

A STUDY OF THIRTY-TWO EARLY ADOPTIVE PLACEMENTS BY
THE KANSAS CHILDREN'S SERVICE LEAGUE 1954-1957

by

Virginia Louise Brigden
A.B., College of Emporia, 1930

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Brigden
c.2

Robert E. Turrent
Instructor in Charge

Joseph F. Merrill
For the Department

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Preface

When subject material was considered for a research project no problem seemed to be of more interest than finding answers to the questions: "What has happened in the early adoptive placement program of the Kansas Children's Service League? How many children were placed and how many of the placements were successful?"

During the past several years, the writer has had the opportunity to observe changes in child welfare practices concerning adoption. There has been a shift of emphasis from "placement of tested babies" to a more concentration of effort toward finding "tested families who were willing and able to adopt very young children in need of homes".

The purpose of the research was to gain information which may be of use to agency staff in handling current problems of early placement and to provide evidence for the need of caution or recommendation in future policy making concerning agency procedures on adoptive planning. Although the total group of early placements in the period studied numbered only thirty-two, it was anticipated that even though the group is small, enough data could be obtained to point to the probable value or lack of value in placing babies early and to indicate areas that would

tend to require particular caution in making decisions for the placement of very young children.

The writer wishes to express gratitude and appreciation to Miss Marie C. Scott, Executive Director, and to the staff of the Kansas Children's Service League for their help in case finding and for information concerning the history, policies and practice of the agency, which has been incorporated into the material for this research project.

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CHAPTER I

INTRODUCTION

Early adoptive placement has long been a recognized practice by reputable agencies. Numerous studies have been made which concur in findings that would tend to validate the desirability of such practice.¹ However, the exact age when a particular child can best be placed must be determined by many factors in each individual case.

For this study a maximum age of sixty-two days or two calendar months was chosen in order to gain a sufficient number of cases for the project and to eliminate the possibility of having to include those cases in which a child would have been given a two month's psychological test immediately prior to placement. The Agency² had used testing programs including one month age tests but these tests were usually followed by a re-evaluation at two months or were administered because there was some question about the child's development which, if true, would preclude early placement.

Definition of Early Placement

In order to clarify the type of cases which were included

¹ Discussed on pages 1-4.

² Kansas Children's Service League.

in this study, early placement was defined as: the placement of a young child by an adoptive agency with foster adoptive parents when the baby is two calendar months or less in age and has not been given a psychological test.

Previous Studies Concerning Early Placement

In 1946, Dorothy Hutchinson³, a member of the faculty of the New York School of Social Work, gave a report at the Annual Meeting of the National Conference of Social Work, held in Buffalo, New York, entitled, "Re-examination of Some Aspects of Casework in Adoption." The report emphasized that the normal dependence of mother and child should be capitalized by adoption agencies through the practice of early placement. The fact was also noted that the natural mother who is giving her child for adoption could seldom be helped by a delayed decision after the baby was born.

Mary Elizabeth Fairweather, supervisor of adoptions for the Children's Services in Cleveland, Ohio, presented a paper at the Annual Meeting of the National Conference of Social Work in Atlantic City, May 1951, on the subject of "Early Placements in Adoption".⁴ The author emphasized that delays in placement of children for the purpose of "protection" for either the child or the foster family was an attempt to provide something which was

³Dorothy Hutchinson, "Re-examination of Some Aspects of Casework in Adoption", Child Welfare League of America Bulletin, November 1946, pp. 4-14.

⁴Mary Elizabeth Fairweather, "Early Placements in Adoption", Child Welfare, March 1952, pp. 5-8.

of no benefit to either one and was a practice for which the general public could well criticize the adoption agency.

In 1952, Kenneth Dick, Administrative Assistant of the St. Louis Family and Children's Agency, conducted an extensive study of early placement problems. He included in his study the findings of Dr. Adrien Bleyer's research project concerning the incidence of defects in the newly born.⁵ The fact that Dr. Bleyer had reported upon 3,150 live births in the St. Louis hospitals and of this number only 3.8 per cent gave any evidence of major defect, seemed very significant to Mr. Dick. "More important was the fact that of these children with defects, there were few instances where medical problems could not have been anticipated from the child's background."⁶

The Child Welfare League of America instigated a comprehensive self study of its member agencies on a nation wide basis in 1948, followed by a Work Shop in 1951 and a third study and Work Shop in 1954-55. In the latter study, all professions were invited to participate including social work, law, genetics, religion and others whose skills are called upon to help with adoptive procedures.⁷

Criteria for Early Placement

Out of these studies conducted by the Child Welfare League

⁵Kenneth Dick, "Towards Earlier Placement in Adoption," Social Casework, January 1955, pp. 22-27.

⁶Dick, loc. cit.

⁷Social Work Year Book, 1957, p. 85.

of America, came criteria for early placement which include the following requirements as essential and desirable for the consummation of early adoptive placement:⁸

1. A plan for early placement must be sound and satisfying to the natural parent or parents with proper legal clearance.
2. A favorable background and medical history of the child should be available.
3. Physical normalcy in the child must be included in the early findings by the pediatrician and staff.
4. Adoptive parents must be available who can accept the unknowns of early placement.

⁸ Ibid., pp. 85-86.

