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THE RESERVATION OF CHILDREN  
FROM ADOPTION

A survey of the Determining Factors  
for Older Children (aged 6-10 years)  
in the care of the Children's Aid  
Society, Vancouver, 1949

by

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## ABSTRACT

Of the 1117 children in care of the Children's Aid Society at the end of the year 1949, there were 200 between the ages of 6 and 10 years inclusive for whom adoption had not been completed. Of these 200 children, 177 were wards of the Society. Thirty-eight of these wards were on adoption probation, leaving a balance of 139 for whom there was no practical indication of adoption. The purpose of this study was to examine the reasons for non-adoption in this residual group and to attempt an analytical classification.

The overall statistical material for the study was obtained as part of a group project, a group of students having cooperated in recording indication data on a card-index schedule for all children aged 6 to 10 in care during the year. The files of non-adoption cases were then read, and a classification was worked out and exemplified from this material. Supplementary information was obtained from interviews with staff members of the Children's Aid Society, and the Child Guidance Clinic.

The categories of non-adoption utilized are the following: "Adoptability" Diagnoses, Placement Difficulties, Family Ties and Behavior Problems. "Adoptability" Diagnoses, and Family Ties, are more basic and fundamental as reservations preventing adoption, whereas Placement Difficulties and Behavior Problems are indicative of a more basic reservation and are, therefore, more of a somewhat circumstantial nature. The order of the groups was one of practical convenience in a narrowing of the focus of inquiry from reservations outside the Society to those reservations within the child himself. In order of importance as a reservation - "Adoptability" Diagnoses came first, Behavior Problems second, Placement Difficulties third, and Family ties, fourth.

Results from the study show that there is not a good programme for adoption of older children, in spite of the fact that there are a good number of older children available for adoption. Social Workers would like to see older children become adopted but realize that it will take a definite planned programme, with a good deal of publicity that there are older children available for adoption, and extensive home-finding, before any real achievements can be possible. The total problem to be faced in this 139 group, is the focus upon an adoption policy and programme that will first clearly free the older child for adoption, and secondly, find him a suitable adoption home. Specific problems of the older child are the roots of the reservations. The older child is not only confronted with the basic factors determining his "adoptability" rating, but he is generally not easily freed from family ties, nor is he naturally as acceptable for adoption. It will be no easy task to take the reins, set the goals, and plan the course, but real evidence has been given that there is enthusiasm, courage, and interest within the Society to meet the needs of older children, and to plan for their futures, through adoption.

### ACKNOWLEDGEMENTS

The writer is indebted to the Executive Director of the Children's Aid Society of Vancouver, Miss Dorothy Coombe, for her co-operation in providing unlimited use of the Society files, and for her encouraging and helpful suggestions. Gratitude is expressed also to C.A.S. staff members, and in particular to Miss Martha Smyser for her interest and appreciated contributions. The writer also expresses appreciation to Dr. Byrne, psychiatrist at the Child Guidance Clinic, for his co-operation in providing information and printed material. Special mention is made of the constant guidance and inspiration provided by Mrs. Helen Exner. Her extensive knowledge and experience in the field of Child Welfare contributed greatly. A special word of thanks is expressed to Dr. L. C. Marsh for his aid in clarification and organization, and for his appreciated interest.

Maxine M. Bartsch

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THE RESERVATION OF CHILDREN FROM ADOPTION

## CHAPTER I

### INTRODUCTION TO STUDY

"Adoption of older children" rings strangely to the ears of many. Because of the stigma of his age, the older child is too often deprived of a chance to become a part of an adoption home. The basis of this stigma of age is rather obvious. Most people prefer to adopt infants, for they can experience more natural and complete parenthood, through their moulding of the child into an accepted part of the family circle. To integrate an older child into a part of the family is generally more difficult, for his personality is already formed in large part, and he is more than often unable to adjust to a home that does not specifically meet his needs. It is difficult to place older children with well-adjusted personalities, but it becomes even more difficult to place older children who are relatively unstable because of the emotional and/or physical neglect they have experienced.

The older child as a victim of unfavourable and disturbing influences presents a personality problem that does not increase his adoptability rating when he comes into care. The philosophy which has withheld progress of the movement of older children towards adoption is based on the assumption by the Society that there were few adoptable older children in their care, according to accepted criteria of "adoptability"<sup>1</sup>. Too, the older child, generally having experienced some form of family relationship, is not always freed from former family ties, and so not readily available for adoption.

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1. No child with a physical, mental, or racial "handicap" was considered adoptable.

The end result is a somewhat lack of acceptance of older children for adoption by prospective adopting parents because of the past unpopularity of the concept within the Society and through public opinion discouraging for many years the formulation of a new adoption home programme. Today, although the concept is changing, the situation remains much the same and there is an almost total lack of adoption homes for older children.

The problem of adoption for older children is of a complex nature, and becomes even more so when considering those children who have grown older in Society care, for not only do their backgrounds have to be considered before coming into Society care, but also since that time.

The Children's Aid Society is a private agency incorporated in 1901 under the "Protection of Children Act" for the purpose of protecting children from cruelty, improving family conditions that lead to neglect of children, and caring for and protecting children who are in need of protection.

Children of all ages up to 21 years come into Society care generally as the result of broken homes through death, divorce or desertion, inability of parents to care for them because of mental or physical illness or deficiency, personality instability, lack of finances, illegitimacy, physical neglect or abuse, rejection, incorrigibility, and many more causes that exist within the parents of the child or the child himself. The length of time a child remains in Society care varies according to his particular circumstances. Therefore, there are different "degrees" of Society care and custody of a child. For some children, family relationships are still very active, and it is only for a temporary period that they will be in Society care. These children are generally non-wards - that is, the natural parents continue to retain guardianships for their child but the Society has custody



until re-union of the family is possible. The child is usually placed in a temporary foster home. The child who comes into care for an indefinite or permanent period generally becomes a ward of the Society - this meaning that guardianship has been transferred by court procedure from the natural parents to the Society. For some wards, family relationships are also very active, for others there are no family ties. Although a child may have family ties, he may not necessarily be reunited with his family. He may quite probably be placed in a permanent foster home. Children who have no family ties or have been freed from family relationships, are placed for adoption where possible. The problem of adoption here is centred around the freeing of a child from family relationships in order to plan for him on a consistent and long-term basis. Adoption is not always the desire when a child is a ward, for his family may be a strength to him, but where the best plan for the child's future seems to lie in otherwise meeting his needs the desire is to help the child form new, permanent ties through adoption.

There has been a growing awareness of the need to investigate the Findings of the Forty-Eighth Annual Report of the Children's Aid Society of Vancouver, British Columbia, for the year ending December 31, 1949. Of the 1117 children in care of the Children's Aid Society at that time, there were 200 between the ages of six and ten years inclusive for whom adoption had not been completed. Of these 200 children, 177 were wards. Of these 177 wards, 38 showed movement towards adoption. The remaining 139, which showed no movement, comprise the focus of this investigation.

As a child becomes a ward of the Society when legal guardianship is transferred to them, the Children's Aid Society was concerned with the reasons for the non-adoption of these 139 older children comprising in excess of

eighteen per cent of the total number. The thought was that perhaps there had been some neglect of this group of young human beings who, generally speaking, have no possibility of leading normal, happy, and emotionally secure lives in their own homes. Because none of these children had been adopted, the Society realized its responsibility, and was anxious for an investigation into this group. Previous to this, the Society itself had instigated an enquiry concerning the two-to-six year old section of the 1117 children, but this has been the first direct investigation of the older group.

As the total personality of a child becomes more complex with age, so an investigation concerning a child of this higher age group must allow for these complexities. The first step of the investigation was part of a group project. In this way, it was possible to deal with the quantitative nature of the case analysis. The research group, five in number, jointly undertook to read and appraise files provided by the Children's Aid Society, and, for each case, to record findings on index cards, under the following general headings: Date of Admission (to Children's Aid Society), Ward or Non-Ward, Legitimacy, Type of Home, Status and Intelligence of Natural Parents, Natural Family Relationships, Home, School, Foster Home and Social Adjustments of a child (good, fair, poor), Child Guidance Clinic Psychometric and Other Diagnoses<sup>2</sup> and Recommendations, and Movement Towards Adoption. On completion of these cards, a general picture was obtained. The next step was to classify and re-read the cases (177) pertaining to the present study. Corresponding family files were also read at this time. Further classification of these 177 cases

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2. A facsimile of the index is included in Appendix A.

resulted in 38 being classified as showing movement towards adoption, as defined in accordance with Society adoption procedure: (1) Consent of the natural mother(and) father or legal guardian(s), with supporting affidavits; (2) Waiving of the consents of natural parent(s); (3) Consent of the Board of Directors of the Children's Aid Society to the adoption of their ward by the named adoption parents at their address; (4) Any child residing and fully maintained by the adopting parents for a period of one year before a final report and recommendation is sent to the Superintendent of Child Welfare by the Children's Aid Society (Adoption Probation); (5) Any child on a free home basis; (6) Legal notice of intention to adopt sent to the Superintendent of Child Welfare; (7) Opinion and Recommendations of the Child Guidance Clinic - a constant and required factor for children from  $1\frac{1}{2}$  to  $2\frac{1}{2}$  years of age, not considered in itself a legal step towards adoption. In allowing for the complexity of factors preventing adoption, there could be no certainty of movement towards actual adoption save through tangible evidence. Such evidence was apparent in 38 cases. Only those cases showing no movement towards adoption according to the above definition, a total of 139, were further classified.

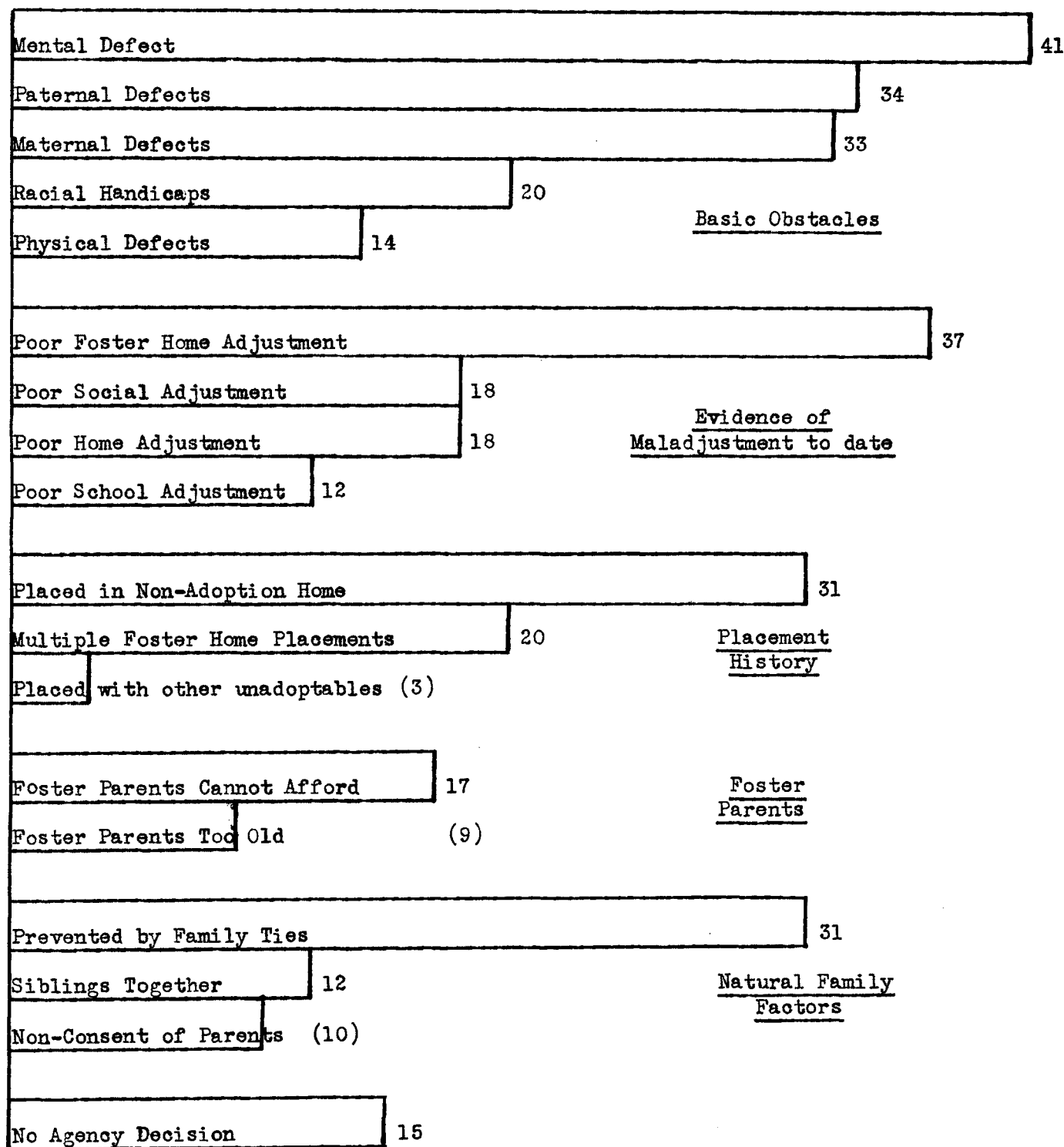
Information on the index cards resolved itself into four defined groups: (a) "Adoptability" Diagnoses; (b) Placement Policy and Practice; (c) Family Ties; (d) Behavior Problems. The grouping of information was based upon the practical manner in which it presented itself. The chapter order is, therefore, one of practical convenience beginning at resources outside the Society, proceeding to resources within the Society, then considering resources within the family unit, and concluding at resources within the child. The Classification of Chapters, therefore, was based upon

a narrowing of the focus of enquiry as seen from a practical point of view. These groups were indicated by the appendix card, but had to be further developed by examining all 139 cases individually and recording specific causes of non-adoption. These specific causes were recorded under a sub-division of the group heading to which they belonged. With each group divided into sub-divisions, the specific causes for non-adoption could, therefore, be more accurately recorded. Each specific cause is called a factor and instances of factor were recorded under each sub-division as the files were read. Upon completion, there was established, the relative importance of the sub-divisions to each other as seen in figure I, the importance of each sub-division to its particular group as seen in table I and figure II and the importance of each group to the other as in figure II. These groups, together with their sub-divisions, comprise the basis for chapters 2 to 5. Length of time of these children under Children's Aid Society care was also recorded, and was used in chapter 3.

In this study of children of the "latency" age group, it was found that there was a multiplicity of causative factors reserving adoption due, in part, to the length of time that these children were under Society care. (an average of over five years per child.) Thus, the total number of instances in which any or all factors appeared as reasons preventing adoption were recorded in relation to the time element.

This total, 375 causative factors in all, show in table I an average of 2.69 per child. These factors, when recorded in the files, were the most important contraindication to adoption at that particular time. As became obvious, the problem of measuring reasons for non-adoption was a dynamic one, for not only were changes evidenced within a child's own

INDIVIDUAL FACTORS CONTRIBUTING TO  
NON-ADOPTION DECISION



(Relative importance of total of 18 factors among 139 children)

Fig. 1

personality and natural or substitute home, but also in the Society adoption policy itself. Changes in this policy can, in part, be explained through the differences in adoption practice for the child who can or cannot be tested on its own merits.

The way in which major causes as chapter headings have combined to act in preventing the adoption of these 139 children is shown in table II. The number of children affected by each combination gives a statistic indication of the complexity of the problem of adoption for elder children. Only 45 of the 139 children were affected by one major cause; the other 94 had two, three or four items preventing their adoption.

It must be accepted that all factors do not act or combine to prevent adoption in themselves; some are reflections of policy and programme planning as established by Society administration. The goal of adoption for older children can only be as realistic as is made possible through progressive administration. The intention here is to first examine the areas in which adoption has been prevented or delayed, and from this to suggest any administrative and legislative improvements which might seem feasible.

In each chapter, rather than dealing with each factor as a unit, the purpose of the study is to examine trends in movement towards adoption, using excerpts from Children's Aid Society case recordings in illustration and substantiation, and citing examples from successful adoption cases in contrast.

TABLE I CLASSIFICATION OF FACTORS CONTRIBUTING TO  
RESERVATIONS FROM ADOPTION

GROUP <sup>3</sup>	FACTORS	NO.	%
I ADOPTABILITY DIAGNOSES (102 cases recorded)	PHYSICAL DEFECTS (blind, deaf, etc.)	14	10
	MENTAL DEFECTS (I.Q. below 85)	41	29
	RACIAL HANDICAPS	20	14
	PARENTAGE (PATERNAL) DEFECTS (unknown, etc)	33	23.5
	PARENTAGE ( MATERNAL) DEFECTS	34	23.5
		142	
IV BEHAVIOR PROBLEMS (63 cases recorded)	POOR SCHOOL ADJUSTMENT	12	11
	POOR SOCIAL ADJUSTMENT	18	16
	POOR HOME ADJUSTMENT	18	16
	POOR FOSTER HOME ADJUSTMENT	37	35.5
	MULTIPLE FOSTER HOME PLACEMENT	20	17.5
		105	
II PLACEMENT DIFFICULTIES (51 cases recorded)	SIBLINGS	12	16.6
	PLACED WITH OTHER UNADOPTABLES (unadoptable placed with others)	3	4.2
	LACK OF FINANCES OF FOSTER PARENTS	17	24.7
	AGE OF FOSTER PARENTS	9	12.5
	NON-ADOPTIVE HOMES (unadopting foster homes, institutions, receiving homes)	31	42.0
		72	
III FAMILY TIES (56 cases recorded)	NO SOCIETY DECISION FOR ADOPTION	15	27
	ADOPTION PREVENTED BY FAMILY TIES	31	54
	NON-CONSENT OF PARENTS	10	19
		56	
TOTAL	ALL FACTORS	375 <sup>4</sup>	

3. Groups are in order of importance.

4. Average causative factors preventing adoption per child: 2.69  
The total of 375 factors prevented adoption for 139 children.

