

CRITERIA FOR THE SELECTION OF OLDER CHILDREN FOR ADOPTION*

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THE concept that an adoptive home is available for each child who is available for adoption has been gaining nationwide impetus in the child welfare field. A genuine and positive concern for the "more difficult to place child" reflects a growing awareness on the part of agencies that it is possible to work within the limitations sometimes imposed both upon us and upon the children who have thus been categorized. This paper describes briefly what some of these limitations are, how they have developed and how we in the child care field can best discharge our responsibilities towards one specific group within this category—the older children. Child care agencies have always been involved to some extent with the adoptive placement of older children. At the present time, however, it would seem as though there has been a marked increase in the number of children who can be placed for adoption despite the fact that they may have outgrown what had traditionally been considered the ideal age for placement. Although a quick backward glance reveals that at the Louise Wise Services, a 15-year-old girl was

the oldest child placed for adoption, this paper will be limited to children from pre-school age to pre-adolescence. The specific problems inherent in adolescence, it is felt, may serve to isolate this group from the total group of older children.

We may well ask ourselves who are these children and where do they come from.

These are children who, for the most part, have been deprived of living with their own parent or parents either from infancy on or as the result of a crucial situation in the family. They are children for whom a rather temporary living arrangement away from their families has developed over a period of years into permanent separation. They are frequently the children deprived of the opportunity of adoptive placement at an early age by the irresolvable conflicts of their unwed parents. Many of them have had several sets of substitute parents. Some have been exposed to a combination of early institutional living followed by several foster home experiences. They are children of divorced, separated or mentally ill parents. Over an extended period of time, usually years, initial interest by one or both parents in perpetuating a relationship has consistently diminished until even

the slightest semblance of a parental tie no longer exists. In some instances, where death of one or both parents has abruptly and completely severed this tie, planning by relatives initially excludes adoption and unfortunately does not always include a wholesome, constructive living experience. While interest on the part of relatives may wane, initial motivations which militated against early separation create technical and legal problems, prolonging the period of uncertainty in planning. Case loads in foster home agencies and residential institutions carry over from year to year those children who are bound by complicated legal ties to disinterested relatives. Courageous attempts on the part of some agencies in behalf of these children has resulted in earlier consideration of adoption and, through concentrated efforts, some resolution of legal involvements has been achieved. The adoption agency itself still has to face the inevitable final approval of the courts where again the best interests of the child frequently compete with what is considered judicially sound.

Nevertheless, and though many of these children are still caught in a web of legal complications, an increasing number are finding their way to the doors of adoption agencies. It has also been our experience, more recently, that several times during the year, we have been asked to find homes for family groups of 2 or 3 children. In these instances we find, just as in the case of the adolescent, that siblings, as well as single children for whom adoptive homes must be found, present many variables. There are intellectual, physical and personality differences. Not one is the fantasied "ideal child" who glides easily into an adoptive home by virtue of the fact that he has been made available for adoption. In most instances and with practically no exceptions, these

children are the stereotype of the child who needs love, acceptance and real understanding. Each child brings with him his own peculiar capacities and limitations, challenging our responsibilities towards him—namely our evaluation of him and his individual needs. Only as we are able to understand these needs can we move forward intelligently towards the sense of belonging and security which emerge for a child from his permanent placement with the right family.

We are impressed with the frequency of interferences with the normal maturation process which we know creates serious hazards for well integrated personalities. Current evaluations of intellectual endowment therefore need to be minimized and we must feel satisfied for the most part that a capacity to achieve normal or even limited intelligence exists. Patterns of behavior are equated with past experience and we meet a child who, in some form or another, demonstrates how he has met the rejection, hurt or neglect which befell him. We recognize his fears of the unknown and the variations in his capacity to trust close relationships. We anticipate either before or after placement signs of regression—feeding problems, temper outbursts, destructive or negativistic behavior, restless nights or a completely passive defensive structure.

We know only too well the gamut of forms of behavior which express the basic philosophy that a child's security should not be tampered with. Repeatedly we find ourselves observing almost axiomatically that the child who has had consistent opportunity for early healthy identification with parental figures moves on with less problem to adoption. Nevertheless, the child who has had positive emotional ties from which he has had to be separated still makes the task of placement a difficult

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one. His recollections of pleasant memories are vivid and the dilemma in which he finds himself is as equally bewildering to him as to the child who has had much earlier traumatic experiences. Understanding his needs may be simplified by the fact that the number of important people and experiences in his life were proportionately more consistent but each one, in direct proportion to his age, presents himself with a similar challenge. He relinquishes his previous identities slowly. He keeps his first name; memories of his past also fade slowly. His immediate past, generally after placement, is talked about and used in varying degrees, lengths of time and purpose. We have witnessed this in a child as young as 2½ years of age who, for days immediately after placement in the new adoptive home, refused to part with a coat her mother had given her and walked around either wearing it or dragging it after her. This lasted for about 3 weeks until she was satisfied enough within herself to give it up. The need to test out for love and acceptance—to eliminate the threat of anything temporary in nature is universal. Testing takes on innumerable forms of behavior—these children need an unusual amount of proof of love. They also have an unusual sense of determination that things must go their way.