CHAPTER II

A BRIEF HISTORY OF THE AGENCY'S INTERESTS AND ACTIVITIES CONCERNING EARLY ADOPTIVE PLACEMENTS

The Kansas Children's Service League, a state-wide, private child caring agency incorporated in 1893, has always been interested in providing the best possible service to children in the State of Kansas. Although there is minimum documentary evidence to support such a statement, the League has been working toward the practice of early adoptive placement for a long time.

As early as 1942, the supervisory staff of the agency was aware of conditions which did not promote the best practices in adoptive placement. The actual growth and development of the agency itself contributed many of the problems which were evident to the casework staff as they studied the deterrents for the early placement of children in the care of the League.¹

The League had come into being as an agency pioneering in the use of foster boarding homes for the care of children who might otherwise have been required to enter an orphanage or custodial home. Adoption was not popular as it is today and many of the children remained in foster boarding homes for a long time until an adoptive home could be found. Boarding parents received a great deal of satisfaction from being able to watch the growth

¹Personal interview with Miss Marie C. Scott, former Agency Case Supervisor for the League, now Executive Director, August 28, 1958.

and development of a child in their home and they gained a feeling of achievement when the child left their care to go into adoption as an attractive looking youngster. These same boarding parents were unhappy if asked to relinquish the care of a child before there was evidence "that they had done a good job". Because many of the League Boarding Parents served over a long period of time it was hard for them to move with the agency toward the planning for early placements. Those who tried found less satisfaction when asked to care for a baby and then release it with the baby still suffering from colicky spells or before they had been able to watch the child learn to smile and respond to their own display of affection. In other words, the original practices and policies of the agency later became deterrents to possible plans for early adoptive placements.

Another set of circumstances, peculiar to the League, which started as a constructive and cooperative project in the field of child welfare, actually immobilized work for early placement. Beginning about 1934, when the Wichita Child Guidance Center and the Menninger Foundation were becoming well organized for research in the field of infant testing, children in the care of the League were used for testing subjects.² Techniques in testing were developed and information about the rate of development of the babies was gained but soon there was evidence that a

²Sibylle Escalona, "Use of Infant Tests for Predictive Purposes," Bulletin of Menninger Clinic, July 1950, pp. 117-129.

program designed to facilitate proper placement of children actually impeded the process. Psychologists often delayed placement in order to check and recheck their findings.

In 1954, a survey of the services of the League was made by the Child Welfare League of America and examples of needless delay in placement were found. In her report, the consultant³ pointed out, "the reluctance of the Psychologist to say that a child was within normal range delayed placement several months. Even when found normal at three months of age, a request had been made for further testing in order to observe general behavior." The recommendation was made that, "placements be planned without the use of psychological tests if there were findings of normalcy by the staff pediatrician and the social worker".⁴

For more than fifteen years the League had been involved in a psychological testing program for each child in care. It proved to be a long and difficult procedure to break with such planning and to make adoptive placements of very young babies who were too immature for accurate psychological testing.

At the present time the League is moving toward the solution of another deterrent to early placement, namely the formulation of working arrangements with staffs of maternity homes who wish to refer a mother and child for adoptive placement. A plan

³Virginia Speirs, Published Survey of Child Welfare League of America for the Kansas Children's Service League, (1954), p. 28.

⁴Ibid., p. 29.

now enables a staff pediatrician from the Agency to examine the child soon after birth without waiting until both mother and baby leave the Home. Since a child of two or three days of age can show evidence of natural endowment,⁵ it is the belief of the staff that early placements can be substantially increased with such arrangements.

⁵Geoffrey Martin, M.D., Director of Maternal and Child Care, Kansas State Board of Health, lecture at League office, January 5, 1955.

CHAPTER III

PLAN FOR MAKING THE STUDY OF THIRTY-TWO CASES

Purpose

The outlined purpose of this study was fourfold:

1. To explore the evidence for recommendation and for caution regarding the early adoptive placement of children by the League.
2. To observe the incidence of health problems which exist at the time of placement or which develop following early placement.
3. To note significant relationships concerning the age of the child when first examined by the pediatrician and the time intervals between subsequent steps in the adoptive placement process.
4. To initiate a research study of early placements which can be used as a preliminary study of agency cases available for more extensive study and follow up after the children have reached various levels of development.

Scope

The focus of this study was limited to the problems and policies of a single agency. Because no early placements were made by the League prior to 1954, the time limitations for material used will of necessity begin with that year. Since the agency holds custody of each child during a twelve month's supervisory period following placement and since legal adoption cannot be consummated

without the League's consent, only those cases were included in this study where placement was made on or before December 1957, with the expectation that consent for adoption will have been given as of the time of this study in 1958-59.

In anticipating the study of these thirty-two cases many questions came to mind which could not be included for lack of time. For example, it would have been useful to know more about the age, education, employment and previous experience of persons who were willing to accept the unknowns of a very young child born to someone else.

The legal aspects of each case could well be a study in itself. The date that the mother made her decision as related to the date that the child went into placement could be of considerable concern because there are "slips and delays" which cannot be anticipated until an agency has the assigned right to take steps to gain legal clearance for the child. If the mother is a "married unmarried mother", legal problems are multiplied and plans for placement must be delayed until all parties concerned can be reached and proper procedures completed.

The problems of pressure of work within the agency can be recognized as a real deterrent to the practice of early placement. Table 1 shows that during the year of 1956, when the greatest number of children were placed for adoption, fewer early placements were made. Such situations as summer vacations, size of case load, winter weather conditions within a community could well be deterrents to early placement.