TABLE II: COMBINATIONS OF MAJOR CAUSES PREVENTING ADOPTION

NO. OF CAUSES	COMBINATIONS	NO. OF CHILDREN
<b>A. TWO CAUSES</b>		
1 & 11	Adoptability Diagnoses and Placement	21
1 & 1V	Adop. Diag. and Behavior	14
111 & 1V	Family Ties and Behavior	11
1 & 111	Adop. Diag. and Family Ties	10
11 & 111	Placement and Family Ties	1
11 & 1V	Placement and Behavior	0
		<hr/> 57
<b>B. ONE CAUSE</b>		
111	Family Ties	21
1	Adoptability Diagnoses	20
1V	Behavior	4
11	Placement	0
		<hr/> 45
<b>C. THREE CAUSES</b>		
1, 11 & 1V	Adop. Diag., Placement and Behavior	24
1, 111 & 1V	Adop. Diag., Family Ties and Behavior	8
1, 11 & 111	Adop. Diag., Placement and Family Ties	3
11, 111 & 1V	Placement, Family Ties and Behavior	0
		<hr/> 35
<b>D. FOUR CAUSES</b>		
1, 11, 111 & 1V	Adop. Diag., Placement, Family Ties and Behavior	2
		<hr/> 2
<b>TOTAL NUMBER OF CHILDREN</b>		<b>139</b>

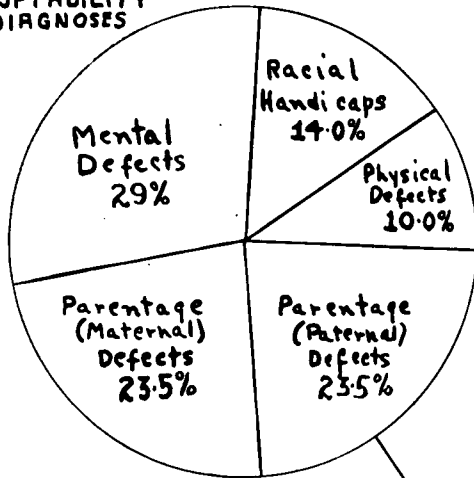


# RESERVATIONS FROM ADOPTION

CHILDREN'S AID SOCIETY

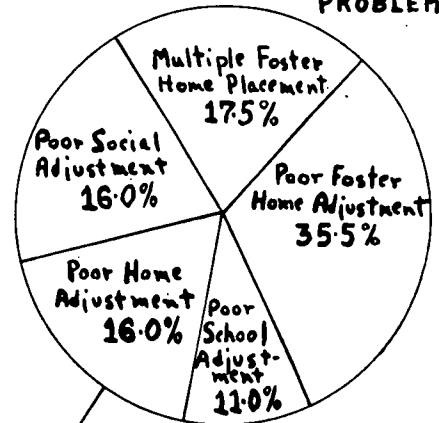
1948

"ADOPTABILITY"  
DIAGNOSES



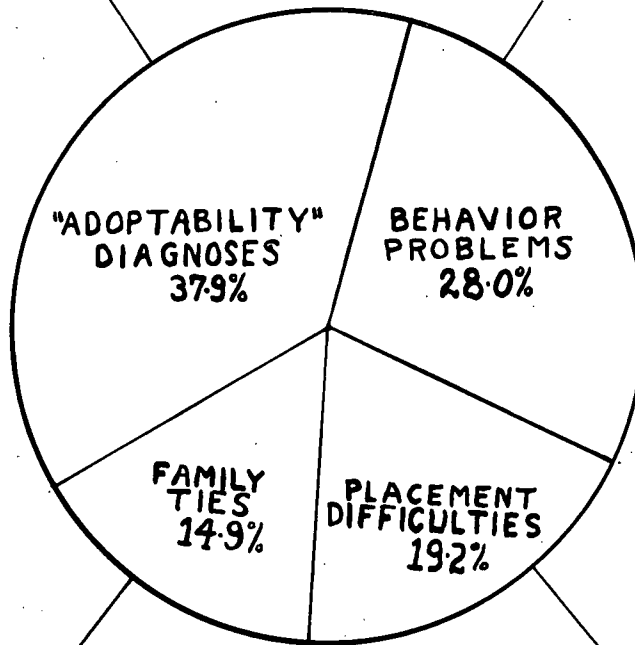
CHAPTER II

BEHAVIOR  
PROBLEMS

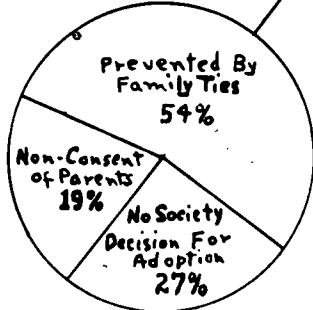


CHAPTER V

CLASSIFICATION OF TOTAL BY GROUPS

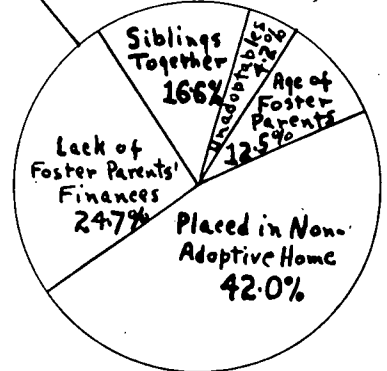


FAMILY  
TIES



CHAPTER IV

PLACEMENT  
DIFFICULTIES



CHAPTER III

FIG. 2

## CHAPTER II

### "ADOPTABILITY" DIAGNOSES AS INTER-RELATED WITH SOCIETY POLICY

As the present study is concerned with the administration of the  
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Children's Aid Society (C.A.S.) policy and programme for adoption, a definition of administration is necessary as a framework in order to establish the area of this particular inquiry. Administration has been defined as "a process, and a method, by which the objectives of a programme are transferred into reality through a structure and mode of operation that make possible the coordinated and unified work of people in the movement towards the defined  
6  
objectives. It is the intention here to interpret the movement towards the defined objectives of the programme as movement towards adoption, and to examine the Society structure and mode of operation as it influences this movement.

An enquiry into the present situation could begin by stating the Society criteria which prevail today to determine the adoptability of children in care.

#### Adoption Criteria - Children under the age of two:

The Society assesses a child according to its background history, for example:

- (a) maternal background - normal intelligence, personality stability and maturity, good health and no inheritable disease, no mixed racial origin, no inheritable mental illness, etc.
- (b) paternal background - paternity know, (plus factors as in maternal background).

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5. Hereafter, the Children's Aid Society may be referred to in its abbreviated form: C.A.S.  
6. Johnson, Arlene, National Conference of Social Work, 1946.

- (c) child's physical condition - no eczema, asthma, club feet, poor "inherited" traits, intelligence of not less than dull normal, no mixed parentage.

Children between the ages of  $1\frac{1}{2}$  to  $2\frac{1}{2}$ :

It is now standard C.A.S. policy when children are between the age of  $1\frac{1}{2}$  and  $2\frac{1}{2}$  years, to have them assessed by the Child Guidance Clinic (C.G.C)<sup>7</sup>. The clinic gives a judgment on the mental and emotional stage of development of the children and their diagnoses of children help the Society to determine whether these children are adoptable according to three criteria:

- (a) normal health - including treatable defects;
- (b) normal intelligence - including dull normal I.Q.;
- (c) background history - decreasing in importance with the increasing age of of the child.

The children in this latter group, which includes the six-to-ten year olds, are tested largely on their own merits, rather than the merits of their backgrounds as is the case with children of less than two years. Therefore, children classified as unadoptable at an early age can become re-classified as adoptable when personal merit, rather than background history, becomes the deciding factor in Society evaluation. The results of these variations in adoption policy, indicated that there are three classes of adoptability:

- (a) One year of adoption probation, including six months after legal notice on intention to adopt is sent to the Superintendent of Child Welfare;  
(This procedure is for children with entirely known and satisfactory backgrounds).
- (b) Extended adoption probation (free home). Consent for adoption is obtained immediately upon placement. Within two and one half years, C.G.C. examination "determines" adoptability, and the family files their intention to

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7. Hereafter, Child Guidance Clinic may be referred to in its abbreviated

adopt. The Society cannot force adopting parents to accept extended adoption probation, because it is Society policy and not legal requirement. Once a child is on adoption probation the Society cannot refuse to give adoption consent at the end of the one-year waiting period, if the parents have proven to be adequate. The intended value of extended adoption probation is to protect adopting parents from a child who has a rather unfavourable background, because the paternity is not known to the Society, but the maternal background is good.

- (c) Permanent home on a boarding-home basis. A child thus placed is considered unadoptable and is made a ward of the C.A.S. until such time as he can be tested by C.G.C. on his own merits. If accepted according to adoption criteria, the child is put on a free home basis (b).

This latter class for adoptability, although only in existence for less than three years, has been widely accepted and the results have been most favourable. The policy is discussed with foster parents in watching and helping a child to develop normally to the point where it is considered adoptable.

The way in which a child's adoptability is determined is briefly as follows: The committees of the Board of Directors are appointed for specialized functions of a permanent nature. They are, therefore, "standing committees" set up by authority, acting in a policy-making and advisory and working capacity. The machinery for the staff to reach the board is through committees, and the flow of policy formation is a division of responsibility extending through:

- (a) The Board of Directors of the Society, elected from members of the Society to have the power of full and complete management of all affairs for which the Society is incorporated;

- (b) Committees, appointed from the Directors and/or the members of the Society. In actual practice, the staff and lay groups participate in committee meetings. In a committee, however, a lay individual represents a group in the community, for example P.T.A., foster parents, adopting parents, etc. In this way, interested and concerned outside groups may participate in the policy-making that can and does take place in the committee meetings. The purpose of the committee is to bring together different ideas into a common point of view through the process of group thinking. Within the Society itself, the staff is invited to present cases to be discussed re policy changes, and to acquaint lay people with policy, including the training of board members to a socail work point of view. In this way, the actual work of the Society, the needs of the community, and the giving of professional services may be brought from the committee to the Board itself, which has the final vote on policy changes;
- (c) The Department Supervisors, case-work supervisors and workers are the agents who act as a liaison between Society administration and community needs. It is, therefore, the responsibility of the worker to set the machinery in motion, and unless she decides to move a child towards adoption, and puts to use all services that she is required to use, a final adoption decision will not be made. Although the worker does not alone make the actual final decision, it is through her that the final decision is made.

The Society itself does not always function alone in determining adoption policy but rather in conjunction with auxilliary services which play responsible roles. The major auxilliary services is provided by the Child

Guidance Clinic which is comprised of: the psychiatrists, nine psychiatric social workers, ten psychologists and three nurses. All children studied by the C.G.C. may be classified into three groups. The first group contains those children who express their lack of adjustment in symptoms of various kinds - in the home, the school or the community. These symptoms may take the form of undesirable habits, personality traits, or behavior. The second group includes all dependent children, who, because of illegitimacy, abandonment or neglect of parents, or victims of broken homes through divorce, desertion or death - will during their childhood, be placed in adoption homes, institutions, or foster homes. The last group is comprised of those children who show such retardation in intellectual development that they are unable to successfully compete in the ordinary types of mental work required of them. If a child belongs to one of these three groups, the worker is responsible in seeing that her client receives the benefits of C.G.C. This responsibility entails a carefully-prepared social history of the child. Such a social history is a picture of the child living with his natural or foster parents, going to school, and being a part of his community. This picture enables C.G.C. to more accurately diagnose and recommend relative treatment. The role of C.G.C. to the Society adoption programme rests in diagnoses and recommendations only. The value of this service depends upon the use the Society makes of it.

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#### C.G.C. Policy on Adoption

"The social agencies look upon adoption as a placement, and the techniques involved in fostering a child. They look upon it as a necessity to understanding the child from biologic and genetic survey, social and emotional

factor survey within the history and the use of certain resources in the community, medical, psychiatric, and psychologic.

2. The understanding of the needs of this child. When these resources are used and all the facts from these resources compiled and added to your biologic and genetic survey, then comes the selection of the right and adequate foster home. It still leaves within the realm of the social agencies all the responsibility for saying the final word on adoptability and the final word as to the suitable home for a child but if they are well-trained social workers they will use what they have obtained from their medical, psychologic and psychiatric resources.

Ontario took its framework from the state of New York and because of the responsibilities that the administration in this act made upon social agencies they were very much wanting to use all resources available, but maintained within themselves the right to make the final decision as they brought all these resources together and made a complete survey.

They have to do that because they are the legal body responsible.

"In adoption more than fostering...they were really more frightened of that responsibility and you do find them moving in their anxiety to dispersing some of the responsibility to what merely are resources that they can use in reaching their final evaluation.

"Still, we are a resource, as a consultant group in this field, and the thing is in our recommendations. We should, I feel, restrict ourselves to that function. We have certain experienced advice to give, and that is the limit of our jurisdiction in the matter. We give them that information. They, as the legal body, can accept it or reject it. The thing is the lack of interpretation of our findings.

"What have we to expect from an agency who are asking for our help. 1. an adequate social history which would include information from both the natural parents and the adopting home.

"There is always a lack of information about the adopting father. We do get more of the feeling of the mother to the child.

"The second thing is the proper interpretation of the Clinic by their worker to the adopting parents.

"The next thing is an adequate follow-up of the child in its new home with definite records of it."

C.G.C. Recommendations re adoptability:

1) No contra-indication to adoption. This opinion is based upon the feeling that a child would fit into his placement with little difficulty, or that he is an average child who will find little difficulty in being placed.

2) Long-term placement with a view to adoption. This opinion is based upon lack of social history because of unknown factors, and greater emphasis placed upon C.G.C. tests and findings. The results of a single test are inadequate to determine adoptability, therefore, the recommendation is for delay in order that the Clinic may do justice to the measuring of the child. The social worker must establish a good relationship with the adopting parents in order to prepare them for the completion of adoption in another year or two. Once findings have become reasonably known, it is the foster parents, with the worker's support and interpretation, who determine whether or not adoption will take place. The primary responsibility for determining adoption rests in the original placement that was made and in the relationship of the worker to the adopting parents.

3) Adoption is not recommended:

i Poor adjustment of child to placement.



- ii No adoption placements available for that particular child, or unsuitable placement (i.e. - where parents cannot accept or accomodate the limitations or behavior characteristics that are evidenced in the child)
- iii Adoption does not meet that particular child's needs.
- iv Children who need Institutional Care.

Since this study is focussed on the reasons for reservation of children from adoption, emphasis is placed upon those policy practices which have resulted in the non-adoption of the children under survey.

Those causes of non-adoption for the 139 unadopted wards were numerically recorded in accordance to Society policy under the following major cause 'Adoptability' Diagnoses and under the following sub-divisions: Parentage (Paternal), Parentage (Maternal), Physical, Mental, and Racial Handicaps. The order of these sub-divisions was determined through their order in appearance in the natural history or the developmental history of the child, with the exception of racial handicap which is being treated as a special problem in itself.

In a total of 102 cases classified under the above sub-divisions, there were altogether 142 instances in which these causes were recorded, an average of 1.4 per child affected by this section of Society policy. The total number of recorded instances represents the major factors which, through the years, have made these children unadopted today.

Examples and excerpts from C.A.S. recording give an over-all picture of movement towards adoption as influenced by C.A.S. adoption policy, the individual worker, and the relationship of C.G.C. to C.A.S. The important question kept in mind was - Does the Society make its own final policy decision re adoption according to described procedure? or has this responsibility been delegated to an intended auxilliary service, that is, C.G.C.?

The examples are not intended to present a full picture of the case from which it was chosen; rather, as selected excerpts from that case, they illustrate a significant factor in movement, or perhaps the lack of movement as it related itself to 'Adoptability' Diagnoses. Some of the excerpts are directly from case recording, some are directly from letters <sup>from</sup> C.G.C. In some instances the excerpts represent the worker's interpretation of Conferences with Child Guidance Clinic staff, or they are the worker's understanding of C.A.S. adoption policy. The tracing of movement begins with the excerpts that indicate little or no movement towards adoption as a result of various factors and influences.

(Example 1): C.G.C. examination, 1946 - Adoption is not recommended because of the mother's instability, doubts concerning paternity, and the fact that intelligence tested below average.

C.G.C. examination, 1948 - Intelligence tested average at this time, and the Clinic would have no hesitation in recommending adoption.

(Example 2): Admission recording, 1942 - The baby cannot be recommended for adoption because of instability of the mother (psychopathic).

C.G.C. examination, 1946 - Adoption is not recommended because of the child's destructive behavior and unstable background.

C.A.S. recording, 1947 - The worker states that it is unfortunate that H's background does not make her adoptable, as there is no doubt that the foster parents would adopt her if possible. H has been in this home since 1944 (at the age of one) and has been given excellent care. The foster mother is concerned about the child's behavior and asks for help.

In 1948 - The worker states that H could be adopted on her own merits, as her brother is on adoption probation after careful consideration of his background. It is hoped that the same could be done for H. The foster parents have wished adoption for four years, and they are now not anxious to take the child to C.G.C. for another disappointment. They also resented the Society for not telling them of H's background reasons for non-adoptability. Now having had natural twins, the foster parents feel that they are not financially capable of adoption.

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9. Minority children are dealt with in a separate section, also the specific role of the worker as an interpreter, and as an agent of policy in practice.

(Example 3): Admission recording, 1944 - When the child first came into care, paternity could not be established, therefore, adoption could not be recommended. In 1949, C.G.C. was asked to give a statement on the mental and emotional development of the child.

C.G.C. examination, 1949 - Her limitations should be discussed frankly with the foster parents, for in the future one feels that unless there is a great deal of improvement, she will be eligible for special class tuition, and be very limited in the type of work she can do after she leaves school.

Worker's interpretation of recommendation - Foster parents, now knowing the child's limitations, should be encouraged to adopt, seeing that the child is likely to remain with them all her life.

(Example 4): C.G.C. examination, 1947 - As the mother was of dull intelligence, adoption of this child is definitely advised against.

Later - The child has an average I.Q. and good adjustment, but has an East Indian appearance. The foster parents would like to adopt.

This case has given on indication of a return to C.G.C. for pre-adoption appraisal as yet.

(Example 5): Admission recording, 1944 - As paternity was unknown, the child was considered unadoptable.

C.G.C. examination, 1948 - This child, whose foster parents are anxious to complete his adoption, was examined at the Clinic. Due to his extreme negativism, it was impossible to complete the test. Following a discussion between C.G.C. and C.A.S. worker, it was decided to postpone adoption because of the foster mother's "colourless" personality and difficulties with the child.

C.G.C. examination, 1949 - This time, he accompanied the examiner readily, and was very friendly and talkative. The foster mother said how happy she would be to complete his adoption.

