of adoption. In a sense this payment symbolizes the Agency's doubts that the child could become a member of the family. From this point of view the practice might be considered detrimental, because it represents a negative approach to the matter of adoption, which could prejudice the attitude taken by the adoptive parents. However, only one case was found in the group under consideration where the payment of board rates influenced the parents to postpone adoption proceedings. Thus it cannot be determined from the present study whether or not such payments tend to produce undesirable results. To the writer their value seems questionable. In a regular adoption placement the family assumes full financial
responsibility from the start even though there is always a chance that the adoption does not become finalized. There is no reason to follow a different practice just because the probationary period is longer.

Financial ability to provide for a child should be, in any case, a requirement for adoptive parenthood. This would eliminate the possibility of budgetary considerations interfering with adoption procedure. The payment of board would become even more unnecessary if a definite time limit were set for the supervisory period.

Effects on Children

The purpose of adoption is to provide a child with the security that comes from permanent warm and stable family relationships. This security has two components: one is emotional and the other legal. The child's position in the new family can only be termed secure if he has attained both the legal and affectional status of a biological child. As has been pointed out, all children need warmth and understanding in order to feel secure and develop into healthy personalities, but because an adopted child tends to be more sensitive to his position in the family, he needs an even greater measure of assurance that he is loved and wanted.

The gratification of emotional needs—or the lack of it—is of great consequence in the first weeks and months of life. A number of the children under consideration
appeared to lack sufficient individual attention in infancy. Careful planning might have ensured the placing of the children directly in their permanent homes. If placing them first in a receiving-home for babies is unavoidable, the number of babies in the home should be watched closely. Similarly every effort should be made to move the baby to a permanent home as early as possible. The infant will benefit from the experience that only a loving, continuous, parental relationship can offer. The substitute parents will benefit from being able to participate so early in the child's growth.

The stability of parental relationships remains vital for the later development of the child. When the people upon whom he began to pattern himself are gone, his whole system of orientation is thrown over. Children who are moved from place to place tend to have difficulties in adjustment. It is therefore important to prevent separation and replacement. Using the child in a trial-and-error process can be avoided only by making careful home studies, and by exploring beforehand the family's capacity for making the necessary adjustments that the presence of a growing child in the home will require.

The careful diagnostic evaluation of applicants is also an advantage from the point of view of sound economy. The extra time, energy, and work that a worker must expend in attempting to ease the family situation; in removing
the child from the family should these attempts fail; in finding a new home; in helping the child with the resulting emotional problems and behavior difficulties—would become unnecessary if a fraction of all this time, energy and work were devoted to a more intensive home study. A further advantage would be the saving of the couple from the experience of removal of the child which is usually damaging to their feelings of adequacy and self-worth.

Some of the children experienced repeated rejections and moves before they reached their adoptive home. The resulting insecurity showed itself in symptoms ranging from physical set-backs to emotional disturbances. Nevertheless, such is the recuperative power of a child, that the capacity for recovery and growth is still there, and if a good final home is provided, the child's difficulties may be resolved and good adjustment ensues. Therefore, what stands out as important is not merely the number of placements—although the hazards to the child's well-being if there are several moves must be taken into consideration—but the even greater importance of providing a suitable final home. In choosing between two evils, it is better to subject the child to one more move than to leave him in an unsatisfactory home.

The present study points also towards the need of helping adoptive parents to understand the meaning to the child of past experiences of separation, otherwise they
may fall into the error of using the separation as a threat in order to make the child behave. Unwittingly, they may even destroy the worker's chances of helping the child with his anxiety, by telling him that if he is bad, they will call the worker who will take him away. Thus a child may come to equate a visit from the worker with the ordeal of another move.

The need to help adoptive parents to overcome their sense of frustration over delay in adoption was apparent. Tension and anxiety are sensed by the child, and he may develop and reflect corresponding feelings of insecurity. Regular visiting, casework support, and the building of a positive relationship between the family and the Agency (worker) could considerably lessen the sense of frustration. Making the parents partners in planning would also do much to promote a relaxed home atmosphere in which love and happiness can grow.

From the histories of the children who achieved the best adjustment, it would appear that the most successful placements were those in which the children were placed directly, or very early, in their permanent home, and where the home was well chosen. The more the body of knowledge of professional social work advances, the more do social workers appreciate the dangers of putting off until tomorrow what ought to be done today. Children do not wait to grow up, and satisfactions must be available to them at the time when they need them most.
Current Policy of the Children's Aid Society of Vancouver

The Agency's ever-increasing awareness of the dangers involved in withholding children from adoption, has brought significant changes in the last five years in the adoption policy of the Children's Aid Society of Vancouver. The Agency employs currently medical and psychiatric specialists who are consulted whenever a child's family background or personal history presents medical or psychiatric problems. The experts make available to the Agency all possible information about the condition, and its significance for the child's future development. The opinion of the expert is considered by the Agency in the light of the total situation, and the Agency's decision for adoption is made accordingly.

Today there are relatively few instances in which a child is not considered adoptable. One reason for withholding a child from adoption is a long line of mental illness or mental defectiveness in the family, so that in the expert's opinion the chances are strong that the child will inherit the condition. Another reason is a physical handicap which the experts believe will not lessen but increase. However, the Agency recommends adoption for many children whose background (e.g. the natural parents' emotional instability and/or lack of moral sense, unknown paternity, etc.) would have been considered a deterrent five years ago.
Similarly, many children with physical handicaps (e.g. heart condition, clubfoot, spasm, hip condition, etc.) are placed for adoption who would not have been deemed adoptable before. The goal of the Agency is to extend the benefits of early adoption to as many children as possible. Instead of depriving a child who has an unfavorable family background or some personal handicap, from the advantages of a normal family life, the Agency makes every effort to find adoptive parents who are flexible enough to cope with the condition.

Although improvements in service will continue to be made, there will always be difficulties in effecting successful adoptive placements for children whose adoptability is in doubt. Such placements not only call for the best diagnostic skills in selecting a home, but also for continuity in planning, extensive interpretation to the adoptive parents of the child's needs, continuous casework support and close supervision during the probationary period. Knowledge from past experience is always an aid in overcoming present difficulties. It is hoped, therefore, that the analysis attempted in the cases reviewed in this study may assist in solving some of the continuing problems which will always arise for social workers if decisions for adoption have to be delayed.
APPENDIX

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