For this study, specific medical aspects were the chief concern. The age of each child was determined by the dates when first examined by the staff pediatrician, when approved by the doctor as a candidate for adoption, and when the child was placed with his new adoptive foster parents. Medical records on each child were examined for information prior to time of placement, at the time of placement and during the supervisory period. Illnesses and other problems were noted along with the method of treatment and handling of the troubles by the foster parents and/or the agency.

Material and general information about the mother's health prior to the child's birth were examined in connection with problems from which the child might suffer. Special attention was given to the background history of the one child who was apparently normal at birth but was later found to be Mongoloid.¹

Method

Case finding for this study was of major concern and necessitated searching the agency's master file of all completed adoptions which included placements since 1893.² Fortunately a change was made in the color of the file cards in 1940 which indicated the more recent cases. In order to further expedite case finding, staff members were questioned about their knowledge of

¹See Chapter VII, A Special Study of Case Number 10.

²Placement of a two year old child in Rice County, October 1893, was first adoptive activity recorded in files.

very young babies who might have been placed for adoption through the agency. None could be recalled prior to 1951. The search was then arbitrarily limited to 1960 and for placements which were made at three months or less in age.

Records of two babies were found whose age when placed was approximately three months. These two placements were made by the agency in 1951. No early placements were found in 1952. In 1953, records showed the placement of three infants who were under three months but over two months of age. Not until 1954 was an adoptive placement recorded of a child less than two months old at the time of placement.

In addition to locating records of children whose adoptions were completed, and in order to learn of any children who might have been placed for adoption and then removed from the home, a cross check was made using yearly and monthly reports for the years 1954 through 1957. Only one such case was found, a baby girl who appeared normal at birth and at the time of placement but later showed Mongoloid traits.

Following the case finding of all children who had been placed by the agency at three months of age or younger, a brief survey of the records revealed that some of the babies who had been placed at three months had been approved for adoption with an evaluation by a psychologist. In order to rule out the variable of psychological testing, the group for this project was limited to all babies placed by the agency from 1954 through 1957, on or before the child was two months or less in age. None of these

babies had been given psychological evaluations. Thirty-two cases constituted the universe for this study.

Table 1 shows the distribution of early placements by years and the total number of adoptions made by the League each year during the four year period. It can be observed that early placements are less than 10 per cent of the total placements for this period of the agency's service.

Table 1

TOTAL ADOPTIVE PLACEMENTS BY YEAR, NUMBER AND SEX OF EARLY
ADOPTIVE PLACEMENTS 1954 THROUGH 1957

	Total All Ages	Early Placements (2 mos. or less)	Boys	Girls	Removed
Totals	353	32	14	18	1
1954	66	1	...	1	...
1955	86	8	2	6	...
1956	106	7	2	5	1
1957	95	16	10	6	...

In order to facilitate the gathering of information about each child a schedule was devised for use in studying the individual cases. No personal contact was made with any child or adoptive parent for the purpose of gaining information for this study. However, agency case workers who worked with the children and their supervisors were questioned about material which might not have been recorded in the case file.

Fortunately each child's case included information about

the natural parents, the service given to the natural mother and the medical records of the child from birth or from the date the child was placed in the care of the League. Chronological recordings of the child's development in the boarding home, a description and recording of the choice of family for the child together with a record of all supervisory visits and contacts with the adoptive family prior to the legal adoption of the child provided a very complete picture of the adoptive processes in action. Medical examinations which were required at the termination of the supervisory period were available for comparison with the last examination of the child by the staff pediatrician just before the child was placed in the adoptive home.

The schedule³ for recording included general information concerning vital statistics; name, birthdate, sex, the name of the adoptive family, the address and the date when the child was placed in the adoptive home. The date that the natural mother was referred to the agency for service was also recorded.

Each case was given an identification number which indicated the chronological order of the placements over the four year period. Following the ID numbers which ran from one to thirty-two, a year was also indicated for ease in identifying and handling of the case material. For example, Case number fifteen-fifty-six would indicate that this particular child was the fifteenth child to have been placed at two months or younger and

³See Appendix A for copy of Schedule.

the placement was made in 1956. On the schedule there was also provision for the agency file number of the case in order to have some means of knowing the particular office from which the case originated.

In gathering medical information the date and age of the child was recorded at time of first examination, approval for adoption and adoptive placement. From these dates and ages the lapse of time between the three activities could be computed for each individual case.

General questions were used for gaining information about illnesses and problems. The foster parent's attitudes during the supervisory period were noted. In case of an illness which might be of an hereditary nature, the case history of the mother was given particular attention.

If the adoption had been completed, the date of legal action was recorded. If adoption did not take place or was delayed, this fact was also noted.

Through the use of these schedules, much more information was gathered than could be used for this study. The completed schedules and the list of the three month age group of placements will be held in tact in order to facilitate later studies concerning early placements.

CHAPTER IV

AGE OF INFANTS AS RELATED TO PROGRESSIVE STEPS IN ADOPTION

In planning this initial study of thirty-two early adoptive placements by the Kansas Children's Service League, a chief concern was to gather information about the length of time the natural mother was known to the agency before the birth of the child, the age of the child when first examined by the agency's staff physician, the age of the child when found to be a suitable candidate for adoption and the age of the child when placed in an adoptive home. When this material was available and tabulated from the study of the cases, calculations were made in order to compute the lapse of time between each step in the adoptive process. The material included in this chapter will not only pertain to the questions on the schedule but will also include tabulations concerning the time lapse between the date when the child was first examined and the date of approval and subsequent steps in the adoptive placement process.