C.A.S. recording, 1950 - Natural mother had been contacted about signing adoption consents. She was not prepared to do this, and expressed interest in re-applying for him.

Adoption procedure, in this case, was prolonged for six years, and indications are now that it will never be completed. In several similar cases, workers have expressed their dissatisfaction with lack of movement, and in an attempt to solve their dilemma, have stated they had "better take him to C.G.C. again."

(Example 6): C.A.S. recording, 1944 - Mother asked that the child be placed in an adoption home. Owing to the background development of the child, eczema and a Mongolian mark, adoption placement was discouraged.

C.G.C. examination, 1945 - . . . I.Q. of 70, placing him in the border-line group of general intelligence.

C.G.C. examination, 1947 - (C.A.S. asked for the advice of C.G.C. as to the development and adjustment of patient) Tests for children with his degree of defective hearing are not satisfactory, and the results should be considered as showing the effect of sensory deprivation rather than intelligence defect per se.

Caution preventing movement towards adoption is justified in many cases, for this child so upset foster parents who were genuinely interested in his welfare that he was later committed to Essondale.

(Example 7): C.A.S. recording - C.G.C. felt that the child was unadoptable because the mother was a moron. The child was placed many times, and became sickly, pale, subdued and whiny. She is now back in her original foster home. C.G.C. feels that she is now adoptable, having an average I.Q. but the foster parents are not financially able, at this time, to adopt her.

Through this case and previous ones, despite the change in C.G.C. policy in re-testing older children on their own merits and finding them adoptable, the reservations imposed by the passage of time may counteract the positive movement towards adoption.

(Example 8): C.A.S. recording, 1948 - C.G.C. felt that this child's adjustment in the foster home was adequate, but had the same feelings of indecision about the capabilities of the foster mother that worker evidenced. Moreover, C.G.C. was still undecided about the academic success the child would achieve. It was recommended that any plans for adoption be delayed, and that the child be re-examined not sooner than a year.

This case indicates a seeming rigidity that would appear to be unnecessary, for delay in itself, sometimes acts as a negative influence, that counteracts optimistic hopes for the future. Delay should not be a generalized procedure but should be individualized according to the meaning it will have to adopting parents and the child's future.

(Example 9): C.A.S. recording, 1945 - Adoption was not recommended as the family history was unknown. The foster parents were not pleased with this C.G.C. recommendation, and were determined to adopt G and assume responsibility for him. They were prepared to accept the unknown, they told the worker, as it was "just like getting married". The foster father stated that, 'If one can feel happy looking at a face across the breakfast table every morning', he felt that a good basis for marriage, and he 'certainly felt happy looking at G's face across the table'.

In 1949, G was placed on adoption probation.

This foster father evidently felt that, as he loved the child, he should be allowed to adopt him. However, despite his feelings, action was delayed for four years. The Society's desire to protect this parent from what might be over-optimism, is justified until such time as the parent realizes, to a reasonable extent and with the help of Society diagnostic services, what potentials and limitations are within the child. This is not only for the protection of the adopting parent, but also for the future security of the child.

(Example 10): C.A.S. recording, 1946 - C.G.C. could not approve the foster parents' request for adoption, because the child's mother was of border-line intelligence. They asked for re-examination of him at the age of six years, for "if his present low I.Q. is maintained, he will have to attend a special class.

C.G.C. examination, 1948 - The boy's I.Q. did not change, but as the foster parents so wished to adopt him, and as the child's adjustment was good in the home, adoption was allowed.

Other cases studied illustrate that, although C.G.C. would not recommend an adoption, there would be no contradiction if the foster parents wished to do so. This would seem to indicate flexibility on the part of C.G.C. to the point of allowing the adopting parents, with the Society's help, to make the final decision, while C.G.C. makes recommendations rather than what had, in the past, amounted to rules.

The next two cases, however, illustrate negative results that may occur

when the decision is left to the adopting parents or perhaps from the poor choice of adopting parents in the beginning.

(Example 11): The worker felt that foster mother is not quite so accepting of C since she has heard his family history.

January, 1949 - (school report card) C is a bright child and appears to be well-adjusted. He was promoted to Grade 2 and ranked second in his class.

(Example 12): C.A.S. recording - The foster parents do not wish to proceed with adoption until the treatment of the children's eyes has been completed.

The following four examples suggest a greater emphasis on scientific thinking and understanding of the probable factors and implications of mental illness and human behavior in general.

(Example 13): C.A.S. recording - Adoption was originally refused because paternity was not established and the mother was of low intelligence.

C.G.C. examination, 1947 - Instability in the mother and family is not necessarily hereditary, and such traits could probably be accounted for by children's home environment and parental handling. In any case, it should not militate against his having a good home. There are no contradictions to adoption.

(Example 14): C.G.C. conference, 1947 - The putative father was an idiopathic epileptic, i.e. epilepsy with no known cause. It is not a deterrent to adoption, but should be told to adopting parents.

(Example 15): C.G.C. examination, 1949 - A daughter having the same type of mental illness (paranoia) as the mother is one of the less frequent combinations, and adoption is therefore favoured.

(Example 16): C.A.S. recording - This child, with a facial disfigurement of unknown paternity, and whose mother was a forger, was adopted.

However, as shown in the following contrasting case, it has never been stated scientifically that the age of the father affects the embryonic development of the child. In some instances it has been thought that the advanced

age of the mother has a congenital effect upon the offspring, (e.g. Mongolian idiocy) but note that, in this case, the mother, a moron, was only nineteen years old:

(Example 17): C.A.S. recording, 1944 - The baby cannot be recommended for adoption as the putative father is sixty-eight years old, and the child is slow in physically and mentally developing. (The child developed normally, but tested low in I.Q., so adoption was withheld in 1949 for re-examination in one year's time).

Delay, states C.G.C., is necessary because "It is different to say definitely whether or not the present group in which a child tests is permanent."

In this next section, the case examples will illustrate influence on Society policy in regards to the specific problem of minority children. Of the 139 children studied, there were five (5) with Chinese heritage, four (4) of Hindu background, eight (8) of mixed Indian parentage, and three (3) Mulattos. Because of the present lack of corresponding racial foster homes, and difficulties of social acceptance, not only in our own white society, but also in the respective racial minority environment, these children pose additional intricate adoption problems and, therefore, will be classed as "racially handicapped". This will be indicated by the following examples:

(Example 18): C.A.S. recording - C.G.C. felt that M, whose putative father was Hindu, "should not be placed with a Hindu family, as the Hindu people were rather unkind, and the caste system would be rather hard to overcome. M was placed in a white home with two foster girls who were being adopted. While M was not, she became an accepted part of the family.

This seemingly satisfactory situation may not last as M becomes more aware of the fact that she has not been adopted because of her Hindu parentage. To her, this racial difference may become an undesirable defect, with possible grave repercussions on her behavior adjustment and personality development.

(Example 19): C.G.C. examination, 1945 - Because D appears more Occidental than Chinese, he should have little contact with his Chinese mother.

The foster parents wanted D permanently, and it was felt that as he had adopted white ways, it would be disastrous for him to be transferred to a Chinese environment. A compromise was arranged, whereby D was allowed to remain with his white foster parents, but continued to be visited by his Chinese mother. In view of these circumstances, adoption was not attempted.

(Example 20): C.A.S. recording - C.G.C. recommended that the child should be placed in a permanent home in a district where her Oriental background would not make life more difficult. Her foster parents do not wish adoption.

The next two examples indicate the desirability of flexible supportive C.G.C. adoption recommendations, especially in regard to minority children. C.G.C. has recognized that these children are about the least desirable or demanded of all unadopted children. In realizing the repetitious nature of recommending these children as unadoptable, it was found more helpful to give them intensive support in a movement towards adoption, or happy placement without adoption.

(Example 21): C.G.C. examination, 1948 - If the foster parents are anxious to adopt despite the child's Chinese background, there would appear to be no contradiction from physical, emotional and intellectual standpoints. The foster parents have had the child since she was seventeen months old.

This child was placed on a permanent free home basis, however, she continued to be a ward of the C.A.S. because of worry over the difficulties that she might encounter in later years as a part-Chinese child in a white environment.

(Example 22): C.G.C. examination, 1948 - The foster parents have been interested in the adoption of this boy who is well-developed, well-nourished, with no obvious Indian characteristics. There are no contradictions to his being adopted by the foster parents, who understand his Indian background.



Originally, the child was placed in this boarding-home, and the foster parents were not told that he was part Indian until they asked for adoption. When the child had first been examined by the Clinic, adoption was discouraged because of the colour strain in his background. Upon hearing of this, foster parents were fearful and not so anxious to adopt. In spite of the 1948 C.G.C. recommendation and Society support of the move toward adoption, it is doubtful, according to the case-worker, whether adoption will ever be completed. This situation evolved because the child was, in the beginning, considered unadoptable, and placed in a boarding home, with status of racial mixture undefined. If the foster parents had been consistently encouraged in their early interest in adoption, perhaps this child could have found security rather than being faced with the unstable nature of fluctuating circumstances.

Often a worker's interest and desire to speed movement towards adoption gives flexibility to what might become a dogmatic standard of adoptability criteria:

(Example 23): C.A.S. recording - In reviewing the file, the worker is inclined to think that despite C.G.C. records to the contrary, the possibility of adoption in this home might again be considered for M. There are obvious disadvantages, but as it appears that M, part Indian, will be remaining in this white home, the additional security which adoption might bring could well be an advantage to her in the future.

#### The Worker's Role as an Agent of Policy in Practice

It is worth noting that, in only one case out of the 139 studied, there was any mention that the age of the child was a deterrent to his adoptability:

(Example 24): C.A.S. recording, 1950 - The mother wanted to know about foster home care and possible adoption. She accepted the fact that it was not likely that T would be placed for adoption, because of his age. He was seven years old.

It has been observed that the cases indicating successful movement towards adoption (38) showed persistence of the workers in striving for this goal. Of the three following examples, the first indicates successful movement, while in the other two, no movement has been evidenced. One of the reasons may lie in the role of the worker in each instance:

(Example 25): C.A.S. recording - When old enough to be judged on his own merits, this child proved adoptable. The foster mother asked the worker why she had been told for so many years that the child was not adoptable, when now he could be. The worker said that she thought it difficult to know about children's reactions until they were three or four years old. The foster mother said that a previous worker had told her that G's mother was not bright.

In view of the fact that G, moved from a state of being considered unadoptable (with interpretation as to why this state existed) to a later state of being considered adoptable, one can only assume that some positive force influenced this movement. A worker is responsible for seeing that a child is "re-evaluated" at C.G.C. for pre-adoption appraisal. It was noted that in the thirty-eight cases, persistence of the worker meant not only a feeling of constant enthusiasm towards adoption, but also initiative in taking the child back to C.G.C. A lack of these qualities is evidenced here where there has been no movement:

(Example 26): C.A.S. recording - Worker has not been able to keep in close touch with this home, due to pressure from more urgent work, and apologized to the foster mother at not being able to visit again (last fall) as promised. The foster mother was quite friendly and accepted the worker's explanations well, saying that none of the workers had ever visited frequently anyway.

(Example 27): C.A.S. recording - This case is one that a student should not handle, as there have already been two students in succession on the case.

This statement suggested, after one had completed reading the file, the need for a steady worker to persist in carrying out adoption procedure. The next statement from the file could perhaps be explained by that clarification:

The foster parents hope to adopt M, but worker has not gone into this situation with them.

It should also be pointed out here that sometimes the worker's persistence is frustrated, in spite of the fact that the child has not been seen at C.G.C. for five or six years, by the foster parents' statement that they "are not in any hurry to adopt". This may indicate a lack of real acceptance of the child.

Mention should be made that, in one case, there were so many workers involved that the last worker stated that adoption recommendation was lost sight of, and, in fact, the child is now on a boarding-home basis.

. . . . .

As was stated, the contributory causes to non-adoption dealt with here appeared 142 times in 102 cases of the 139 under study. How prevalent was each of the sub-divisions in these instances?

The primary prevalent factor proved to be the mental defect sub-division appearing 41 times or 29%. By mental defects, reference is made to those children who have an I.Q. rating below 100, with particular emphasis on those between 65 and 85. The group between 85 and 100 was comprised of only four cases. This low figure can perhaps be explained through the fact that those children of dull normal intelligence are usually considered adoptable. It has been felt that, in a responsibility for the protection of would-be adopting parents, these children of low intelligence represent too great a dependent

burden to dispense with Society supervision and support. The Society takes this attitude because of the lack of foster parents who have enough strength to give to a child who will make more than usual demands of them.

The second highest prevalence of factors is seen in both parentage defects. There were 34 instances recorded in the parentage (maternal) defect sub-division, and 33 in parentage (paternal) defect, or 23.5% for each. Under maternal defects are included those of social (8) - (prostitution and instability of character), intelligence (14), psychoses (9) and health (3). Grouped as paternal defects are: unknown (25), psychoses (7), and age (1).

In commenting on the above, it should be noted that if there is pathology in its background, a child is not placed for adoption, but rather is made a ward, and at "two" years of age is examined by C.G.C. During this interval, the child is in what is termed "a boarding adoption home". The major conflict in determining what defects a child may inherit is focused on the controversy between heredity and environment. A lack of knowledge of the determining components of human personality prevents diagnosticians from totally assessing that which is inherited and that which is acquired. However, in some cases, the inclination is to think that there is more knowledge at hand than has been utilized in forming opinions and recommendations re adoptability. For example, a statement from a C.A.S. file: "Due to Mrs. S's unstable and immature personality, adoption placement for her child could not be recommended" - leaves one with some doubt as to its correctness as a scientific diagnoses. It is not the intention here to ascertain to what degree intelligence and psychoses (or traits of instability) are inherited, but latest scientific research suggests that what was once accepted without question is now indeed open to debate.

For any agency to do justice to its professional status, it must not only keep abreast of new developments in understanding further the dynamics of human behavior, but it also must put into practise this knowledge, particularly in a field as new, progressive and as constantly under the public eye as is social welfare.

The factor of racial handicap appeared in 20 cases, comprising 14% of the instances recorded for this chapter. This racial defect sub-division was inclusive of four groups - Chinese (5), Hindu (4), Indian (8), and Negro (3). Previously mentioned were the special problems encountered in endeavouring to move these minority children towards adoption.

Physical defects were blocks or partial blocks preventing adoption in 14 cases or approximately 10% of the 142 instances recorded. For example, Deaf, dumb, or blind children are not recommended for adoption. It is our opinion that a physical defect in itself should not render a child unadoptable if the adopting parents know of the trouble and are capable, and willing to accept it. Homes of this type are, however, very difficult to find and require special homefinding and the Society would be more inclined to recommend these children for adoption if this were not so. Extended adoption probation has proved most successful when children with physical defects have been placed in homes that have been willing to accept them.

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The role of Child Guidance Clinic rests in diagnoses and recommendations only; as already stated, the value of this service depends upon the use the Society makes of it. As it is now possible to see, the Society depends, to a great degree, on Child Guidance Clinical services in formulating and administering its policy for adoption. First seen was the fact that Child Guidance

Clinic made recommendations, that, in fact, became rules governing the adoption of children under the above categories. There has not been seen in this chapter the role of Child Guidance Clinic in making diagnoses and recommendations re children with behavior difficulties in adoption homes. This topic will be left for an intensive discussion in Chapter V. It is only mentioned here to bring to our minds the overall importance of the role of Child Guidance Clinic.

Much has been said of the value of the clinical diagnoses. Not all opinions are in agreement, but from what has been observed, Child Guidance Clinic renders valuable service through clarification in helping Society workers to realize the mental, emotional, and physical development of their clients. This can be used as a basis or guide for the worker in determining future plans for treatment, type of placement, or other necessary adjustments, however, the diagnostic service of the Clinic is of a specialized nature, in that a psychiatric diagnoses evaluates a child as the complete unit in itself. The only exception to this that has been found is in the interviewing of the natural or foster mother and the relationship between mother and child is used to further diagnoses.

There is prevalent the feeling that Child Guidance Clinic recommendations service is of questionable value. It has been said that any recommendation is helpful if it is interpreted correctly. This applies to the Society in its cooperation with Child Guidance Clinic. If the Clinic is used to shift responsibility rather than as an aid in solving a problem or resolving a difficult situation, the workers of the Society are not doing justice to their professional qualifications, nor is the Society performing its own programme for development. Improvement of the staff in its work, the development of

leaders and the total increase in professional efficiency constitutes this development programme. If Child Guidance Clinic recommendations become a rule of thumb, and are followed without the sharing of responsibility on the part of workers, why, then, the need for case-work skills? If, again, these recommendations are a necessary procedure in movement towards adoption, and if the statement "It is recommended adoption withheld" is indiscriminately relied upon, then, in practice as well as in thought, recommendations again become rules and there is a delegation of making policy decisions re adoption.

What advantages are there which would enable the Society to assume a greater responsibility in adoption planning? There are advantages in a social diagnoses as compared to a psychiatric diagnoses: 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 either natural or 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 child available to the psychiatrist. From this social diagnoses, the worker may, more skilfully than a psychiatrist, give treatment to a child when the problem lies in relationship to society. This involves, too, placement of a child and the interpretation necessary to the child's parents. Workers are constantly aware of legal and environmental aspects which impose limits on the Society's ability to give treatment, and may make recommendations with respect to these limits. One advantage, of course, that a psychiatrist has, is an ability to give intensive treatment for a child whose behavior is symptomatic of conflict within its own personality. But where adoption planning is stalled through external rather than internal action, the Society's advantages in social

in social diagnoses impose on it a real obligation to fulfil a greater responsibility in adoption planning.

The Society, in recognizing that the Child Guidance Clinic is an auxilliary service, intended to be a supplementary resource to them, from which all recommendations as opinions are to be used at the Society's discretion, realize the true nature of their relationship to Child Guidance Clinic. This realization emphasizes to the Society that they are the final responsible body re adoption and that their interpretation and evaluation of auxilliary decisions re adoptability are based upon the leading role they are obligated to assume. This leadership role is the major advantage of the Society in their assuming a greater responsibility in Adoption Planning and so requires close cooperation and understanding between the Society and Child Guidance Clinic for a successful adoption programme.