With the consideration of family groups of two or three for possible adoptive placement, each individual aspect of placement is twice or threefold enhanced. The presentation of siblings with their physical, emotional and intellectual differences to prospective adoptive parents creates an additional assortment of problems second only in complexity to the usual considerations of whether or not each set of siblings should be placed together or separately.

Finally, but not to be minimized, is the responsibility to feel adequately

secure in the knowledge that children who have had several placement experiences will be able to understand what is meant by adoptive placement as distinguished from their previous placement experiences. We will also need to understand and to interpret to prospective adoptive parents that, by and large, based on all our knowledge and careful planning for evaluating the needs of each child, a period of time will invariably have to elapse before he can become satisfyingly attached to his new parents.

Perhaps not every older child can use adoption but their potentials vary and it is our responsibility to help each child to achieve this at a time when his capacity for it is, or may be, still within reach. Age is only a single factor. In communities such as New York, where the function of adoption is centralized in a separate agency, apart from the Foster Home Agencies, a close cooperative arrangement between the two is invariably indicated in order that the most constructive plans for a child can be jointly effected. The following example of a child referred to us, as we follow through from referral to either decision or placement, illustrates how the diagnostic functions and ensuing plans of both a referring agency and an adoption agency must be constantly interwoven.

David, at the time we learned about him, was 7 years 4 months of age. He was an out-of-wedlock child, born in a concentration camp and immediately separated from his mother until he was 10 months old when she brought him to this country. His mother, who was 20 years old when they arrived, placed him in an Infants Home where he remained for almost a year. She visited him at the nursery but claimed that she was given no opportunity for close communication and it was therefore difficult for her to maintain a relationship with him. She subsequently gave birth to three out-of-wedlock children and the initial interest which she expressed in David constantly diminished.

Foster home placement for David began when he was almost 2 years of age and con-

tinued until the time of referral to us with a history of 7 foster homes and then a special group home in which he was currently placed. He was described as a very sturdy, attractive, appealing child. He had been in good health except for occasional colds. Psychological examinations administered at the ages of 5, 6 and 7 showed fluctuations from average to dull normal intelligence with unquestionable emotional blocking in this area. School performance was poor and individual tutoring at the agency had been instituted.

The outstanding behavior patterns were restlessness, destruction, poor coordination and a tendency to expose himself to physical danger without, however, being harmed.

He had an affectionate quality, endeared himself despite disturbed behavior to three sets of foster parents who gave him up because the threat of separation without the possibility of adoption was unbearable. As the years progressed, David's difficulties increased. He frequently ran away from home—sometimes from school, became even more daring in exposing himself to danger and, for the most part, was "in constant motion and mischief of a serious nature." Despite the fact that he seemed able to respond to being liked, his total behavior taxed the patience of foster mothers and they had to give him up. He was then placed in a special group home where it was felt that the agency could arrive at a clearer diagnostic picture of his problem and plan accordingly. He was referred to us approximately a year later when the agency in consultation with their psychiatrist felt that, in view of the progress he had made, he could be considered for adoption.

It is important however to note that, at the time of referral to our agency, we were told that another change in placement for David was in the offing since the special group home in which he was living was to be closed by the end of the month. I shall return to this point later.

David's relationships with workers were frequently interrupted by changes necessitated either by the worker's leaving the agency or other agency needs. He felt deserted and clung possessively to the worker who had known him consistently for some time and who had made the referral to us. He demanded a great deal of exclusive attention from her as he did from the foster mother. During the course of our study of David, he had been handed an ultimatum about school—they were suspending him because of his extreme restlessness and destruction.

Our first efforts were directed towards a mutual consideration of where this child was in relation to adoptive planning. At a conference between the two agencies, we discussed the fact that above all we must try to avoid a failure in adoptive placement. For David, who had had so many failures, we did not feel could sustain this kind of additional disapproval by a would-be permanent Mommy and Daddy. We, therefore, set about to outline our program for study and evaluation of readiness for this move.

In planning for adoption, it is important that a child have a realistic understanding of his relationship to his own parents (in this case the mother) before he makes this move. David, for instance, on two separate occasions, mentioned to his foster mother what he thought were explanations for his separation from his mother. The first time he thought that "she had broken her legs and was in a hospital." The second time he thought "she had died in a concentration camp." Later, at the time of replacement, David asked for his mother, refused to discuss replacement and wanted to return to his mother. The apparent confusion about her status was obvious. The explanation at this time of her inability to care for him brought forth for the first time considerable hostility and an expression of wanting to see her anyway so that he could hurt her. Subsequent efforts to talk about her proved fruitless with David becoming upset and rushing away from the worker. He could move on to a discussion of replacement substituting a wish for material things rather than for his mother.