Length of Time That Mother Was Known to the Agency Prior to Birth of the Child

By observing and recording material from the case records concerning the natural mothers of the babies in this study, it was learned that some of the mothers were not known to the agency prior

to the birth of the child. Records revealed that twenty-five of the thirty-two mothers were given care in maternity homes before the birth of the child. Five others were delivered in hospitals. One mother was known to the agency but chose to be confined at her own home, while another mother, unknown to the agency, delivered her own baby, unattended, and then called the agency for help.

Table 2

LENGTH OF TIME BY MONTHS MOTHER WAS KNOWN TO AGENCY PRIOR TO BIRTH OF CHILD 1954 THROUGH 1956

Length of Time	Number of Cases
Total	32
Unknown prior to birth of child	4
Known to agency less than 1 month	1
Known to agency 1 to 2 months	8
Known to agency 2 to 3 months	3
Known to agency 3 to 4 months	10
Known to agency 4 to 5 months	4
Known to agency 5 to 6 months	2

Median length of time - 3 months.

Age of Child at Time of First Examination
by Staff Pediatrician

Tabulation of the ages of the thirty-two babies at the time of first examination showed a range of three to fifty-four days. The median age for first examination was seventeen and one-

half days. Five out of the thirty-two babies were seen for the first time at sixteen days of age. This age was also the mode. It was noted that all thirty-two children had been seen by the staff pediatrician within a week after coming into the care of the agency.

Table 3

AGE BY DAYS^a OF CHILD AT TIME OF FIRST EXAMINATION 1954 THROUGH 1957

Age by Days	Number of Cases
Total	32
1 - 9 days	5
10 - 19 days	15
20 - 29 days	6
30 - 39 days	4
40 - 49 days	1
50 - 59 days	1

^aYoungest child 3 days, oldest 54 days.

Median age - 17.5 days.

Age of Child at Time of Approval
as Adoptive Candidate

A tabulation of ages at time of approval shows a numerical range of eight to fifty-four days. The median age was thirty-seven and one-half days and the mode was thirty-one days. There seemed to be no observable reason for this wide range in age for this step in the adoptive process other than the fact that approvals did tend

to come on clinic days which were scheduled for the middle of each week (Wednesday) and approvals tended to follow either one, two or three weeks after the first examination.

Table 4

AGE BY DAYS^a OF CHILD WHEN APPROVED FOR ADOPTION 1954 THROUGH 1957

Age by Days	Number of Cases
Total	32
1 - 9 days	1
10 - 19 days	1
20 - 29 days	5
30 - 39 days	12
40 - 49 days	9
50 - 59 days	4

^aYoungest child - 8 days, oldest 54 days

Median age - 37.5 days

In nine cases the approval for placement was given on the same day that the pediatrician made his first examination of the baby. This "double step" was taken when the babies ranged in age from eight to fifty-four days in age.

Age of Child at Time of
Adoptive Placement

By observation of Table 5¹ and from tabulations of the

¹See Table 5, p. 20.

respective ages of the babies at the time each was placed for adoption, a range of twenty-nine to sixty-one days was noted. The median age for placement was fifty-two days and the mode was forty-eight days. With the exception of the one child who was placed much younger than the others, at twenty-nine days of age, all the babies were placed within a range of thirty-six to sixty-one days.

Table 5

AGE BY DAYS^a OF CHILD WHEN PLACED IN ADOPTIVE HOME 1954 THROUGH 1957

Age by Days	Number of Cases
Total	32
25 - 34 days	1
35 - 44 days	5
45 - 54 days	15
55 - 64 days	11

^aYoungest child - 29 days, oldest 61 days.

Median age - 52 days.

The above data reveal that no child was placed younger than four weeks of age. There seemed to be little or no significant relationship between the ages of the child when first seen by the pediatrician and the age that the child was placed in an adoptive home. The child who was seen first at three days by the staff physician² was not placed until sixty-one days of age, while a

²See Table 3, p. 18.

child not seen until fifty-four days³ was also placed at a similar age.

Lapse of Time between Steps in
the Adoptive Process

Because so little was gained from the study of the relative ages of the children at the time of examination, approval for adoption and placement, tabulations were made of the lapse of time between each step in the placement process.

Table 6

LAPSE OF TIME BY DAYS^a BETWEEN FIRST EXAMINATION AND APPROVAL FOR ADOPTION 1954 THROUGH 1957

Lapse of Time	Number of Cases
Total	32
0 - 7 days	12
8- 14 days	3
15 - 21 days	8
22 - 28 days	3
29 - 35 days	5
36 - 42 days	...
43 - 49 days	1

^aNine babies were approved on the same day that they were first examined by the staff pediatrician.

Median time lapse - 15 days (two weeks).

³Ibid.

Table 7

LAPSE OF TIME BY DAYS^a BETWEEN FIRST EXAMINATION AND PLACEMENT
1954 THROUGH 1957

Lapse of Time	Number of Cases
Total	32
0 - 9 days	1
10 - 19 days	5
20 - 29 days	7
30 - 39 days	11
40 - 49 days	7
50 - 59 days	1

^aLeast time lapse - 7 days (1 week). Longest, 58 days.

Median time lapse - 31 days (1 month).

Table 8

LAPSE OF TIME BY DAYS^a BETWEEN APPROVAL FOR ADOPTION AND PLACEMENT
1954 THROUGH 1957

Lapse of Time	Number of Cases
Total	32
0 - 10 days	10
11 - 20 days	17
21 - 30 days	5

^aLeast time lapse - 2 days.