### CHAPTER III

#### PLACEMENT DIFFICULTIES AS INTER-RELATED WITH SOCIETY POLICY

The C.A.S. has divided its work into "three" departments. Each of these departments has a specialized function which contributes to the carrying-out of the total Society programme. The Family Work Department's function is concerned with the supervision of children in their own homes where neglect or other child welfare problems have been reported, unmarried mothers, and investigation of private boarding homes. The Child Placing Department places and supervises children in care, whether they are in Society foster homes or in Society institutions. The Adoption Department places and supervises children for adoption in adoption homes studied by the Department's workers. 10 Children who are to be placed immediately for adoption are their responsibility for they are placed summarily in waiting adoption homes. The child who is considered unadoptable is not the concern of the Adoption Department.

The Child Placing Department of the Children's Aid Society as of January 1, 1951, is in touch with as many as seven hundred foster homes. However, more than 10% of the foster homes in use today exceed the standard of a maximum of two unrelated children per foster home. The need for satisfactory foster home placement has not yet been met and might be partially explained from the home-finder's point of view. It is the job of a homefinder to locate and investigate potential foster homes. However, there is only one qualified part-time home-finder for both the C.A.S. and the Catholic C.A.S. This is an overwhelming responsibility for one individual and consequently other full-time

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10. The adoption department is actually a part of C.P.D., but as its work is specialized, it is referred to as a third department for clarification purposes.

workers have had to give less time to their own work in order to help keep the foster home programme functioning.

Foster homes are considered for permanent or temporary placement of a child. If they are not, in the first instance, adoption homes, they may become so if the foster parents decide on adoption and the Society approves. If the Child Placing Department (C.P.D.) feels that, in the long run, a child might eventually move toward adoption, it will attempt to find placement for the child in a "two-way" home (a permanent and/or adoption home). Ordinarily, it is the adoption department of the C.A.S. that places a child for direct adoption, for therein lies the responsibility for finding, supervising, and investigating adoption homes. The fact is known that the adoption department has few adoption homes for older children today, so in order to accommodate these adoptive children, C.P.D. and the adoption department have had to work cooperatively. For example: If a child has been placed in a permanent un-adoptive home as an unadoptable, and then later becomes adoptable, should the child be left under the supervision of the C.P.D. in the home where she has spent her childhood or should she be moved into an adoption home, under the supervision of the adoption department? Both departments will come together to decide which plan will be in the best interest of the child.

It is the worker's responsibility to decide if a child may be considered adoptable. If the worker so decides, she may contact C.G.C. in order to be sure she knows the child's status and can recommend adoption. When she is ready, and has the approval of C.G.C., the child is taken before the Adoption Committee. Children coming up for adoption must be approved by this Adoption Committee. At their conference, it is decided what home is best suited to meet that particular child's needs. Then, one of the adoption workers places the

child on adoption probation. Six months later, the adopting parents file legal notice of their intention to adopt. Under the terms of the Adoption Act, a child must be residing with, and fully maintained by, the adopting parents for a period of one year before a final report and recommendation is sent to the Superintendent of Child Welfare by the supervising agency.

Wards of an agency legally have two parents: (1) the natural parent(S) and (2) the Board of Directors of the agency to whom guardianship has been transferred through court procedure under the Protection of Children Act. Therefore, consent of both parties must be obtained to complete the adoption. The function of the Board of Directors is a formality of recognition of an adoption. Consent of the natural parent or parents involves definite approval of an adoption home of which they have been acquainted through information presented to them by the supervising worker. Consent here is not a complete relinquishment of rights of the natural parent(s), for they must be again contacted if that adoption home placement should fail. (This aspect will be dealt with more fully in the next chapter) Petitions for adoption are made to the court, which issues the decision and final order for adoption. Although the court is the final authority, the administration of adoption is shared by the court and the provincial Child Welfare Department.

An examination of case excerpts should reveal how placement policies have affected these children in non-movement towards adoption. The fact that they were made wards suggested that, in many of these cases, either they were not immediately available for adoption or that adoption was not immediately available for them. There were many reasons for this - (1) The fact that a child was made a ward (rather than a non-ward to be placed immediately for adoption) because it was considered unadoptable, and, therefore, had to be

placed under long-term Society supervision; (2) When the child was in need of protection, and was made a ward of the Society against the parents' wishes, who made it quite evident that they would never completely relinquish their child; (3) When an adoption home was not immediately available, and guardianship had to be transferred; (4) Where there were no parental ties, so that the Society had to take immediate guardianship; (5) Where there were doubts concerning family ties and objectives for planning for the child, where non-ward care could not be considered on a long-term basis, stabilizing the home was doubtful, and plans for adoption could not be made at that time.

From these and other background bases, the Society placement policies must begin to function. Some of these children were considered unadoptable, some were not. Some were babies when coming into Society care, some young children. Even though this study concerns itself with the older group of children, consideration must be given not only to the adoption re infants, but also to their placements, and for this reason: A statistical inquiry into the length of time that these 139 children had been in C.A.S. care showed an average of 5.12 years per child. So, in a study of placement, there must be a further consideration of how policy has affected our six-year-old child of today since the time (she was less than a year old. Out of the 139 cases analysed and recorded, Placement Difficulties as the major cause contributed to non-adoption in 72 instances, these appearing in 51 cases, an average of 1.4 per child affected. These difficulties are due, in part, to substitute practices which, it was hoped, would compensate for lack of a complete adoption home programme for older children. The total of 72 instances was recorded under five subdivisions: Placement of siblings together contributing to reservation from adoption; Placement with other "unadoptables"; Financial insecurity of foster

parents; Advanced age of foster parents; Placement in non-adoptive environments (including - no desire of foster parents to adopt, placement in receiving homes and other institutions). All excerpts were selected from C.A.S. recording, and were so chosen to illustrate various kinds of placement difficulties causing a lack of movement towards adoption; to illustrate where steps have or can be taken to remedy these difficulties and so cause movement towards adoption; and to give as complete a picture as possible of the placement programme for older children in care.

The first examples illustrate the results of placing children who are considered adoptable, in non-adoption homes.

(Example 28): Placement, 1943 - A. and his brother were placed together. Worker wondered if the foster parents had ever thought of adopting the boys, and the foster mother remarked that they never had, in fact, the thought had not really occurred to them. The worker pointed out that, as time goes on, it might be more difficult to tell the boys, and also, should it ever be necessary to move them, and they had to be told suddenly that they did not belong to their foster parents, they would be very upset. The foster mother said that the boys had always gone by their family name, and in fact, did not know that they were not the foster parent's own sons.

April, 1949 - Worker feels some concern that the foster mother has not told the boys that they are not hers, and is not planning to adopt them.

Here are two boys, obviously adoptable, who remained in a non-adoptive home for six years. There were other cases similar to this:

(Example 29): The child was placed in a temporary home until the unmarried mother's family could provide for him. The home was of low standards, the foster parents were poor and elderly. The mother's family did not want the child after all, and he was left in this home.

There is some idea of the reason why this child was placed in a non-adoptive home (see Children Made Wards - point 5) i.e. Because of the inability to make definite plans for the child due to the complications of unknown factors in the family situation.

(Example 30): Worker - always enters the problem as such: Both children are in the superior group of intelligence and have been considered adoptable. The foster parents do not want to adopt, but are anxious to keep the children. An adoption home has been available for them since January, 1949, but future planning for these children should be done carefully and slowly. Worker will need to give a good deal of time to both children and their foster parents before reaching a decision.

If these children had at first been placed in an adoption home, this could have been avoided, but they were not, as their mother was not ready to relinquish them.

(Example 31): Worker was worried about the age of the foster parents, feeling that the child must be permanently planned for. The foster parents stated that they did not want to adopt him, as this was too binding.

The next three cases show instances where a child has been moved out of a non-adoptive home, or where plans have been made to move the child:

(Example 32): The children were not adopted because of the poor foster home situation. The foster father was not in favour of adoption, and there was some doubt about his liking the children. The foster parents were middle-aged and not happy together.

In this instance, as in others, the role of the foster father was overlooked. The gravity of this omission is only too apparent and should emphasize the importance of careful foster home investigation.

(Example 33): At the time of placement, the child was expected to remain in the home temporarily. The matter was lost sight of, however, but later a worker became aware of the situation and the child was moved and adopted.

(Example 34): The girls were moved from one home to another in search of parents who would adopt them. As a result of many placements, they developed severe behavior disorders. Not locating a permanent adoption home for them, the Society finally placed them in a receiving home.

The lack of permanent placement caused behavior difficulties, which, in turn, caused an unwillingness of foster parents to accept children permanently.

The next example indicates a child's impression of what adoption placement means to him:

(Example 35): During the worker's talk with B, she mentioned adoption homes, and talked a bit of what adoption meant. B replied, "I don't think so much about this adoption stuff, I'd rather go around from one foster home to another until I grow up".

To this child, the prospect of adoption placement is strange, and perhaps a little frightening. The idea of permanent ties overwhelms him, and he appears to indicate an inability to accept love from permanent parents. This might suggest that, within the child, there have developed repressions of emotional feeling in order to inwardly find a security denied through the frustrating experiences of superficial human contacts. Although an adoption home has been found for him, the child's attitude may, perhaps, block movement towards adoption.

The next examples show where children have been placed in foster homes that desire adoption:

(Example 36): The foster mother approached the subject of whether it might be possible for them to adopt W, as they were becoming quite attached to him. They had not taken him into their home with this in mind, but wondered what the possibilities were now.

(Example 37): The foster parents refused to keep C unless they could adopt him. The foster mother stated that she might give him up before he goes to school, as she feels that it is too unfair for him not to be able to use their name. The foster mother said that she had been stalled off until now and would certainly like to know whether or not they would be able to adopt C.

(Example 38): The child was not well-adjusted to the foster home, and the foster parents were difficult to work with. The Society would not allow adoption, as need was felt for supervisory controls in order to give the child play therapy. Later, A was placed in another home where adoption could be allowed. He ran away from this home, and was then returned to the foster parents.

A worker's comments might sum up a situation such as this: "This situation, where we place babies in foster homes, not considering adoption and without defining the child's status, are homes which we would not always choose for adoption homes. The relationship of such homes with the Society is insecure,

as the foster parents are not often good parents, and adoption is postponed in order to allow the child to outgrow resultant behavior problems.

The idea of allowing a child to remain in a "poor" foster home, in hopes that time will change a difficult situation and remove behavior difficulties, is unsound. Early removal from such a home would give this child a chance for adoption and a better adjustment. Neglect in follow-ups, lack of appraisal of home and study of child and his needs, prevents this action from being taken. It should be emphasized at this point, that the clarification and purposes of Society policy from both a short-and-long range point of view is vital, if the Society is able to realize and focus on the desired goals. To take the long-range view, is an outstanding administrative qualification, for seeing into the future ramifications and results must be a part of good Society policy. Worker's comments perhaps implied her feelings against the taking of only a short-range point of view in planning for the future of such children.

This next case is an example of two siblings each considered unadoptable, E because of an Oriental background - F because of mental retardness. They have been placed together in what was considered a high standard adoptive home.

(Example 39): E's Oriental background was not told to the foster parents when she was placed with them. They had wanted an adoptable child and thought that she was one.

F was classified by C.G.C. as a moron and developed into a behavior problem, because of his inability to achieve the high standards expected of him in this particular home. He was considered unadoptable because of his low intelligence, and the unsuitability of his environment.

The foster parents wished to adopt both children, but as yet this has not been permitted.

(Example 40): J seems happy in his foster home, and certainly regards his foster parents as real parents, and the other children as brothers and sisters. The foster home needs supervision as J is a moron.



A suggestion is made here that such a child be placed on a free home basis as a satisfactory compromise. This would allow the Society to continue supervision while the foster parents could feel that they were, in some aspects, adoption parents.

The next examples are of children who are either unadoptable in themselves, or as a result of lack of adoptive parents:

(Example 41): The worker stated that this Negro foster home, both now and in the future, is a necessary one for placement of children with racial mixtures and children with a low I.Q. The Society needs the home for further use, and if adoption of children in this home were granted, the home would not only be lost to placements, but would suffer from lack of the necessary supervision. The foster parents tell everyone that the children are legally theirs and as the home is of rather low standards, adequate use is made of the financial assistance and Society supervision.

(Example 42): C.G.C. did not disapprove of the child's adoption, with the exception of his appearance.

The child is under constant medical care as he has a deformed body. He does not have a permanent adoptive home for this reason, and spends his time between temporary foster homes, Children's Hospital, and the receiving home.

(Example 43): This child is a spastic in Essondale Mental Hospital.

Children with physical defects, such as blindness, deafness, dumbness and others that prove to be too great a burden for average foster parents, require the support and resources of institutions of, or apart from the Society. In some instances, such children were considered adoptable but lacked adopting parents. In other cases, they were considered unadoptable as a protection for would-be adopting parents. Sometimes, foster parents are given a higher board rate to properly care for children who are physically defective, as seen here:

(Example 44): The foster mother demanded a higher board rate to keep this child, and got it. The child had been in and out of hospital with asthma.

The next few cases are paraphrased at random to indicate deviations from a successful adoption placement.

(Example 45): It has never been suggested that the foster parents adopt, as there are five boys in the home, and the foster parents are attached to all of them, but could not possibly support five children.

(Wards of a Society are supported financially by the Society at a standard weekly board rate.)

(Example 46): (Worker delay in taking action)- The foster parents have not stated a desire to adopt, and it has never been suggested by the worker that they do so. The child is well adjusted in the home.

(Example 47): When the worker questioned the foster mother about adopting the boys, the reply was that she had always been fond of children, but the foster father was not.

(Example 48): (A deviation in foster home investigation) When the worker took the children to their new temporary placement, she found that the foster father was twenty years older than the foster mother. It was the first time that the worker had met the foster father. The children were to remain there for three months before being taken to C.G.C. to see if they would be adoptable.

(Example 49): This child has been moved, as the foster parents decided that they would prefer one whom they could adopt immediately.

(Example 50): The foster mother was very upset when she felt that the child, now considered adoptable, might be removed from her home and placed in an adoptive home.

These last two examples emphasize the difficulty and anxiety caused to both the foster parents and the children when a child's status is uncertain, that is, if (s)he is defined as unadoptable for the moment, and later is changed to adoptable. The interval between this change of status can have grave repercussions unless the foster parents before placement, are made aware, through Society interpretation and long-range planning, of the child's possible future needs in placement, and how this planning will affect both them and the child. Understanding this, the foster parents can then consider their own future plans in relation to taking a child. Future developments, such as moving out of the

province, can then be discussed with the Society and satisfactory adjustments may be made to accommodate such changes before they occur, or before considering a child's placement in that particular home.

The problem of multiple placements, as well as children with behavior problems and personality deviations, as it relates to placement, will be dealt with in Chapter IV.

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In summing up, the contributory causes to non-adoption with which this chapter is concerned appeared in 72 instances, these representing 51 cases out of the 139. Examination here, as in Chapter I, indicates the degree of frequency of each of the five sub-divisions.

The most prevalent factor in this group proved to be that of Placement in Non-Adoptive Homes, (in which was included, as mentioned before, Receiving homes, Institutions, and No desire of Foster Parents to Adopt). This section showed 31 instances, or 42% of the total of 72.

There was a very small group of children institutionalized, so that there need not be further comment on them. Those children in receiving homes were placed there either due to their inability to adjust to a foster home, or to await placement.

The lack of desire of foster parents to adopt, was, in most instances, based on the fact that they were not originally prospective adopting parents. Unadoptable children were placed in their homes, and it was through no plan of theirs that these children later became adoptable. This placed them in the position of: (a) Having to relinquish a child with whom they had formed strong affectional ties; (b) Adoption against their original intentions; (c) Keeping the child without adopting it, and feeling somewhat guilty that they had opposed

the wishes of the Society and had denied the child the security and advantages of an adoption home. This might be for the reason that in some homes, lack of acceptance of foster child appears in ambivalence, etc. and foster parents will not adopt, nor will they relinquish the child. In this connection, it might be mentioned that in Portland, Oregon, there is a policy of placing all children who are legally available for adoption in permanent homes, regardless of what has been termed as "unadoptable" by Society criteria. A programme with a long-range view has been planned to give care to these children, whatever their status may become. Some are placed immediately on a free home basis, others on a long-term probation period, still others on a boarding basis until more is known of their progress. The C.A.S. has had, in the last three years, a similar policy, as outlined in Class of Adoptability, Chapter II. The time interval between the admission of these children to C.A.S. care, and the development of this three-year-old adoption programme, explains, to some extent, the dilemma of their present situation. It is very difficult to re-adjust some of the children to this new policy, for they are either settled in permanent but unadoptive homes, or have developed such severe personality disorders due to inadequate placement planning for them, they apparently cannot settle satisfactorily in any home, whether adoptive or unadoptive. Also, to be kept in mind is the fact that the children studied ranged from three to seven years in age when this policy came into effect. It is more difficult to re-place older children whose personalities and attachments are formed in part and who need more particular foster homes to accept them as they are, and to meet their personality needs.

The next highest sub-division, appearing in 17 instances for a percentage of 24.7, was Financial Insecurity of Foster Parents. This situation was ascer-

tained by a statement from either of the foster parents indicating that they would like to adopt the child in their home, but could not afford to do so.

Placement of Siblings Together contributed to non-adoption in 12 instances or 16.6% of the 72 total. The policy of the Society with regard to siblings appears to be that of preserving family ties when that is felt desirable. Discretion has been used, and there is a flexible attitude towards the placing of siblings together. When this type of family placement prevents adoption, one cannot generalize, but must evaluate the merits or demerits of each particular instance. One criteria would naturally be the strengths to be found in the relationship between siblings. In some instances, siblings have never lived together, and for all practical purposes, are strangers to each other. At the Society's discretion, they may still be placed together or, if it is felt that this will prevent the adoption of one, they may be separated. This may also apply when siblings are not strangers, but have previously lived or been placed together.

Age of the Foster Parents acted in 9 instances, or 12.5%, to contribute to non-adoption. Generally speaking, such homes were not originally intended to be adoption homes, but were placements of a temporary nature that became permanent, or else were permanent homes for "unadoptable" children. In our 9 instances, these children had become adoptable, but due to the ages (40 and over) of the foster parents, adoption could not be considered in this home. There is some justification in considering the element of age in itself as a deterrent to adoption, when we consider the implications of aging adopting parents. Social workers are inclined, at times, to overlook this in short-range thinking of the psychological values of that parent figure to a particular child about whose adoption they are concerned. Certain possible aspects of growing

old as an entity in itself must be taken into account: Decrease in earning power and physical ability, greater concern over health (with an increase in frequency of illness), increase in dependency for both physical and psychological needs, decrease of the will to live and in ambitions for the future, a greater introspection and a decrease in ability to tolerate, understand, or give to others who are younger and have personalities which differ. Therefore, we must consider wisely before recommending adoptions in older homes. There is something to be said, however, for the development of a placement programme for older children, such as the six-to-ten-year-olds of this study, in homes where the parents are considered to be too old for the adoption placement of babies.