Median time lapse - 14 days (2 weeks).

This study of the lapse of time between approval and placement was a little more significant although the range was two to thirty days. A study of the case of the one child placed two days after approval indicated that the placement might have been made earlier if the doctor could have been reached for his final approval. Legal clearance had been arranged, a home had been chosen but this baby happened to have been born during a period of extreme winter weather when transportation of babies to clinic was unwise if it could be avoided. Hence the unusual timing of approval and placement for this child.

No attempt was made to determine the circumstances of the other thirty-one cases in relation to the timing of approval and placement. No doubt the weather conditions could have been an important factor, especially for those babies placed during the winter months.

The median time lapse between approval and placement was fourteen days and this could be viewed as having some significance since twenty-four out of the thirty-two babies were placed within two to three weeks after approval as a candidate for adoption.

Summary

Through the observation of findings from the tabulations of ages of the children, an early and tentative conclusion from this limited study might be drawn that there has been little, if any, significant relationship between the age of the child when first seen by the physician and the age of the child when placed

in an adoptive home. However, upon examination of the findings concerning the lapse of time between each step in the adoptive process, a pattern of activity emerges which could be used as a guide for future planning. Since the median lapse of time from examination to approval was approximately two weeks, followed by another median time lapse between approval and placement of approximately two weeks, there could be an expectation of progressively more early placements by five or six weeks of age, provided that the children were made available for examination by the pediatrician soon after birth.

CHAPTER V

MEDICAL PROBLEMS AT TIME OF ADOPTIVE HOME PLACEMENT

In studying the case histories of these thirty-two infants, there was considerable evidence that so called "perfect babies" did not exist and therefore should not be expected to be available to prospective foster parents. Furthermore, even though a child might appear to be without blemish on the day of placement there could be no assurance of continued "perfect health".

All thirty-two cases met the criteria for early placement,¹ yet eleven of the babies had some illness or problem which was considered to fall within the range of normalcy by the examining pediatrician when he gave his approval of the child as a candidate for adoptive placement. These eleven cases were subjects for special study of background material which might give some history or "predisposition" for the problem or illness of the infant. In only one case was there any significant finding. An infant girl, Case number twenty-eight - fifty-seven, who suffered from a skin allergy was known to have an older half sibling with a similar allergic condition.

Five of the babies who were found to have some problem at the time of placement, were suffering from a skin or food allergy.

¹For Criteria see Social Work Year Book 1957, pp. 86-87.

For these five babies, new parents were chosen who had some knowledge and understanding of allergy, and were willing and able to help the child by giving love and care.

One of the eleven babies had been born with Pectis-ex-cavatum, commonly called "Shoemaker's Chest" which can be described as a deep depression of the mid-line chest bone. As this is not a disabling defect, the physician saw no reason to withhold his approval for the child's early placement.

Umbilical hernia is not uncommon in young babies and often heals spontaneously.² There were two examples of this defect among the babies in this group. There was also an example of an infant boy with a hydrocele. In this case the pediatrician felt that the lesion would probably heal itself and found no reason to delay placement. Again it was noted that prospective parents for these children who had some defect, were chosen with consideration given to the fact that the prospective adoptive mother and father had knowledge or experience with such problems.

Eye problems or eye conditions in a very young child are often of major concern to prospective foster parents, yet two children in this group of thirty-two babies had eye defects. One baby had an eye that turned in slightly and the other baby was recovering from conjunctivitis at time of placement. Both babies were placed with parents who felt comfortable about such problems.

² Albert F. Samuelson, M.D., Resident, Topeka Veterans Administration Hospital, interview, March 11, 1959.

In both instances the condition healed or modified spontaneously.

Birthmarks, discolorations and contusions from forceps delivery are problems and conditions which must be faced in the placement of very young infants. One child in this group still showed contusions on the head at time of placement but his new parents felt that "he was their boy, marks and all".³

Table 9

INCIDENCE OF PROBLEMS OR ILLNESS AT TIME OF PLACEMENT OF THE THIRTY-TWO INFANTS, 1954 THROUGH 1957

Problems or Illness	Number of Cases
Total	32
Eye Problems	2
Hydrocele	1
Umbilical Hernia	2
Food Allergy	4
Contusions	1
Shoemaker's Chest	1
No Problems	21

All of the defects and illnesses found among these thirty-two babies at the time when they were placed in adoptive homes were considered to be within the range of normalcy for children of this age. Eleven children had some problem, twenty-one had none.

³ID Case # 31-57.

The medical records of the eleven who had some illness or problems at the time of birth revealed that six of the babies soon recovered from their early health problem and remained free of further troubles during the supervisory period. However, five of the eleven babies who suffered with some kind of problem at the time of placement also presented additional problems within the first year of life. These five cases will be discussed in the subsequent chapter.

CHAPTER VI

PROBLEMS AND ILLNESSES WHICH DEVELOPED FOLLOWING ADOPTIVE PLACEMENT

It has been the experience of the writer that many adoptive parents are not only concerned with what may be wrong with the baby at time of placement but what may develop in the future. One purpose of this study was to find out what did happen to these thirty-two babies during the time they were cared for in their new adoptive homes prior to the formal legal adoptive hearing. Usually this period of time would be twelve months unless it were shortened by mutual planning between the agency and the foster parents in order to meet some special need.

In the case study process, fifteen children out of the thirty-two were found to have developed some kind of illness or problem which did not exist or was not in evidence at the time of placement. Eleven of the babies, or approximately one-third of the group, had no illness at any time during the first fourteen months of life. Also, the study gave evidence that many problems which were noted at the time of placement, healed or modified spontaneously without special medical care. These findings could lend support to expectations of good health for young babies placed early in their adoptive homes.

Five Cases in Which the Problem
or Illness at the Time of Placement
Was Followed by Additional Problems
after Placement

The following five cases were mentioned in the previous chapter as those who had some problem at the time of placement. They are briefly described here as examples of children who presented more than the usual number of difficulties during the first year of life.

Case # 19-57. Baby Girl _____ had an umbilical hernia at the time of placement. The hernia healed spontaneously but the child developed an allergy to oranges. This was handled by eliminating the food.

Case # 20-57. Baby Girl _____ also had an umbilical hernia at the time of placement and later had difficulty with a tight rectal sphincter. Both sphincter and hernia modified without treatment.

Case # 14-56. Baby Boy _____, who was born with "Shoemaker's Chest", managed to swallow an open safety pin. With medical advice from the family physician and considerable concern on the part of the new parents, the pin was recovered three days later in the feces.

Case # 12-56. Baby Girl _____ had suffered with skin allergy at the time of placement. Soon after becoming a part of her new family she developed persistent colds. She did not seem to develop at the same rate as the older foster sister whose record had been kept meticulously by the adoptive mother. Relatives of the family remarked, "This baby may be a lemon". It was not until the child was over nine months old that she began to compare favorably with the accomplishments of the older sister at a similar age. The social worker in her visits gave support to the parents by her suggestions that all babies do not develop at the same rate and that each child needed appreciation for itself. The adoption was completed at the request of the parents who had become very fond of the "two daughters". However, the record made note of the mother's statement, "I certainly wouldn't want another child, my hands are full with two".

Case # 11-56. Baby Girl _____ suffered with food allergy at the time of placement. Later she was found to have Bilateral Metatarsus Varus and Tibial Tortion (Pigeon-Toed). Orthopedic treatment was recommended by the family doctor who referred the child to a specialist. Casts were placed on the legs when the baby was four and one-half months old. Six weeks later when they were removed the child not only preferred to stand most of the time but soon learned to walk and completely missed the crawling stage. She seemed to be accelerated in speech and general ability. The family felt that she was an excellent match for her older brother who had also been adopted through the agency. The allergy which had been evident at time of placement soon disappeared.

In addition to the problems faced by the parents of the above mentioned children, there were ten other sets of parents who had troubles to face after placement which were not in evidence or were not anticipated at the time of placement.

Among these additional ten cases with problems which developed after placement were measles, persistent colds, food allergy and one case of pink eye. One child in the group who had appeared normal at birth was found to be Mongoloid. Two babies, both boys, required extensive hospitalization and medical care for their problems. One child was treated for diarrhea and the other baby boy was hospitalized for the removal of a growth in the urethra.

In the cases of these two baby boys who required hospitalization, there was not only the stress of the illness but the trauma of separation from their new parents which caused unhealthy responses on the part of each. The children felt deprived, deserted, and fearful while the parents suffered from feelings of anxiety, guilt and fear. They became overly protective of the ill child.

All were helped to recover from their unhappy experiences through casework service by the agency social worker. There was no evidence that these parents held any regrets about having assumed responsibility in caring for their children, in fact, each of these parents continued to be enthusiastic about having a tiny baby for adoption and wished to apply as soon as possible for "another little one".

Table 10

INCIDENCE OF PROBLEMS AND ILLNESSES WHICH DEVELOPED OR BECAME EVIDENT AFTER PLACEMENT OF THIRTY-TWO INFANTS, 1954 THROUGH 1957

Problems and Illnesses	Number of Cases
Total	32
Food Allergy	3
Tight Sphincter	1
Swallowed Safety Pin	1
Orthopedic Problem	1
Slow Physical Development	1
Measles	3
Persistent Colds	3
Pink Eye	1
Mongolism	1
No Problems	17

In all fifteen cases where problems developed after placement there was no instance of marked rejection on the part of the

adoptive parents. With the exception of the little girl who was found to be Mongoloid, all the babies were legally adopted by their new parents. The children received much love and affection as evidenced by the fact that there were many references to the identification of the child with members of the family. In all cases, medical care and treatment were forthcoming with full cooperation on the part of the adoptive parents. With the one exception of the family who had some difficulty in accepting the little girl who did not measure up to all the accomplishments of an older sister at a comparable age, each family was ready and willing to apply for another very young infant.

The study of these fifteen babies who developed illnesses and problems after placement, also produced no evidence that any of these problems could have been anticipated from medical or background history on the child. Findings include material for the assumption that it would seem well for prospective adoptive parents to be prepared to accept most everything or anything in the way of illnesses or problems in their child even though the baby may be perfect at the time of placement.

A caution may be in order from the study of Case Number twelve - fifty-six.¹ It might be wise to give careful evaluation to any family who shows an unusual interest in keeping of detailed records on a child's development with the tendency to make comparisons with other children in the family. If such a family were

¹See Case # 12-56 described on p. 30.

34.

approved for a second child, a baby of the opposite sex might
fare better in the home.