It was found that there were only 3 instances, or 4.2%, where Placement With Other Unadoptables served as a major deterrent to adoption. These children might have now been considered adoptable if placed in an adoptive environment. They seem to have moved ahead from a positive degree of non-adoptability to a degree of possible adoptability. Other children in the homes apparently remained static as unadoptable, and it was felt unfair to the child not adopted to discriminate between them by adopting one and not another. This decision must be carefully considered for each individual case, for in some instances, it would be harmful for one child not to be adopted, whereas adoption may not be the need of another child. Both children would have to have somewhat the same needs before one could state that there would be unfair discrimination between them. If there is discrimination, it would be better to remove the child who is not so suited to the home.

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Emphasis here is on the fact that many reservations from adoption resulting from placement difficulties had their beginning in the lack of a consistent programme and in a lack of clarification of the objectives and purposes, in short-range planning for those children originally considered as "unadoptable". The recent development of an improved placement programme for these children indicates the Society's awareness of the need to continue developing a dynamic programme, one that is sensitive to differences and changes, and to the demands of the needs of changing people in the growing community. A programme continually incorporating new developments in the field, will enable an agency to mature to a point of security and greater confidence in the effects, purposes, achievements and results of its unified policy. A rigid programme is based upon fear of public censure for actions taken of which results are unknown at that time. It is the unknown that is feared. A rigid programme is not able to permit feelings strong enough to withstand severe criticism, but would rather absorb insidious repercussions over a longer period of time until the accumulation becomes so great that there is no other course in meeting human needs except by developing abilities to serve, not only immediate requirements, but also the intricate involvements of those same needs in future years.

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LENGTH OF TIME CHILD IN SOCIETY CARE		
YEARS	NO. OF CHILDREN	TOTAL YEARS
1	10	10
2	18	36
3	15	45
4	13	52
5	10	50
6	27	162
7	18	126
8	15	120
9	9	81
10	4	40
TOTALS:	139	712
AVERAGE LENGTH OF TIME/CHILD: 5.12 YRS		

CHAPTER IV

FAMILY TIES AS INTER-RELATED WITH SOCIETY POLICY

It has been said by an experienced social worker: "Parents are just shadows flitting through children's records in a Children's Agency".<sup>11</sup> This statement became only too obvious in the search for objective material concerning family aspects influencing reservation from adoption. Family files did prove helpful in supplying data, but they did not bring to light all the phases of a child's relationship to his parents after his coming into Society care. The reason for this condition will be discussed later.

As the Children's Aid Society has authoritative rights delegated to it by the Protection of Children Act from which it draws its powers, the legal procedure of removing the natural rights of parents who neglected responsibilities to their children places those responsibilities on the Society. But, although the control of the lives of their children may be removed from the natural parents, the Society feels that, in some instances, the ultimate desire is to restore responsibility to the parents, and through the support of helping parents to fulfil their obligations, to enable them to assume parental rights. This is particularly pertinent in the case of the family relations of the older child, for it is felt that a child who has lived with his natural parents for a number of years should not lose his family ties if it is at all desirable that they should be preserved. In certain families, a temporary break-up results in an involuntary inability to adequately care for a child, and the child is made a ward of C.A.S. for its protection until such time as the parents are stable once more. In the case of an unmarried mother, who is unable, at the time of the child's birth, to financially support it, and who

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relinquishes the child to the Society's care, there may come a time, in the near future, when she will marry or otherwise establish a home to care for her child. This may also apply when one home situation which failed to provide for a child is replaced by another if one of the natural parents is re-established and can give love and security. Where there do appear to be strengths in the relationship between parent and child, particularly if this relationship has been fostered for a number of years, as in the case of an older child, there is much to be said in the attitude of preserving family ties, for these reasons in particular: (even though the child may remain a ward)

(a) It is difficult for a child who has formed ties with parental figures, to relinquish these associations and successfully relate to new parental figures. A child in these circumstances may have strong feelings of rejection, inferiority, guilt, fear, and hostility in forming new ties, and so an inability to accept a change of environment;

(b) As mentioned before (Chapter I), the personality of the older child is formed in part, and there is greater difficulty in finding a particular home suited to accept the child as he is, and to help him to develop normally. In the early formative years of a child's personality development, a traumatic experience, such as separation from familiar figures and surroundings, may block or impede development to a grave extent unless careful plans are made to understand the child and help him relate to suitable new parental figures.

(c) As it is difficult to place these children because of their family relationships, there is a need for very intensive and specialized case-work skills in determining the way in which an older child will react to placement in other words, that type of placement which will best help him to adjust to

this new experience and grow through the experience of being a ward of the Society;

(d) There is a lack of adoption homes for older children available to the Society, and in view of this limitation it may be felt that more security could be found for a child by stressing support of present family relationships;

(e) Sometimes it is desirable to preserve family ties through the placement of siblings together.

From the 139 case recordings, reservations caused by Family Ties as the major cause preventing adoption, numbered a total of 56, appeared in 56 cases and were classified into three sub-divisions: (a) No Society Decision for Adoption (because of other plans for the child); (b) Prevention of Adoption by Family Ties; and (c) Non-Consent of Parents to Adoption. It is the intention to use case excerpts as examples of the three sub-divisions and to begin with those cases indicating no movement towards adoption because of "No Society Decision for Adoption" due to other plans for the child. All excerpts are selected from C.A.S. recording.

(Example 51): Child was made a ward, as the parents in no way could financially care for it, nor could they provide it with a home. Neglect was involuntary, as the parents were ill. It was decided to make the child a ward, and at the same time strengthen family ties.

(Example 52): Mrs. S. intends to marry, and wants <sup>the</sup> children with her. She visits the children.

One can see the many implications of such a statement, and the skill required in a diagnoses of the meaning of these children to Mrs. S. If they are serving a neurotic need that prevents Mrs. S. from relinquishing them because of guilt, hostility, identification with the children, or a need for status of being a mother, it is a need to be a controlling mother, rather than

a healthy need to give love and security to her children. If the worker is correct in feeling that Mrs. S has a healthy and normal desire to be an adequate parent, there will, no doubt, be a movement towards preservation of family ties.

(Example 53): All four siblings are in the same home. The mother wants to be a part of the family, and hopes that when the children reach adult status (and Society guardianship is terminated) they will come back to her.

The father in this case is extremely irresponsible, and even though the mother was partly responsible for the unsatisfactory family situation, and even though her marriage and desire to maintain contact with her children may<sup>be</sup> based to a varying degree on neurotic needs, the worker must decide what strengths are to be found in preserving maternal ties, (both) for the mother and children, or perhaps it might prove more desirable to aid the mother to relinquish the children. This case indicated a support of her move to remain a part of the family unit.

If parents wish to regain their child, they must secure the approval of the court:

(Example 54): Mother applied to the court for the return of her child, and this was granted.

(Example 55): Child writes to mother in hospital. Parents, though incapable, take an interest in him.

The problem of deciding whether or not it is desirable to preserve or strengthen family ties, and so prevent adoption, remains with the workers.

(S)he will reach a decision through an understanding of the parent as an individual apart from the child, implying an evaluation of the needs, defences, and abilities to give, of that parent. Then follows an assessment of the meaning of the parent-child relationship and a final focus on the needs of the child itself, including the meaning of the parent to the child. This focus of

concern will shift according to the particular factors emphasized in a specific situation. Normally, as a child grows older, the focus will tend to shift away from the parent and the child's relationship to this parent, and towards the child as an increasingly independent unit. Once the focus on the needs to be met has been established, the worker is then able to more fully diagnose these needs and to ascertain the way in which they have been met and, from this, to determine the most realistic decision to make in future planning for the child.

(b) Prevention of Adoption by Family Ties

This is referred to here as those cases in which it was felt to be in the best interests of the child to move it towards adoption, and this was prevented by interference on the part of the natural parents. This interference was sometimes subtle, but often obvious in procedure. Interference manifested itself in many symptoms made aware to the worker through sensitivity, insight and knowledge of what a child can mean to its parent(s) and what can happen to a child when it is used to fulfil some need that is neurotic.

The concern here is not with the parent who neglects or abuses the child in one way or another, if the child is relinquished and family ties are completely severed. Legally, the family ties of the group with which we are concerned are severed (with the exception of consents for adoption) but the emotional ties are kept very active, and hold the child to its past, often with results that retard progress in forming new emotional ties.

Interference of natural parents is defined in clarification here as: When the family tie has been declared by the worker as an interference rather than a strength, it is felt that this decision was reached through

an understanding that the parent-child relationship was on the whole damaging to the security of both parent and child. Some examples of such a relationship follow:

(1) The parent who has a need to dominate, and can only satisfy that need through control over the life of the child. The older the child is, greater is the parents fear of loss of control, and greater becomes the need to be dominate;

(2) The parent who sees the child as an image of self, and must use the child to relive own experiences with the thought in mind of "if I had my life to live over how different it would be". The parent feels that the child cannot escape from the plan in mind, and so interferes in the making of other plans for the child;

(3) The dependent parent who is the "victim of circumstances" and clings to the older child for strength, companionship, and fulfilment of dependency needs. This type of parent plans that the child(ren) will return when coming of age, or sooner;

(4) The parent who wishes status in the community, and feels that the role of parent will achieve that status;

(5) The parent who uses the child as a weapon against the spouse, or for the purpose of preserving a marriage. For example: A mother with children becomes dependent upon an unwilling provider. If the husband is not the natural father, then the child(ren) become an even greater weapon;

(6) The sadistic parent who produces and needs a masochistic child; and the masochistic parent who produces and needs a sadistic child;

(7) The hostile parent who punishes a child by interfering with the child's quest for security, through disregard of the Society's foster home regulations regarding visits, letter-writing, etc.;

(8) The parent who feels a failure, and defends against this feeling by attempting to recover the child and trying to be a good parent to atone for the previous failure. This is often the rejecting parent who feels guilty over the lack of adequately meeting the child's needs;

(9) The parent who resents the Society's interference to such a degree that revenge becomes the prime motive in interfering with future Society plans for the child;

(10) The parent who uses a child as a means to dominate and punish own parents by placing the child in their care, particularly if the child's a behavior problem;

(11) The near-psychotic parent (e.g. paranoiac tendencies) who feels persecuted by the Society and the law, and interferes in defence of these feelings.

These are but a few examples of what is meant here as "interference" by natural parents. Here are a few case excerpts which illustrate interference, the true cause of which has not been determined because of lack of case recording.

(Example 56): Mother and father visit the child in the home. Mother found out where P's foster home is, and has been phoning him there, P has become quite disturbed and, as a result C.P.D. worker will be moving him to a new foster home. The mother disregards foster home rules and concentrates everything on what separation from the child(ren) means to her, rather than on how interference upsets them. Mother has been persuading the child to run away from its foster home.

The children were forcibly removed from their mother who, with her lawyer, fought the case in court and lost. It has never been suggested to her that she give the children up for adoption.

(Example 57): C.G.C. examination, 1945 - The visits of his mother should be limited, and an effort made to decrease her interest in him. The patient has been in his present foster home since 1944, and the foster parents want to adopt him, but realize that the mother may marry and apply to court for the return of her child.

(Example 58): Patient was moved as the foster parents decided they would prefer a child whom they could adopt immediately, and the natural mother was showing an interest.

(Example 59): The unmarried mother planned for temporary placement until such time as she could take the child to her parents' home. The mother's family did not want the child after all, and he was left in this home.

Interference, by the mother, prevented the child's adoption.

(Example 60): The child experienced many placements in Society care - eight, to be exact. She is enuretic, disobedient, and destructive. Worker is attempting to renew family ties, as she feels children are being moved around because foster parents fear children may go back to their own home, and they do not want temporary children.

The worker, instead of attempting to break family ties in order to make adoption possible, has felt it better to plan for a renewal of family life together.

(Example 61): 1944 - Mother and foster mother get along well together, and mother visits in the foster home when it is convenient for her to do so.

Foster parents desire adoption of children, and it could be recommended if mother's consent could be obtained.

(Example 62): Mother visits and upsets foster mother and children. Mother originally requested adoption placement, but was refused, so she placed children in private boarding homes. She was unable to care for them, and they ultimately became wards. As a result of the insecurity in many placements, children developed severe behavior problems, and are not well-adjusted to their present home.

The mother's visits increase the insecurity, and it appears that now this interference is preventing adoption in this home. The mother gave indication of her desire to give security to her children. She felt that adoption was the best means to do this. As the Society refused adoption, and did not provide a means for the mother to provide for the children, it would appear that now it must still fulfil this responsibility, but under more complicated circumstances.

All the above examples of parents' interference can perhaps be discussed in a general summary.

The problem here is in an inability to evaluate the specific meaning of the term "interference" in the case examples, for it would appear in many instances there was a lack of obvious diagnoses of parent-child relationships and attempts to work with the natural parent to give some direction to the planning for the child, and particularly in seeking alternative plans that might, in fact, result in interference becoming cooperation.

It is emphasized again that the worker must decide whether to move towards severance of family ties, or whether to maintain them. Ability to carry out the decision rests in part in case-work skills. If a parent is particularly difficult or impossible to work with, more emphasis must be placed on the child's ability to learn to accept and understand the fact that his parents are not capable of caring for him, or that his parents are rejecting him, and he must feel that the Society is there to protect and care for him. It is, therefore, important that the worker fully realize the meaning of the parents to a child in order to help him to relinquish them. The worker may become the parent figure and so help the child to transfer his needs, feeling free to express hostility towards parent figures, and receive acceptance and so can relinquish them without guilt. The parent may be helped to relinquish the child by the substitution of resources and other than the child himself to fulfil the neurotic need that is within the parent. Acceptance of a parent's feelings that(s)he is a bad parent, will help him/her to give up the child with freedom from guilt that they are neglecting the child by not personally providing for it. If a parent can see that a child is healthy and happy since being placed under Society supervision, this may be



interpreted that (s)he is fulfilling the child's needs and it may be a satisfactory compensation for own frustrations. The Society or worker becomes a giving parent, and the parent of the child identifies with the child to fulfil (her) own neglected needs, or the worker, in assuming the role of a parent to the child's parent, enables the parent to work through own parent-child relationship, and to release the child from this conflict.

The problem of helping a parent either to take responsibility for the child, or to come to point of relinquishing it, is one of serious concern. The methods used vary according to the possibilities and limitations within a given case. For example, a quotation follows from the magazine "British Columbia Welfare"<sup>12</sup>.

"... We have not helped this woman, but have left her to struggle with her emotions. It is felt that, if, in the beginning, we had planned with her on a definite basis whereby she contributed a stated amount towards maintainance according to her means, moving towards an acceptance of full responsibility within a definite period of time, we would have helped her take the measure of her own desire to keep her child.

"No bond between mother and child has been fostered by means of keeping her advised regarding the child's progress. Yet, this woman, in her dilemma, reaches out to her child, neither keeping it, or relinquishing it."

The use of private boarding homes, leaving the child in its own home after neglect has been established, or non-ward care, as a testing ground for parents' desire to accept responsibility through maintainance of a child, is a softening of the authoritative approach that "Because you have neglected your child in the past, you must relinquish your rights of guardianship".

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Giving of time, support and a "second chance" helps a parent to reach a decision whether to meet the responsibility with Society encouragement, or to relinquish the child, on a more voluntary basis, if that is what is most desirable.

The use of visiting between parents and children should be a flexible procedure, as it is in the C.A.S. It is the means by which family ties can be preserved, and it may become a strength to the child, or it is the means by which family ties can be severed. The purpose of visiting is to aid in the process of total personality development of a child, and to crystallize the parent-child relationship. It is, therefore, vitally important to understand the meaning of these visits to a child and to a parent, and as was mentioned, to fully realize the nature of the meaning of his parents to a child, and the child to his parents. This alone, will determine the desirability of visits, their frequency, and their location. The Society's policy regarding visiting is to keep secret the ward's foster home placement, and so office visiting has become the general practice. This should, however, be an individual practise according to its meaning in the relationship of parent and child. The location of visits must not be removed from case work but should be an integral part of the process rather than becoming a mechanical procedure. The frequency of visits has been used largely to control the relationship between parents and children. If it is the plan to sever family ties, visits are usually less frequent than if family ties are to be strengthened. Another reason for the controlling of visits is to protect both the foster parents and the child from any disturbing influence of natural parents as it affects the child's behavior adjustment in the foster home. With this thought, preservation of peace within the foster home is of ultimate

importance, particularly in a situation where the foster parents are not able to tolerate misdemeanors by foster children to any great extent. The following is an examination of the concept of controlling visits to preserve a child's good behavior in the light of the progress this affords the child.

#### Preserving Family Ties

(a) Frequency of visits must be controlled even here in order to allow a child time to relate to the foster parents. If this is not done, the child may be frustrated in his new surroundings, and progress may be blocked. Visits with the natural parent(s) must be continued in order to keep that relationship firm, at the same time allowing the child to grow through contemporary contacts.

(b) Visits should be more frequent when this is used as a means to determine what realistic interests a parent has in a child; and what strengths and weaknesses are to be evidenced in the parent-child relationship, enabling the worker to further diagnose needs and determine ways in which to help.

(c) It is helpful to a child to make the transition from one home situation to another if visits are more frequent, giving the child an opportunity to find security in his new environment through a less drastic emotional upheaval.

#### Severing Family Ties

(a) When a child is adjusting satisfactorily to a foster home, and when a parent's visits interfere with this progress, the immediate solution would seem to lie in diminishing the frequency of visits. However, the worker must first determine that the child's adjustment is satisfactory in full, that there are no emotional restraints that cause suppression when away from the natural parent(s), and that these repressed disturbances, though not too evident as impediments to the child's progress at that

particular stage of development, may erupt in damaging fashion at a later growth stage. The very opportunity to work with the difficulties arising from these visits, provides a worker with tools to be used in severing family ties. If the worker is able to help, through supportive insight and acceptance, in enabling both parent and child to realize the realistic limitations of their relationship, or to enable a child to face the reality of feelings of rejection through renewing his past experiences, assent to the severing of family ties may be made desirable:

(Example 63): Child is with older foster parents (fifty and sixty). Attempts are constantly being made to help him in a better adjustment. He is again visiting his mother, grandmother, and former foster homes for this period.