CHAPTER VII

ONE SPECIAL CASE, A MONGOLOID CHILD

This case has been made the subject of special study because it represents the unusual in child adoption agency experience. Of particular interest was the fact that the adoptive parents, who suffered much as the result of this unfortunate circumstance, could recognize and verbalize the thought that such a child as this one might have been born to them. They were willing to care for the child indefinitely if such a plan were best for the baby.

Case # 10 - Female

Baby Girl _____ was born in a maternity home where her mother was given excellent care and counselling by an agency worker before the birth of the child. The child's mother was an attractive, intelligent young woman who had plans to continue her college work when possible to do so. She had fallen in love with a young man of rather high aspirations who wished to complete his education for a professional degree before he should marry and assume family responsibilities. He acknowledged paternity of the unborn child and shared the mother's concern that the baby be placed in an adoptive home where higher education would be encouraged.

When the baby was born she was a full term well developed dainty looking little girl who weighed five pounds, nine and one-half ounces. The natural parents asked the agency to assume responsibility for the baby and the child was placed in a boarding home as soon as the mother was released from the maternity home. The baby was first examined by the staff pediatrician when the child was sixteen days of age. She was found

to be a well developed, white, female child with no infections and no anomalies.

The boarding mother was especially fond of the child and described her as a delicate feminine looking baby. She was pleased when told that the baby could go into early placement. The staff physician approved the baby for adoptive placement when the child was twenty-three days old. Since legal surrender had been completed there was nothing to retard an early placement except the choice of a home for the baby.

In choosing a home, the chief concern was to find one which might be comparable to one which the child might have had if her parents had chosen to marry and care for the baby. A professional man's family was decided upon and the prospective new parents were advised that the child was less than six weeks old and had not been given a psychological test. A tentative plan was suggested whereby an appointment would be made for a test at a later date unless for some reason the new parents chose not to request it.

Baby Girl _____ was placed with her new family when she was thirty-six days old. She was a lovely looking child in her fancy clothing provided by her new mother and daddy. Soon after reaching her new home she was observed and admired by friends and relatives who remarked about her attractiveness. The family doctor assured the young couple that they had received "a very fine baby".

Due to weather conditions, no supervisory visit was made in the home until the child was about three months old. The baby had doubled her weight but there was something wrong. The baby could not hold up her head. The parents remarked about this fact but explained that their family doctor had suggested that they not be concerned about it since children develop at different rates and they should not feel compelled to compare their baby with other children of similar age.

When the worker returned to the agency office her report stated: "Child felt limp. Is not normal. Hands and feet appear stubby, tongue lolls. Child persists in lying in frog like position much of the time."

Personal contact was made with the family physician who admitted that he had not shared his findings

with the family because he hoped that his diagnosis of Mongolism would be incorrect.

Another visit was made to the adoptive home at which time the findings of the social worker and the family physician were shared with the foster parents. At first they were shocked but then they began to accept the fact that they had been denying to themselves that they knew that their baby was "not right". They inquired what might be best for the child. They loved the baby very much and offered to adopt her and provide whatever was needed in the way of care.

The agency recommended that an appointment be made for a psychological test and if the findings concurred with the present appraisal of the problem, the baby should be returned to the agency who in turn could plan for institutional care as needed.

The test was made by the psychologist and the findings were "Mongolism with much mental retardation". The baby was returned to the agency immediately following the examination.

This experience was quite sobering for all concerned. The agency tried to assure the couple that they had been good parents for the child because they had met the needs of the baby. The foster parents were broken hearted for a period of time and then made application for another child, indicating their choice for a very young infant.

Staff members of the agency asked themselves and each other, "How could it happen? How could a child of five weeks appear so normal and later show Mongoloid characteristics?" The records were searched for possible clues. The background information was reviewed. The natural parents were not contacted but the worker who knew the mother was questioned about any information which she might have failed to record.

The baby's placement worker was able to remember that the

child had seemed a bit different and "flopped" on the bed during the preparation for placement. The child had been so small that the worker had attributed the actions to immature development and had not recorded this observation in the case file.

Obviously no one person had "made a mistake". The psychologist offered the information that, "at times it is difficult to diagnose such a condition prior to four or five months of age".¹

Summary

This case can be listed as an example of a good family background which did not produce a "perfect baby". A second observation can be made that a team, including doctor, nurse, social worker and supervisors was not able to determine, accurately, the needs of a child at two months of age or less. Third, it may be noted that the adoptive parents in this case did not need to be protected from truths about their child, and they were willing and able to provide what was needed for the child. A fourth observation corroborates the statement of the psychologist that Mongolism cannot always be determined prior to four or five months of age.

¹Wichita Child Guidance Center Report, May 2, 1956, included in case file ID # 10-56.

CHAPTER VIII

SUMMARY AND FINDINGS

This study of thirty-two early infant adoptive placements by the Kansas Children's Service League during the period 1954 through 1957 has been a means of producing a comprehensive picture of what has happened within the agency's program and practice concerning early adoption. Prior to 1954, no early placements had been made by the agency.

Early adoption, for the purpose of this study, was defined as: The placement of a young child by an adoptive agency with foster adoptive parents when the baby is two calendar months or less in age and has not been given a psychological test.¹

The circumstance of each child within this group was found to meet all criteria for early placement.²

The stated purpose for this study was fourfold: (1) to explore evidence for recommendation and caution regarding early placement, (2) to observe health problems which developed before and after the time of placement, (3) to note significant relationships concerning the age of the child at the time of the first

¹See Chapter I, p. 1 Definition.