There are times when a child is more able to do this than are the parents, as we saw in one case, where frequent visits of the father so upset an eight-year-old girl that she was able to tell her father not to visit her so often, and so the frequency of visits was reduced. Both parents and children must be protected by the worker in their coming to an understanding of each other and of themselves because of the damage done to personalities through poor relationships. If there is a repetition of pattern of behavior rather than progressive "working-through" of the problem of relationship that may result because neither parent or child has enough strength or insight in the present situation, no value will be gained in a prolonging of the final severance. It is better in such instances that the child and parent(s) be deprived of visits immediately, and that the child be allowed to work through its feelings with the help of foster parents and the worker, and with the new supports to be found in relating to new parental figures. A child who has moved ahead will more easily be able to look back at old relationships with understanding - for example; The child who hangs on to rejecting parents because they are

the one relationship he can claim, can give up old ties, often quite easily, when given new parents who want him.

(c) Non-Consent of Parents to Adoption

As was mentioned before, when guardianship is removed from the parents, there is not a complete relinquishment of the child for the reason that the parent(s) is required to give consent to a specific adoption home rather than just to adoption itself. The philosophy governing this practice is based on the belief that, if the parent(s) knows about the adoption home that the child will be going to, it will help in the decision to relinquish the child through a feeling that the parent(s) is still in part a guardian in planning for the future security and protection of the child. This practice also is a check on the Society's taking of guardianship, in that prospective adoption homes are appraised by natural parents when the worker supplies written adoption information. This not only affords special protection for the child, but also for the Society, in that a third party makes the final decision. However, this "special protection" may work in reverse, for a natural parent is not always qualified to choose the proper home for a child. Again, the Society is not making the final decision. Agencies move with caution into the realm of rights of natural parents, believing that cooperation with these natural rights is a more positive approach to serving the needs of those who have proven incapable of fulfilling their responsibilities. This philosophy is supported in theory, but, for a number of reasons, the procedure by which the philosophy is actually put into practice is questioned.

The standard procedure of gaining consent of parents is to find an adoption home for an adoptable child, and, when the parents have approved of the adoption home information, and the adopting parents have approved the child,

to obtain parents' written consents of relinquishment to that particular home. Defects in the taking of consents are examined here:

(1) No allowance is made for the legal father who is not the natural father in the form for consent signing. A legal father may feel he must state he is the natural father of the child in order to give consent to adoption. Some legal fathers thus refuse to sign consents.

(2), If, when the natural parents have verbally approved of an adoption home, and then would-be adopting parents refuse the child, the parent feels this as a rejection, and may react with fear and hostility, and not attempt again to go through the traumatic experience. The example is cited of an unmarried mother whose baby was refused, and who went into a state of depression by going to bed and refusing to get up.

(3) If the natural parents refuse a particular home that the Society approves of, the reason may not be a healthy one, and as a means of helping a parent to make a decision re relinquishment, this may rather prevent it, for example - the hostile parent who would give the child to the Society to care for in an expression of hostility, - the Society being here regarded as an organization required by law to care for children - but who would refuse to relinquish the child to parents expressing affectionate desire for it. Needless to say, the prospective adopting parents, as well as public opinion regarding adoption, will be critical of the Society if desire for the adoption of a child is refused by the parent when it has already been approved by the Society in the acceptance of their home.

(4) With special regard to the child who is placed as unadoptable, and later becomes adoptable, parents' consents must be obtained in order to complete an adoption, regardless of the time interval between the placement

and application for adoption. An attempt must be made to locate the parents, and if they are found, they must again be made aware of past insecurities and asked to make a decision under what may be very different circumstances. If the parents have since become established, consents may be refused, and much to the disappointment and anxiety to both child and foster parents, the natural parents may re-apply for the child and be granted the right of restored guardianship. If the aim of Society policy is to afford security to a child, allowing the natural parents to remove a child in which (s)he has lived since babyhood acts as a countermand, and is the same as removal of a child from natural parents with whom he has lived. The Society places itself in the position of being parents comparable to those whose children are removed from them.

(5) If a child has been adopted, and for some unforeseen reason, the adoption fails to last, and plans are made for a new adoption, the natural parents must again be contacted.

(6) If a child is on adoption probation, and it becomes necessary to remove a child from a poor adoption home under the Protection of Children Act, the necessity of going to a parent regarding this removal and replacement creates unfortunate anxiety and confusion. The fact that a child on adoption probation has no status as a ward or non-ward places upon the Society the responsibility of being particularly cautious that a situation such as this does not occur, for the parent(s) is not only required to sign consents again, but is faced with the necessity of court proceedings.

(7) A parent from whom guardianship has been forcibly removed may refuse to consent to any adoption plan for the child, using this non-consent in vengeful fashion, and producing an undesirable stalemate. We cannot expect

such a parent to readily accede to Society plans when forced into this planning. It would be better for all concerned here if more were not expected of the parent than is realistic. In three cases of those studied, the adamant father was the parent who refused to give consent to adoption. In this case we suggest that if the Society is going to take upon itself the right to plan for the child, it should do so with courage and confidence. In this case, the use of authority has justification, and the Society should not hesitate in making a long-term plan for this child.

Generally speaking, the natural rights of these parents to plan for the future of their children places on them a responsibility and a re-living of past experiences which is undesirable to them. As an example, if a parent feels strong guilt in having relinquished a child, this guilt may be dispelled through faith in Society care, only to return if the parent feels that this care has failed.

Consents for the adoption of a child must be obtained from both of the child's parents if living, or from an unmarried mother alone. In order to avoid prolonged implications of gaining consents, the waiving of consents may be used. This, in the end, places with the Society the power of complete guardianship, and although used infrequently, nevertheless it has been a necessary procedure at times, when the practice of obtaining specific consents has proven to be impractical. In short, a policy for which circumstances have required an alternative must, to a certain extent, be subject to revision, perhaps in some of the ways to be discussed here.

A suggestion is made that final consents for adoption be obtained when the child becomes a ward, whether it is adoptable or not thus eliminating problems which arise from the present necessity by policy of obtaining



specific consents. This suggestion is made for the following reasons:

(a) It still upholds the natural rights of parents in giving them the choice of consent or non-consent to adoption, and at the same time we are protecting them from unforeseen repercussions of adoption plans over which they have had no control;

(b) It eliminates the necessity, for calling the parent back from a possible new life situation, to fulfil responsibilities of natural rights that are rightfully the responsibilities of the Society. If an adoption placement has failed to be effective, a situation over which natural parents have no control, there would seem to be no valid reason for having parents assume responsibility for that specific adoption placement. Realistically speaking, the only natural right a parent has in this instance is in allowing adoption itself;

(c) It does not assume that specific adoption procedure acts as a check on the Society's selection of adoption homes, for the name of adopting parents is withheld from natural parents, and information descriptive of the home and parents is read to them by the worker and must be disguised to protect identities;

(d) It is believed that an outline, by the worker to the natural parent, of a general picture of adoption homes and procedure, rather than specific information, will help a parent to make a decision. A parent's confidence in the worker and the Society as a whole is transferred to confidence in their selection of an adoption home. On occasion, and at the discretion of the worker, specific adoption home information may be given if it is felt desirable.

Reference is again made to the statistical information to observe

which of the three sub-divisions appeared most frequently in the fifty-six cases and fifty-six instances recorded for this chapter. The most prevalent factor concerned in this chapter proved to be Prevention of Adoption by Family Ties, recorded in 31 instances as being a major contribution to non-adoption. These instances comprised 54% of the total of 56 instances for the chapter. The second most prevalent factor was No Society Decision for Adoption, of 15 instances or 27%, with Non-Consent of Parents to Adoption appearing only 10 times or 19% of the total instances.

Observations are made at this point in summary, with the view in mind of relating specific observations to what seems to us to be the origins of difficulties discussed in this chapter.

It was felt, first of all, that the natural parents, in many cases, became "interferences" because Society plans for a child interfered with natural parents' own ideas for their child. The existing policy within the Society is that parent and child should be treated as separate units, and, therefore, the departmental structure has been so organized that the objectives of the programme fulfil this policy. For example, a child in care is the responsibility of the Child Placing Department, while his family is the responsibility of Family Work Department. One family, therefore, has two separate workers, and has two files at the Society, and the child is given separate treatment from the family, which is treated as another unit. There is a lack of unity in planning for the family as a whole, or in dissolving family relationships through coordinated thinking. This difficulty may again be seen in the division of cases between the Family Welfare Bureau and the Family Work Department of the Children's Aid Society. For example, if an unmarried mother is not living at home, she goes to the Society. If she is

living at home, she goes to the Family Welfare Bureau. If she is under sixteen and living with her parents, she goes to the Society. In adoptions, if the child is illegitimate, it is placed with the Society; if legitimate, the parents go to the Family Welfare Bureau and the child to the Children's Aid Society. The division of responsibility of what appears to be a child's case going to the Society and a family case to the Family Welfare Bureau is based on the unrealistic definition of a family that takes no account of the true meaning of family origin and culture, of the emotional components of family feeling, of preservation of family life, or of planning for future family living. At the point of considering that the division of the Child Placing Department and Family Work Department work in such a manner here is an artificial barrier to treatment, realistic thinking favours the fact that children must be considered not as separate units of family work, but as the off-spring and an integral part of work with the family. By the mere fact that the parent is often quite completely isolated from the child, as far as treatment planning is concerned, the parent becomes lost in the division of responsibility within the Society, and the family as a unit loses its significance.

It is true that many natural parents do not want the responsibility of caring for their children, but they do want to retain the privilege of being recognized as the parent. This is generally the immature parent, who would need intensive case-work before being able to assume responsibility. The Society must decide here what the possibilities of this would be. There is also the unmarried mother, and the mother who is deserted, widowed, or otherwise incapable of financially supporting her family, and whose children are made wards of the Society for their own protection. These mothers, not able to plan for their children, may find it too difficult to completely relinquish them.

It has been observed that there are different kinds of wards, in that their status varies, and that there are different degrees of Society care and custody of a child. For some wards, relationships are still very active in that the family also assumes responsibility; for others, the child's parents are completely out of the picture. On one hand, there is the parent who, in cooperation with the Society, is planning for the child. There are two types of wards here: First, those who will remain in Society care, but will continue contacts with the family. This may be called a compromise situation, for there will be no adoption for this child nor any plan to move it back into the home; and second, the child who will be moved back into the family situation. On the other hand, there is the parent who has left the Society free to plan for the child in any way it deems desirable. Also observed was the parent whose plans for the child conflict with Society plans, and as a result, the child is caught in the middle of this conflict. Some means have been discussed in which this conflict could be resolved to give direction in planning for the child who will otherwise remain in a static condition; Child relinquishes parent, parent relinquishes child - use of authority to prevent family ties, and a possible alternative of extended use of non-ward care or temporary wardship: Some means whereby parents can retain a supportive guardianship with Society approval and guidance in helping the family to make some plan so that the child can be returned to his home. If this plan does not prove effective and the parent cannot relinquish the child to Society planning, then there is no planning for the child unless one guardian takes full responsibility. It will be the concern of the Society whether to move this child towards adoption by waiving parents consents, or whether to continue family contacts and place the child in a permanent non-adoptive home.

At this point is stressed the great value of work with the family to prevent the necessity of taking children into care.

One might conclude with a summary of the ways in which the Society gives care and supervision to wards:

- (a) Preventive work before placement;
- (b) Non-ward care - time to work with the family towards reunion;
- (c) Adoption as a goal, the Society taking full guardianship and responsibility for planning; (with or without parents' participation)
- (d) Permanent non-adoptive placement for the child who will remain in Society care, but who will not be considered for adoption;
- (e) Waiving of Consent of parents when the Society wishes to use authority to sever family ties;
- (f) Temporary Wardship - terminated by parents' application to court for the return of their child.

From observations of the individual nature of wardship, and the differential methods of care and supervision, it is believed that the policy and programme planning for children in care must be of this differential treatment nature, and must be further developed in flexible thinking and planning for the preservation and accommodation of individual family life.

CHAPTER V

PLACEMENT OF OLDER CHILDREN WITH BEHAVIOR PROBLEMS  
AS INTER-RELATED WITH SOCIETY POLICY

The child from the age of six to the beginning of puberty has aptly  
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been called the "middle-aged child". Dr. Spock, who has written an authoritative on this subject, says -

". . . The child from six on is primarily concerned with fitting into the outside group. He strives to pick up the language of the children in his street, he wants to wear the same kind of pants, to have the same kind of haircut, to play the same games. The rules of the outside world do not have to be forced upon him, he enjoys conforming to them. The games that appeal now to the boy or girl are the strict games abounding in regulations - mumblety-peg, hopscotch, jacks. He tests his skill against perfection. . . Boys particularly begin to go in for group games (cops and robbers) and athletics in which sides and leaders are chosen and the play goes according to the rules . . . This concern with skill and perfection is in part a manifestation of the child's graduation from a primary interest in a world of familiar personalities to an interest in the abstract. It is not a coincidence that formal schooling traditionally begins at this age, for now abstract concepts such as arithmetic begin to have real meaning".

Other aspects of interest are the degree of social development of the middle aged child and in particular, his relationship to adults.

"This is the age when clubs and gangs begin . . . These kids are proving to themselves that they can run a part of their own life on a cooperative basis without the supervision of adults, and they can decide who is and who is not socially acceptable on the basis of their own codes of behavior. These codes

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13. Spock, Benjamin M., M.D. - The Middle-Aged Child - Rochester, Minn.

become very strict indeed. The child who provokes fights unnecessarily or who uses unfair methods is frowned on, also the child who avoids a fight when fighting is the honorable course. Children at this age hate to be reminded by adults of what they ought to be doing because it offends their sense that they are now grown up and know themselves what they ought and ought not to do."

The emotional development, particular needs, and problems of the middle aged child are stated rather well by Dr. Spock.

"The individual child's conscience is becoming strong within. He now tends to inhibit the interest in sex which was so spontaneous at three, four and five ... The boy particularly at this age feels the need to control and make moral his aggressive instinct. . . bold adventure. . . in this cause of virtue. . . idealized. . . The child's impulses are to fit into the group, to help organize the group, to set up group standards of behavior and, as an individual, to gain self-control, to regulate his life and his possessions. . . He is seeking to establish himself as a responsible citizen of the outside world. But to accomplish all this, it is necessary for him to break down some of his dependence on his parents to assert his independence of them. . . There is not only his rebellion against parental standards, there is a general coolness towards adults. . . This is a picture in miniature of the drama of the middle aged period; The child setting out for the first time officially from the home, which has been his only important place of belonging, to meet the challenge of the outer world represented by a classroom full of unfamiliar faces and the austere teacher. . . The child who is emotionally unready to meet the world begs not to be taken to school. . . A common and serious problem is that of the child who has difficulty making friends. . . whereas at an earlier period he was not happy with other children. He is now not happy without them. . . It has often been pointed out in psychiatry that a

certain type of stealing, in which an individual takes objects which have no real value to him (compulsive stealing) is an expression of craving for affection. . . . In the age between six, seven and eight, this type of stealing occurs with fair frequency. . . . The close connection with loneliness is shown dramatically in those cases where the child distributes either the stolen nickels or the candy he buys with it to certain members of his class. . . .

There are at least two reasons why the child is particularly affected by his loneliness in this age period. First - his own unfolding emotional pattern keeps telling him that friendships are his concern; second - his nature is also succeeding in detaching him emotionally. . . . from the parents whose closeness to him provided nine-tenths of his security. . . . If these parents can get any sense of what is going on in the child, it will dispose them to some degree to be less disapproving, at least a little more tolerant. . . ."

This latter sentence in particular sums up the problems of finding suitable permanent placement for these older children. If there is an understanding of the basic personality pattern of these children, then one is more accurately able to place a child in a home that will fit his particular needs, and to help foster parents to recognize their role and where they may be of help to a child. The Society makes use of this knowledge in planning the placement program to accomodate the older child. But as this study is concerned particularly with the older child who has evidenced deviations of behavior from the normal pattern of development that has been described, This will be used as a basis for thinking of where Society planning must begin in re-directing problem children to the path of normal personality development.

Chapter III outlined the general pattern of placement. The problems encountered there are increased here because of the nature of the added problem



of placing a difficult child because of the lack of adequate foster homes and his own inability to conform. There are foster homes available for the children of this study and most of them are at present in foster homes, and have in fact, been for an average of 5.12 years. The main problem is that these children have had poor adjustment in their foster homes. Some have been moved frequently in the hope of finding suitable homes for them, still others have exhausted the search and are at present in a receiving home. A number are taking play therapy in hopes of resolving certain of their difficulties. The problems encountered (in Chapter IV) concerning family ties add to the complexity of the problem of placement of children with behavior deviations.

From the 139 case recordings studied and recorded, reservations from adoption caused by Behavior Problems as the major cause appeared 105 times in a total of 63 cases affected, an average of 1.7 per child. This behavior study was divided into five sub-divisions: (a) Poor School Adjustment; (b) Poor Social Adjustment; (c) Poor Home Adjustment (d) Poor Foster Home Adjustment; (e) Multiple Foster Home Placement. As noted, the average of 1.7 instances per child makes it impossible to study these sub-divisions as separate entities. Rather, the over-all picture of behavior problems will be discussed showing through excerpts how various factors have combined to render a child unadopted. These particular sub-divisions became the most vital areas because of the personality development of the older child, of which deviations manifested themselves in these areas in which such a child is most concerned.

Examples and excerpts from C.A.S. recording are selected to illustrate those children whose poor behavior prevented them from becoming adopted. Movement is traced by first examining children whose behavior has not improved since coming into care, to children who have improved in their behavior and so

have moved closer to adoption. The Society's methods of handling a child's behavior are discussed in some instances in order to evaluate their effectiveness in promoting movement towards adoption.

(Example 64): The child was a behavior problem before being admitted, as he had been placed numerous times by his natural parents, and had been badly treated.

This indicates the relationship of home adjustment with subsequent behavior difficulties. As a result, the child experienced further placements in Society care.