²See footnote 8, Chapter I, p. 4 Criteria.

medical examination, the approval for adoption, and the adoptive placement, and (4) to initiate a study which could be continued over an extended period of time for the purpose of follow up studies regarding agency practice in adoption.³

Findings from this study of thirty-two early adoptive placements provide evidence that out of thirty-two placements only one failed to be consummated by legal adoption. In this one case, the child was removed from the home after there were findings of Mongolism. However, the family was not discouraged by their unhappy experience. They soon applied again for another child indicating their desire to have one "as young as possible".

With one exception, that of the little girl who did not measure up to all the early expectations of the family, each child in this group was accepted, loved, given excellent medical care as needed and was quickly identified with the family. Each child became an important member of a new family constellation.

Due to the limited number of cases included in this study, few generalizations can be made. Findings would seem to justify a recommendation for early placement, at least in so far as the attitudes of the new adoptive parents were concerned.

No doubt the agency should continue to be alert to the need for caution in determining the eligibility of each child for early placement planning. This study points out the importance of the observations of all persons caring for a child and emphasizes the fact that adequate communication concerning the find-

³See Chapter III, p. 9 Purpose.

ings by any one individual is imperative for maximum service to a child.

The study of the incidence of health problems in these thirty-two cases tends to show that people who adopt children may expect to experience considerable stress and strain as they try to care for their child through the first year of its life. Out of this group of so called normal babies, eleven had some illness or problem at time of placement. Of these eleven, five were found to have added to their troubles by the development of additional illnesses or problems after placement. Out of thirty-two cases there were fifteen babies who had problems or illnesses which developed or became evident after placement and prior to legal adoption. Only eleven of the thirty-two escaped without some illness or particular problem during the first year of life.

Although no control group was used for this study, an assumption might be made that these thirty-two babies probably developed no more illnesses than do a similar number of babies who remain with their natural parents. If so, the adoptive parents "don't miss a thing" in their experience of rearing a family. They can feel on an equal with their neighbors who may be struggling through the vicissitudes of being new parents to their own children.

The findings and observations concerning the relative ages of the child at times of first medical examination, approval for adoption and placement were not very conclusive. There seemed to be no significant relationship between the age of the child at

the time of first examination and the age at time of placement.

Recognition should be given to the fact that there must be a progression of events in the adoptive placement process which includes gaining authorization for the first examination, followed by legal clearance of the child if found to be a suitable candidate for adoption. While a choice of home for a child might be anticipated by the agency worker who is in contact with the mother before the child is born, agency procedure usually includes the pooling of information about both child and prospective adoptive families when the actual choice of a home is made for a particular child and such things as "conferences" are time consuming. All these matters would preclude the placement of babies immediately following birth.

In thinking through the circumstances which may surround the steps in the adoptive process, a study was made of the lapse of time between the steps in order to determine any way or means which could be used to shorten the total time required for the entire process. More significant than the findings from the study of the ages of the children at the time of each step was the information gained from the observations concerning the lapse of time between the steps of the adoption process. Findings indicated that the median time lapse between first examination and approval was fifteen days,⁴ while the median time lapse between approval and placement was only fourteen days.⁵ The sum of these

⁴See Table 6, p. 21.

⁵See Table 8, p. 22.

two medians approximates the findings of a median time lapse of thirty-one days between first examination and placement.⁶ Therefore, it would seem probable that if the first examination could be accounted for at an earlier age than the current findings indicate as the median age for first examination (17.5 days)⁷ then the age at time of placement could be substantially decreased and babies might have the opportunity to have "parents-for-ever" at a much earlier time and age.

The special study of the Mongoloid child was thought provoking when considered as the "unusual" in child placement.⁸ However, when the case was considered as an example of something that can happen anywhere, that is, it could happen in the case of a child living in the home of natural parents, then it presented as many factors on the side of recommendation for early placement as it called forth cautions. Admittedly, this case was a traumatic experience for all concerned. Nevertheless, the child was the recipient of much love and affection while in the adoptive home and was removed at the recommendation of the agency. The wisdom of this action might be debatable but was in conformance with agency policy at the time. Of more significance is the finding that the family receiving the handicapped child did not have to be protected from truths about the child and the foster parents were willing to

⁶ See Table 7, p. 22.

⁷ See Table 3, p. 18.

⁸ See Mongoloid Child, Chapter VII, p. 35.

re-invest themselves in another very young child with full cognizance of the unknowns of such an undertaking.

In conclusion it can be stated that while the study of these thirty-two early adoptive placements may not have produced sufficient evidence to predict a high percentage of success in early placements, still there was minimum evidence which could be considered as a deterrent to early adoptive placement planning by the Kansas Children's Service League.

APPENDIX A

SCHEDULE FOR CASE STUDY

ID # _____

AGENCY CASE # _____

Sex of child _____

1. Child's name _____ Birthdate _____
2. Adoptive family _____ Address _____
3. Date of placement _____ Age in days _____
4. Date mother of child was referred for service _____
5. Age of child when first examined by staff pediatrician _____ days.
6. Age of child when approved for adoption _____ days.
7. Age of child at time of placement _____ days.
8. What abnormalities were noted in the child at time of placement?

9. What illness or problems developed after the child was placed?

10. Could any of these illnesses or problems have been anticipated from the background information on the child? Describe.

11. What was the attitude of the adoptive parents toward these problems or illnesses which developed after placement? Describe.

12. Was the adoption completed? Give date. _____
If not, why not? Explain.

APPENDIX E

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