(Example 65): J. has experienced further rejection in three foster homes. As J. Seems to have difficulty in adjusting to foster home placement, we are wondering if play therapy will help us to have a better understanding of his needs, and be a guide in a permanent placement.

The worker has seen the need for further investigation of the deeper emotional factors preventing this child from finding her proper placement. She will begin by examining the difficulties within the child which prevent adjustment in a foster home.

(Example 66): The child has had numerous placements, so has never had a chance to stabilize herself. 31 - 5 - 45 - She was not toilet-trained when admitted to care, and as a result was moved to several different foster homes.

Worker wonders whether therapy might help the child to accept her foster parents as they are. 4 - 7 - 50 - The foster parents are perfectionistic and the child cannot adjust to them. There is no mention made of adoption, as the child is very unhappy.

This child was placed privately several times, and was in numerous foster homes. She was in and out of C.A.S. care because of her mother's regaining of custody of her by application to court. Here again is seen the implications of home adjustment influencing a child's ability to adjust. One notes also the problem that is within the foster home itself and the worker's attempt to meet the needs of the foster parents through work with the child.

(Example 67): The child is a behavior problem because of severe marital difficulties in the natural home. He has been placed four times since coming into Society care. C.G.C. advised the move because of competition in the foster home and remarked: "'This child is confused with his own family situation and many foster homes."

It came out later that in one foster home, the foster father did not want foster children, and made it miserable for them.

The question of inadequate foster home examination is noted but discussion of this will be reserved until later, when further examples may increase knowledge and throw more light on the subject.

(Example 68): The foster mother felt that the child was not a companion to her own son, as she had hoped that he would be. The worker tried to point out to the foster mother that to place a child for the purposes of being a companion to a natural child in the home, is unfair, just as it would be unfair to expect the natural child to be a companion to the foster child. However, the foster mother was quite annoyed at D's behavior, and was firm that she did not want him.

This case showed the worker's attempt to help the situation by working with the foster mother. The idea of "companionship" as a motive for taking a foster child was found to prevalent in a number of other cases:

(Example 69): These foster parents seemed very understanding, and were anxious to have another child as a companion for their own daughter.

As foster mother's daughter and J did not seem to be as companionable as before, it is felt that the foster mother lost interest in J. Foster mother emphasized that she was not requesting replacement because of J's behavior.

The next example indicates, perhaps, the foster parents' taking of a child with the motive that a child will love them. If the child does not, they will demand love from the child, and expect it to be grateful to them for all they have done for it:

(Example 70): At first the foster mother seemed to be accepting, but later proved to be demanding - expecting too much from the child and critical of her. Foster mother disliked the child's appearance, and thought she resembled a Doukhobor. Adjustment to this home was very poor, as the child displayed temper tantrums, destructiveness with clothes and toys.

The child was moved, and the new foster parents are fond of her and wish adoption. They are accepting and understanding of the child's behavior.

....In the first home, the worker saw little of the child and thought that all was well, until the foster mother phoned and complained of difficulties.

This case shows a lack of concentrated supervision in the first weeks or even months after placement. The only solution appeared to be to move the child, and we would wonder still whether there was closer foster home investigation into this second home, or if the pattern will repeat itself if given time. It is noted that in each placement, "At first the foster mother seemed to be accepting. . ."

(Example 71): In discussing case problems with the foster parents, worker received a poor impression of them. Foster parents first seemed kind and tolerant, but recently severe and strict. Worker urged the foster parents to have patience and affection to help K. Foster father felt K. hopeless, but the foster mother was more tolerant, and sensed foster father's attitude as severe and unbending. Foster father is fond of the girl in the home, and worker feels that the foster father is a good father to his own sons, and is surprised at his attitude to K. K. stated that he wanted to be in another home.

(Example 72): The child is a behavior problem in the home due to foster mother's own anxieties over her own mother who is in Essondale Mental Hospital.

It gradually became evident to both workers that the foster mother is a fearful and insecure person.

(Example 73): Child has been in one foster home for five years, but has not adjusted yet. Foster mother wants to give her up.

Closer investigation and supervision in this case might have alleviated the situation sooner than five years. One cannot imagine the amount of damage done to the child in her poor adjustment or in what appears to be re-placement in the future after a five-year period of relationship to one home.

(Example 74): The child is in a foster home where the foster father is Negro and the mother is white. (child is mulatto). The child is not well-adjusted. The mother uses this child as a focus to the solution of her own problems of conflict of mixed marriage and racial prejudice.

(Example 75): S. was placed privately many times before commitment. Worker realizes foster mother would consider adoption regardless that S. is of mixed parentage, but worries about foster mother's over-possessiveness, and does not press for adoption. The child is in 'no man's land'.

As home adjustment and foster home adjustment were both inadequate, resultant behavior difficulties and mixed racial problems made this child and exceedingly difficult case as to finding suitable foster home placement. One wonders here if further investigation into the reasons for foster mother's over-possessiveness might not move this child out of "no man's land", in other words, this static situation. For example, because of general Society hesitation to completely allow adoption of children of mixed parentage, and because of racial discrimination of society, the foster mother's over-possessiveness stems from the realistic fear that she may lose this child. It might be that adoption would give security, not only to the child - who will probably remain in the home regardless of the decision - but also to the foster mother. The added security should lessen fear and reduce the foster mother's over-possessive tendencies.

The next group of examples indicates Society planning for children who have not found security and happiness in foster home placement:

(Example 76): This child has had six placements.

A particularly difficult case: Foster mother states, that although she has had more success in handling the child than had former foster parents, she admits that there is very little affection between them. She sees in P. a challenge, and demands and expects very little of her.

C.G.C. advised that the child should be observed for a time to prevent re-placements, and this was carried out by the Society in answer <sup>to</sup> the following questions:

Does the Clinic feel that -

(1) the foster mother can respond to supervision sufficient to change

her attitude to the child's behavior?

(2) this home can meet the patient's needs?

(3) the patient should be in a home with other children?

(4) another move would be better than leaving the child in its present home?

We trust that the weight of responsibility to plan for this child, through an understanding of the total situation, has not been placed solely on the shoulders of the Clinic, and that the worker is not neglecting her own responsibilities and case-work skills, for it would seem that these questions, in part, should be answered by the worker. It is hoped that the answers supplied by the Clinic will be treated as opinions or further knowledge in helping the worker to make her own decisions, and to answer the questions for herself.

(Example 77): C.G.C. report - it is always unfortunate when a new placement for a child this age (six to ten) has to be made, but I do not feel that she would be as disturbed by moving into a home which met her needs, as continuing to live in one which, on what, of course, was only a very brief contact, I felt was not an entirely satisfactory one for her.

(Example 78): D's first home was of working class standards, and when she was three years old, she began to show signs of disobedience and defiance. An investigation of the total situation culminated in the C.G.C. examination of 19 - 4 - 48. At this time, D. tested in the very superior group of general intelligence. It was thought that the disturbance was due to a very unhappy marital situation between foster parents. Worker was able to get to know this child very well, and although the removal from this home was difficult, and the adjustment in the new home also full of difficulties, D. has been able to make a good adjustment. Consents to adoption are on file, and legal notice was received in the office 26 - 8 - 50.

Because of close foster home supervision, and preparation of re-placement to the child, successful adjustment leading to adoption was the result.

(Example 79): C.G.C. recommended placing the boy in a receiving home, where the worker could have sufficient interviews to straighten out the child's identity for him and give him the opportunity to speak of his own difficulties, and a chance to help in selecting the next foster home

The child was then placed in a foster home. At first he seemed very much aware that he must prove himself in this home, and he had a severe case of ensuressis. However, the foster parents had the sensitivity to realize how highly-strung and nervous the poor child was. They have been able to take him to their hearts emotionally, and to provide the activities and interests necessary to his very active mind.

C.G.C. felt that his adjustment was satisfactory, and recommended him for adoption.

(Example 80): Child was placed in a receiving home for observation, and adjusted better to institutional life than home life. Institutional routine helped to give the child security, controls, and discipline. He began to accept the routine of the institution and seemed to become more aware of what was happening around him. His screaming fits and sex-play ceased, and his fantasizing and ideas of death and robbers were replaced by realistic living.

As the child's behavior improved he was able to adjust to a new foster home well enough to become adopted.

The next cases show the use of a temporary home as an "observation centre":

(Example 81): Child was not well-adjusted, and has been in the last foster home for a number of days. It is thought advisable to leave her here for a period to evaluate her adjustment before making any permanent plans.

(Example 82): The child was placed temporarily as she was sick.

(Example 83): There is a need for an observation type of setting for these children who come to us as mistreated, misguided, and maladjusted. There should be a program for them, for there must be time and a place to observe their behavior, to ascertain their needs, to give them time for an emotional convalescence, and to locate and investigate suitable foster homes for treatment to be continued.

Emphasis should be placed on the fact that the use of an institution or a temporary home should not be merely as a waiting station until placements can be found, but should be in fulfilment of an important role of allowing the proper permissive environment, under the direction of professionally trained people, to act in such a way that a child can be helped to find a way

to a happy, well-adjusted life.

The Society has been made aware of the need for specialized foster homes for some time. A lack of time to thoroughly investigate the problem and to remedy known existing defects has hampered progress into the area of selecting and investigating foster homes, and closer supervision and guidance of them. The wish here is to discuss what has been observed through this study of foster home adjustment difficulties.

One became almost instantly aware in many cases, of the change in foster parents attitudes towards children after they had been placed. This would lead one to think that the selection of foster homes to meet the needs of particular children may be made too hastily, resulting somewhat from lack of evaluation of foster parents and an inadequate foster home study. It might be outlined here what it is considered that an adequate foster home study would entail:

(a) Foster Parents relationships to:

Own Sexuality, Opposite partner, Opposite Sex, Own children, Each of own parents, Own siblings, Fellow employees, Neighbourhood and friends; Those in authority (including employer).

- (b) Assessment of foster parents' ego strength and defences and level of maturity.
- (c) Ability of foster parents to give love, understanding and affection to children;
- (d) Ability of foster parents to discipline a child and to set limits; (self-discipline).
- (e) An evaluation of limitations in the foster home;
- (f) Assessment of satisfactions that fosterpparents are receiving other than



from the child they are asking for;

- (g) Evaluation of foster parents' needs in a child, which will determine not only what particular child will fit into the home, but also what kind of a foster home they will offer to a child;

Motives for taking a child may be evaluated in:

Testing of the realism of the motives through interpretation to foster parents of what a child, such as the Society has to offer, would mean to them. For example, the foster parents who state that they want a child who will offer them no problems should be prepared to accept the fact that a child in our area of specific concern will mean anxiety and frustration to them;

Understanding of how each parent visualizes a child in the home - Do they see the child as a companion for their own children, or as an individual in his own rights?

Evaluating the maturity and normal development of other children in the home;

Evaluating total relationships within the family;

Evaluating parents relationship with neighbourhood and community - Do they desire greater status through having children, especially foster children?

From this foster home study, a worker should be able to answer certain questions that will result in the placing of the proper child in that home:

- (1) Can this family accept normal child's behavior in a child that is not their own?
- (2) How much can they accept extreme behavior in a child not their own?  
- and what type of behavior problem would best meet their own needs?
- (3) How can they handle a deprived child?
- (4) Can this family accept differences in race, mental ability, religion, moral standards, physical characteristics, ability to relate?

- (5) How old should a child be to best suit their needs, other things being equal?
- (6) Do these people want to be temporary or permanent parents? Do they want to be foster or adopting parents?
- (7) Can they accept a child with active family ties?

Since this study is particularly concerned with children of the older age group, the wish is to stress that, where foster parents specify that they would like an older child, or indicate a need for an older child, this should be carefully evaluated and considered with a view to the adoption of older children.

The wish here is to emphasize the real necessity for a worker to be thoroughly acquainted with the foster mother and the oft-forgotten foster father, for it takes time with skill to evaluate the true foster home situation. If the wish is to evaluate a home situation for an older child, one might look for parents who have more to give to an older child than to a baby, because of their particular attitudes, interests, and activities. A thorough investigation should not only be made by the acting home-finder, but also by the worker whose client's needs are to be met. We realize the serious nature of having to remove a child from a home that has proven to be a failure for that particular child. Some reasons that foster parents have for accepting children (companionship, need for love, etc.) led one to think that further investigation into deeper emotional factors, such as is outlined above, would have prevented the placement of a child in a home where its needs could not be met. In fact, further investigation might have resulted in the refusal by the Society to accept that home as a foster home. The Society complains of a lack of time because of the heavy case-loads to make this "further investiga-

tion", but one would wonder how far-sighted this reasoning is. The extra time energy and work that a worker must expend - in dealing with foster parents' complaints of behavior difficulties, school complaints, children's emotional upheavals and emotional reactions affecting also other children in the home, would become unnecessary, if only a fraction of all this time, energy and work was devoted to a more intensive original investigation. Unnecessary also, would be the time spent in attempts to ease the situation by spending hours interpreting the child's behavior to foster parents who have by now exhausted their own "patience" and have turned a deaf ear. The time of C.G.C. to evaluate the child and his problems, the time and skill for play therapy, and finally, the time to find other homes and place the child in them, are often the direct result of failure to further investigate foster homes and foster parents. We have not included here damage done to the total foster home programme goal through foster parents' feelings of inadequacy and failure to be a contributory part of this programme. The goal is to find a satisfactory adjustment for the child in Society care.

We have already mentioned the need to observe and investigate the child who displays personality deviations. We wish to quote here from a report showing what has been done elsewhere to meet this problem.

14

"Study and treatment homes for troubled children are a new tool in the child welfare and mental fields. . . To describe a study home, briefly, it is a place where a carefully selected group of disturbed children are brought together in a home atmosphere under the care of adults with special qualifications. The purpose of their study is to provide an opportunity for a diagnosis for

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14. Study and Treatment Homes for Troubled Children - Gula, Martin - Director, Evanston Receiving Home - Illinois C.A.S. - April 13, 1947.

their difficulty on which treatment can be based and plans can be made for permanent care . . . What, then, needs to be determined, is whether the young person's behavior is predominately a reaction to a provocative family, school, or neighbourhood situation, or whether it is a reaction to a disturbing conflict within the young person himself. The need is to arrive at this differentiated awareness before too many changes of environment are tried . . .

"For those children whose behavior is the result of an inner conflict of greater pattern, a foster home may be tried, provided a child can be helped by a case-worker or psychiatrist, and provided the community can tolerate his behavior. At least the foster home can be tried as a 'therapeutic test'. However, for certain children whose patterns of disturbance are long-standing and who need individual treatment, the foster home or institution cannot be tried, even as a 'test'. They are the children for whom the study and treatment home may be used . . . Such residence is particularly for the following:

"(1) The disturbed child who cannot be reached through case-work treatment in the community . . . Children who cannot respond positively to adults in a foster-care role, but who may be able to respond in a group. Many children who are too frightened, inarticulate, infantile, and resistive to form a therapeutic relationship with adults can relate, initially at least, to other children.

"(2) The child whose symptom patterns cannot be tolerated by the foster family, school, or neighbourhood . . . Children who . . . would break forth in severe tantrums or rages in which they would break windows and tear clothes. Others practice sexual delinquency of a direct nature. Some had nightmares. Some set fires. Many had involved stealing habits . . .

"(3) The child whose symptom patterns need "professional" observation and treatment . . . (a) compulsion neuroses that need controlled observation of precipitating factors; (b) pseudo-destructive behavior with elements of disturbance and mental defectiveness that cannot be differentiated or tested in the community; (c) emotional behavior, such as unexplained mood swings - changes that may have a physical basis; and (d) Physical behavior that has an emotional basis, such as asthmatic attacks.

"(4) The child who cannot relate to the foster family, community, school, or neighbourhood . . . A girl so worried and afraid that she cannot leave her home to attend school; a boy, approaching adolescence, who is intensifying his aggression against parent persons; and a girl who is withdrawing . . . to such an extent that her foster parents are not satisfied with her . . .

#### "Diagnosis and Treatment in the Study Home

" . . . The child soon uses the staff as parents, and the other children as siblings. He usually directs towards them the fundamental emotions he directed towards his own parents . . . In some homes, a 'repressive' atmosphere is sometimes developed and conformity is demanded from the child. Some homes . . . have an indulgent atmosphere that demands little conformance . . .

"Our approach is one of treatment . . . and the attitude taken is related to the boys' or girls' emotional needs at a given time. Within this approach, some self-indulging children are helped to impose limits on themselves. Those who have imposed upon themselves severe conformity are encouraged to relax . . . Throughout the treatment it is recognized that a concept gained through the understanding and skill of the case-worker must be lived through 'in experience' if the child is to be able to relinquish old feelings and begin to assimilate new ways of behaving. The child's ability to re-enact earlier life experience and have it handled in a constructive way by adults and other

children in the residence is essential to a sound treatment programme . . .

### "Programme

"This specialized service which may seem prohibitively expensive is not so when the alternative is considered, that is, the expense of foster home replacements for many, to say nothing of the cost of later maintaining the most seriously disturbed children in hospitals, or paying later . . . the cost of a neurotic or delinquent adult in the community."

It is interesting to note here in passing that there were twenty children in this survey for whom multiple placements had been a major factor in their non-adoption, causes that could perhaps have been eliminated under a programme such as is illustrated above, or alternative means by which a more satisfactory situation would result.

### Home-Finding

It is believed that a more thorough and better-organized home-finding programme must be the basis for the formulation of an improved placement policy. There are three classes of home-finder<sup>na</sup> in the Society today:

- (a) Two qualified foster home-finders in the C.P.D. (as of February 1, 1951);
- (b) Four adoption workers who serve as individual adoption home-finders in their respective districts;
- (c) Three C.P.D. nurses who find homes for children less than two years old.

(There is also a private boarding home-finder with whom this study is not concerned.)

In addition, all workers act in their particular district as home-finders.

The home-finding programme operates somewhat in this manner:

A home-finder (a) has the largest reservoir of foster homes and the workers have smaller reservoirs in their own districts. The nurses (c) have their own reservoir of homes available, and lastly, the adoption workers (b) have their own reservoir. Thus, there are three separate units, each with an individual supply of homes available. Pooling of homes is limited to relying upon workers and nurses who may refer homes which they have investigated to the specialized Society home-finders, and in the case of adoption workers, when pooling of adoption homes takes place at the adoption committee conference. Workers are reluctant to refer a home in their own district for they are acquainted with the home and wish to reserve it for their own future use or in case of emergency. This results in a lack of a large home pool upon which all could draw, and the range of choice is limited and makes more difficult the matching of a home with a particular child's needs. The advantage that might seem to be gained for a worker to personally know a home is somewhat offset by the manner in which the home is used - that is, it is often in an emergency situation that a worker becomes interested in the available home. If a child must immediately be re-placed, the worker must often either place it in this available home, which may or may not be the right home for the child, or may hurriedly investigate other applicant homes in their district, and place the child in one of them. This surface investigation results from lack of time on the part of the worker to wait for the machinery within the Society to produce a more suitable home, and also from the worker's feelings of responsibility to a child and a wish to not lose control of the planning situation to "superiors". A move out of the worker's district may also mean a change of workers for the child.

When a worker wants a home in which to place a child, information re-

garding the child is submitted to the worker's supervisor, who then refers the case to the supervisor of C.P.D. She, in turn, places the request for a home in the hands of a qualified home-finder; in the case of an adoption home, the case is referred to the adoption supervisor. If a child is less than two years old, its case will probably be referred on to the C.P.D. nursing staff. The decision of choosing a home rests with a number of people: The worker, the worker's supervisor, C.P.D. supervisor, and the Executive Director (for a child under two), - with the acting home-finder for that particular case.

The worker's feeling of responsibility in meeting the needs of a child is intensified by a clear understanding of the child's needs, and yet the worker's knowledge is filtered through at least three other people, making difficult the matching of the child's needs with a suitable home. Also, when a child is placed in another district, its case is transferred to another worker, a re-placement situation which threatens the child's security, and which denies the well established importance of continuing case-work relationship.

#### Meeting a Child's Needs

The child relies on the worker's skills to understand its needs and to verbalize them and to see that they are met. The child too young to talk is more dependent on the worker's skills than is the child old enough to verbally express its feelings. It is here where play therapy and play interviews have great value in aiding a child to express itself through other media. While the worker is concerned with the child, there is a general tendency to over-identify with the wishes of parent figures, and also to become subjective over the question of parent-child relationships. This tendency generally appears before the child is placed, resulting in an overlooking of the meaning of placement, substitute parents, and breaking of family ties to a child, and the very nature



of placement itself. After the child is placed, the focus of concern shifts back to the child, and a great deal of interpretation and clarification of its needs is made to the foster parents. When behavior difficulties arise, emphasis is placed on the foster parents' abilities to understand and meet the needs of the child. The needs of foster parents are not often enough taken into consideration, and many an unsatisfactory placement is prolonged because of this giving of interpretation where the foster parents are not concerned with understanding the child or how to help the child, but are more concerned with using the child to fulfil their own needs. Many an unsatisfactory foster home situation might become satisfactory if some attention were given to meeting the needs of foster parents, as well as those of the children in their care. One cannot over-emphasize, however, the importance of pre-evaluating the motives of foster parents in applying for a child.

#### Helping Foster Parents

In determining for ourselves who should become foster parents, it should be stressed to foster parents that they are a part of the Society programme, and have a job to do, and not that they are primarily doing the Society a favour. Their reward should be that they have done their work well, and supply an important, invaluable service. The Society is doing foster parents just as much a favour by allowing them to become foster parents, as they are doing the Society a favour in helping to give services to children in need of protection and care. Furthering this idea, it is suggested that there be some form of group association of foster parents in order to give supervision, training, and status to the role of a foster parent. Results might be in a growing attitude within the group that theirs is a creative job, and a challenge to their developing abilities to remold and repair the damage done to a child by the

understanding that the affectionate care they bestow on a child will probably not be returned by the child itself, but will be returned through their own feelings that they have done a service to the child and to their community.

### Helping A Child

The need to interpret the meaning of placement, substitute parents, and the breaking of family ties to a child has already been discussed. There is often much confusion in a child's mind as to who he is, who he belongs to, and who is his real mother and father. The worker must help him to straighten out his identity and understand what his new home and substitute parents can mean to him, and if he is able to accept them as real or secondary parents, or as friends. As a child grows older, the worker must give him increasing knowledge of the circumstances concerning placement. The older child coming into care is apt to have greater difficulty in accepting foster home placement. Where possible, a worker must know the child very well before placing him, for with a greater development of personality comes a greater need to find the proper placement to accommodate that personality. As we differentiate between one child and another, so we must apply differential planning to meet a specific child's problems. For instance:

- (1) A child who feels very unloved and unwanted may find it difficult or impossible to accept foster parents who are being paid by the Society to care for him. However, he might possibly come to accept adoptive parents who want him for himself alone.
- (2) There is the child who cannot tolerate temporary placement, for a further rejection is too great a threat to him. An adoption home is more permanent than is a "permanent" home, just as a permanent home is more permanent than a temporary home. This child may not be able to stand a change of workers either,

and a policy whereby Society work is divided into districts must allow for such a child.

(3) A child who has been in the home three or four years prior to going on a one-year free home basis in order to become adopted is liable to be a victim of the frustrations of parents in having to wait too long in realizing their desire for adoption. The Society has interpreted from the Adoption Act statement "a period of one year" as a one-year free home basis, and even though adopting parents have had to wait three or four years for a child to prove itself adoptable on its own merits, they are still required to wait another full year before a child can legally become theirs because of the Society's policy that boarding-home years cannot be considered in place of one free home year. Legally, there would be a six-month waiting period after a child has become adoptable, providing it has been in the home one year, but according to Society policy, these adopting parents would have to wait one year rather than six months, after the child has been considered adoptable because, unless a child is available for adoption, it is not on a free home basis. This policy is not in many instances a test of parents' desire to adopt, but is a frustrating deterrent to their ability to be good parents. Since the legal interpretation allows for flexible planning, we feel that it should be put to advantage wherever the case so warrants.

(4) A child who cannot be adopted until he proves himself to be adoptable on his "own merits", but whose foster parents realistically have accepted him for what he is or seems to be, may be unduly denied the security of being adopted.

(5) A certain type of child cannot be helped in any foster home situation. An observation and treatment type of setting may be his answer. Such a child, who cannot relate to new parents or even to people (because of ambivalent

feelings, fear, guilt, and hostility) must be placed in a special kind of environment. But, if he is placed in an impersonal atmosphere, there may simply a blocking of his ability to learn to relate, even though on the surface he may appear to have become adjusted. This is a side-stepping of responsibilities.

In the five sub-divisions under which were numerically recorded instances of non-adoption pertaining to this chapter (105), Poor Foster Home Adjustment appeared 37 times, or 35.5% of the total. This was twice as prevalent as any other sub-division here and gives conclusive evidence of the importance of the finding of the proper home for a child with a behavior problem. The foster home acts in a close inter-relationship with a child and his problem and can become the focus for understanding the child and treating him. Multiple Foster Home Placement appeared 20 times or 17.5%. This is a surprisingly small number, but again the factor was only recorded when it appeared as a major cause in itself preventing adoption at that particular time. Poor Social Adjustment and Poor Home Adjustment each appeared 18 times, the percentage for each being 16%, and Poor School Adjustment was evidenced as a major cause of non-adoption in only 12 instances, or 11%.

The over-all, flexible planning for a child must be in the hands of skilled and qualified persons, who must be genuinely interested in child welfare. Trained home-finders are needed for they have a specialized function within the Society. One does not feel that it is fair to place upon nurses the responsibility of investigating homes for children under the age of two years, and making of permanent placements for them. Although they are skilled in meeting the physical needs of a child, they cannot be expected to understand

the dynamics of emotional development and needs of children and parents, nor to be capable of performing the highly-skilled case work involved in evaluating and matching prospective foster parents with children's needs. The concept of a baby having only physical needs to be met is long outdated, for today it is realized that a child's basic personality development takes place within the first three years of its life.

The division of responsibility between departments - (where a family case may become a child placing case, there is a change of responsibility) - and between C.G.C., workers, supervisors, and department supervisors, must be carefully controlled, for if it is not, the results will be a lack of responsibility in that it will not be specifically assumed.

Because case-loads are heavy and time is short, foster parents are often called on to assume greater responsibility than they are capable of assuming. The maximum number of children that can be satisfactorily placed varies, and to over-use a home, particularly when there is the problem of enough supervisory visits to the home, prevents sharing of responsibility and results in too great a burden on foster parents, which, in turn, causes needless difficulties. There is no legal means by which foster parents can be protected today and unless an agency is particularly concerned with the rights of foster parents, they can be exploited. It is suggested that the worker in the case be given more continuing and total responsibility for the child, but should not be expected to give time to the responsibilities of home-finding. The worker should be expected, however, to make the final decision in determining what home to use in the particular case.

Placement must be realized then, not merely as a procedure, but as a dynamic process in itself, and it is the basis from which to build in working toward the goal of a happy, well-adjusted child.

## CHAPTER VI

### THE IMPLICATIONS OF THE STUDY

Looking back on this study, certain factors become particularly impressive.

One might first summarize problems in administration as seen here, as causes preventing adoption. The way in which Adoptability Diagnoses, Placement Difficulties, Family Ties, and Behavior Problems prevented adoption is seen as part of the total administrative problem.

As stated early - The goal of adoption for older children can be only as realistic as is made possible by the process of administration.

The Society is but a part of the total administrative programme for adoptions. It has been realized, through conducting this study, that the responsibility for the reservation of older children from adoption cannot be attributed to one source as a major cause. As may be seen from a perusal of the tables, there was a total of eighteen factors which were recorded as contributing to reservation from adoption, these stemming from a number of sources as discussed in preceding chapters. Therefore, a readjustment of the total adoption programme, while beginning with case worker skills and specific agencies, must be expanded to reach all levels of the administrative process, and must kept in tune to changing times, for "Administration is dynamic, organizational arrangements and relationships are continually in flux. Structure must be constantly adjusted to meet changes in programme, policy, product, methods, and human beings.

The primary organ of the administrative adoption policy sanction is the Provincial legislature, which lays down adoption policy in general terms.

(i.e. The Adoption Act). But, for the purposes of effective administration, such general adoption policy must be made more specific. This is done by the Society's administrative policy formulation through legislative delegation of rule-making power, which, in effect, implements statutes and interprets their meaning. The resultant divided responsibility between legislative reasoning and Society administrative practice is merged in the formulation of the adoption policy. This merging is often difficult because of the differences between policy making on a general basis, interpretation of that policy, and its individual application. Generally, it is the legislative policy that is slower to change because it cannot be as aware of changing human needs as is the Society which is in constant contact with the people for whom adoption policy was originally established. For instance, many references are made about the inadequacy of certain statutes governing the Society's care of children. Everyone is aware of the need to press for amendments to the Adoption Act. When an amendment has been made, it has been through the interest, enthusiasm and persistence of responsible groups. But when such an amendment has been established, the practical application rests in the Society's interpretation of that amendment. That this does not always adequately follow is seen after a 1924 amendment to the Adoption Act which was pressed for because of the concern that adoptions were prevented too often through the necessity of demanding a parent's consent to adoption. Since circumstances made this consent unobtainable for many wards, and since the Society could not effectively act as a parent in permanent long-term planning for a ward, it was urged that the Act be amended to give the Society, as legal guardian, the right to consent to the adoption of its own wards. This amendment was made, but it stated that the consent of the natural parent must be obtained "if possible".

Legislative delegation of rule-making power, which, in effect, implements statutes and interprets their meaning leaves to the Society's discretion the application of the term "if possible".

The basic problem confronting any children's agency is the reluctance, fear, and sometimes even shame, of that agency to act in its capacity to "interfere" with the rights of natural parents. Later this reluctance may re-appear as the agency tends to invest foster and adoptive applicants with pseudo-parental rights. In its hesitation to plan objectively for children in care, the Society leaves much of its planning in the hands of others or to time or providence. This may be seen in the Society's tendency to delegate final decisions regarding adoptability to the Child Guidance Clinic (who, in some case, further delegate responsibility to prospective adopting parents) through an over-acceptance of their recommendations re adoptability and adoption. The responsibility of the Society is to act in its capacity as an adoption agency with full rights to make the final adoption decision.

Determining a child's final status of "adoptability" is often left as a responsibility with the parents, the foster parents, or to time and providence, and these unknown quantities in the picture often cause a lack of movement towards adoption. The Society is responsible for this situation when neglect in evaluating the circumstances or fear of moving into the situation causes a lack of planning. With no direction for movement, there will be no long-term planning, and only the immediate emergency needs are met. When an unknown quantity here becomes known, (for example, a mother finally gives her consent for adoption), short-term planning may become long-term planning, but the determination of this long-term plan may be left with those foster parents whose responsibility it has been to care for the child on the



original short-term basis. In other words, the situation gets beyond the Society's control since short-term planning has drifted into "long-term existence" for the child through lack of frequent specific evaluation of possible long-term implications of present placement.

The division of responsibility in a case where the child in a family situation is referred to C.P.D. and the family to F.W.D. may result in lack of coordinated treatment towards a unified goal with neither worker and neither department totally responsible for the total family problem and its treatment.

Lack of time for focussed supervision and understanding of foster parents as individuals on a non-emergency basis places upon them too great a responsibility for the planning and care of foster children.

Because of the Society's early knowledge that some of their workers were unqualified, and because of the number of inexperienced young professional workers, the Society has tended towards a hierarchy of supervision with some worker's decisions as to requesting a foster home, being checked by three persons, each with authority over the next lower. Thus, workers are hampered in developing those skills in which they have been trained and in their strivings to achieve initiative and independence of thought and action. "Supervision" here, implies the referring of a final decision to a higher office than one's own. This referral must sometimes result in an irrelevant decision being made because the person in authority who makes the decision is too far removed from actual contact with the case. In many agencies elsewhere, it has been the policy that supervision should be mainly consultive (except where agency administration is directly involved) and that a worker should use the supervisor as a guide in making her own decisions and more

basically in understanding cases. Many leaders in the Social Work field believe that when supervisors act as parent or authority figures, they tend to create a dependence in staff members and this reduces the total leadership quality of an agency.

The original theory of decision-making and supervision within the Society is that in the profession of social work, decisions are to be made, not through individual thinking, but through the process of group thinking. The resultant group "decision" places the responsibility for the decision on the group as a whole, the supervisor being but one part of the group.

This theory is supported when it is applied to the forming of a decision affecting another group, or when the relationship is between groups, rather than between individuals. Decisions of this type are general in nature in order to be applied to a number of people. The staff of the C.A.S. is such a "group", its group decision formulating policy which encompasses various clients coming to the Society. These clients comprise the other group. The application of this theory to individuals, however, such as in a case-work relationship to a client, implies several complications:

(a) If the worker's relationship to the client is one involving policy, the group decision is applied, and if the worker feels that the client is not of the group for whom the policy decision would apply, then a group change must be made, regarding the decision from a new viewpoint. One may support the theory here if workers are given full opportunity to present their cases to the group, and participate with the group in the revision or enlargement of policy;

(b) If the worker's relationship to the client is one of individual case-work, involving the application of individual decisions, then the process

of group decision-making is not applicable and the group process principles becomes distorted for the result is not a referral to a group and participation by the worker in group thinking but rather a referral to a number of separate individuals who form the "line of responsibility". Decision making, therefore, becomes divided, rather than consolidated.

The result of this division of responsibility can create irrelevance and vacillation in planning and must be lessened to give not only the Society as a whole, but also the individual worker, a greater area in which to function through the use of case work skills.

The Society had to grow a long way in a short time in its development of a programme to provide better and more extensive services to meet community needs. As the Society grows further in its abilities to find leadership through self-confidence in its objectives and purposes, the administration can assume a more specific directness of responsibility and a more purposeful precision in long-term planning.

#### Some Recommendations for Increasing the Adoption of Older Children

A lack of available adoption placements for older children was also frustrating many workers who are interested in helping these older children move towards adoption. There is a real challenge to promote a specific adoption for them, and to make known to the public that there are older children seeking adoption. The concept must be popularized, for where there has been a specific search for them, it is found that there are many prospective adopting parents who would gain greater satisfactions in adopting older children rather than babies, in fact, who would consider adopting older children when they have no intention of adopting babies.

The tendency to be less concerned for the future welfare of the older child has evidenced itself in a lack of work with older children in either poor foster homes or in non-adoptive environments. An attitude was expressed of regarding an older child as being "too late" for adoption, that he will "soon be on his own anyway", but this thinking, it is felt, was surpassed by conscientious desires on the part of workers to help older children find the security that they need, as seen in this study. Social workers fundamentally believe in adoption for older children, and their belief has been tested by the barriers presented in this study, and also by the psychiatric thinking that prevails throughout Society policy. This thinking pursues the idea that since an older foster child has lost his family ties, it is unrealistic to plan to re-unite him with a "family" group; it is more realistic to impress upon a child that he is part of the Society and that he must find love and security within foster parents as friends and within friends from the Society. Basically, the concept is that a child must find security within himself, and that finding family strengths for him to gain this security, are unrealistic. Through the use of Society supports and self-evaluation, a child is expected to develop as a unit within himself. These supports and trends of thought isolate a child from a family and allow little room for adoption of the older child. They contradict the basic promise on which placement agencies are built - that normal emotional development occurs in relation to parent figures. Adoption, as understood in our culture, is the means by which a child may regain or achieve the basic sense of belonging which is felt to be the inherent right of all human beings. Believing in this doctrine of human rights, agencies must take the initiative in formulating and improving adoption policies for older children. They must begin with a revaluation of each segment of

their structure to eliminate defects and deficiencies in the administrative system as a whole, thereby assuming their responsibility in freeing more older children for adoption and making possible a more secure and happy life for the older child.

## APPENDIX A

SAMPLE OF INDEX CARD USED IN GROUP SURVEY

Date of admission:		Case No.:	
NAME:		SEX:	DATE OF BIRTH:
WARD:	Non-Ward	Legitimate	Illegitimate
TYPE OF HOME:	Free	Foster:	temporary permanent
STATUS OF PARENTS: Living together		Not living together How long separated?	
INTELLIGENCE OF PARENTS:			
NATURAL FAMILY RELATIONSHIPS:			
ADJUSTMENT:	Home School Social Foster Home	Good	Fair      Poor
C.G.C.	a) Psychometric b) Other diagnoses and recommendations		
MOVEMENT TOWARDS ADOPTION: (yes)      (no)			