Psychotherapy for this child was considered at this time but ruled out for the reason that he was making a satisfactory adjustment in the special foster home, and that he was not ready to relate to psychotherapy because he was operating on such an infantile level. He would undoubtedly need therapy at a later point and adoptive parents would have to be selected with this in mind. As part of our planning, David was also seen by our psychiatrist who agreed that he was immature for his age and operating on an extremely infantile level. His ego organization was very poor, and his most disturbed behavior during the diagnostic interview was noticed at the point of discussion about his mother. His extreme restlessness and anxiety were used to distract the psychiatrist from further discussion. His behavior took the form of destruction and hyperactivity which was similar to his behavior at home and in school.

It was felt that additional preparation for David would be necessary before we could proceed with an actual adoptive placement. He could not move this rapidly into adoption. With David, just as with older children like him, this decision was based on the fact that his inability to meet the strains which his past life had imposed upon him, made it seem unlikely that he could withstand the additional burden of the demands placement would impose. He would need further preparation.

Preparation involves many different aspects of planning. It is not always necessary that all the problems noted above must be completely resolved before a child can move into an adoptive home and adoption agencies are frequently faced with the selection of adoptive parents whose flexibility will provide not only for an understanding of these problems but also the inclusion of additional guidance through psychotherapy, if necessary. There are elements of preparation, however, for adoptive placement which rightfully should be our concern and which should be satisfactorily worked through before a child meets a new set of parents. He should, to some extent, have made his peace with one set of parents before he can be expected to make peace with the new ones. The length of time that such direct work with the child may take varies naturally, according to the needs of each child, but the time factor itself cannot be the guiding principle. This process can extend itself over a period of 6 months to 1½ years or longer, but the gains are more than rewarding. To attempt to substitute an adoptive placement on an emergency basis because a child has to be moved from one foster home to another with the explanation that he must be protected from further replacement for adoption, cannot be a satisfactory solution. Only the child can guide us on the path of placement—we may select the best adoptive home for him but, in the last analysis, he has to use it, we cannot use it for him. Nor can we

honestly say that we are truthfully discharging our responsibilities to the child who needs and can use the love and security which can be his in permanent adoptive placement, unless we are aware of the areas in which he may need help and we are ready to provide that help. We must look at his ability to relate to new people and to adjust to a new environment; we should be satisfied that there has been some progress in the direction of a reasonable resolution of past experience and finally, where two agencies are involved, he should be helped to be able to use a new casework relationship with the adoption worker who, in turn, will help him, step by step, in moving from one status to another.

The need for direct work with the child increases as his age increases. He needs to participate much more than the younger child. Frequently his ability to verbalize is more fully developed and hopefully some expression of acceptance, interest and skepticism or enthusiasm in the new plan for adoption can be elicited.

Very closely related to our careful planning and investigation of each child must be the recognition and acceptance of how much time must be equally devoted to the careful selection of suitable homes for these children. The selection of families and the close supervision of these homes after placement is also time consuming but success or failure of each placement bears a direct correlation to the effort we put into our work with each family. Prospective adoptive parents who can accept an older child also present certain variations but there are many similarities amongst them. Their motivations for adoption when explored usually reveal a sound and genuine love and interest in children. They can generally be helped to understand that placement is difficult for a

child and that he needs to proceed at his own pace. They need to have the tolerance and patience to understand the trials and tribulations of acting out behavior and to wait to reap the rewards of the successful integration of the child into their family. They need and must have considerable support from the agency after placement. The placement worker should be available so that emotional strains on all can be eased at the opportune time. Complimentary services of allied disciplines such as psychiatry and psychology should be at their disposal through the worker and the agency. The worker who is constantly directing his attention from one to the other in this total constellation of adults and child must also be alert to the moment when separation from the agency and its process signifies closer integration for the child into his family. With some families this may involve more time and effort than with others. There are some children for instance who can best be helped after placement and in the adoptive home and, in these instances, the agency must be ready to offer extensive services to both the child and the adoptive parents. In the final analysis, just as in the case of younger children, whether or not the child is adoptable depends not only upon him but on the agency's ability to find a

home for him and to help him with all its resources to grow into it.

We seem to be moving further and further away from the finality of excluding older children from adoption. There are very few who cannot be placed for adoption but the formula for each child is not the same. Some may definitely need a group living experience before moving on and into more meaningful, personal relationships. For some, a period of psychotherapy may be indicated prior to and as part of the actual preparation and there are still others for whom the helping process is more meaningful after placement and in the adoptive home. All of this is time consuming and costs money. However, if we sincerely recognize that the plight of many of these children is critical and that they cannot be forgotten, we may more willingly admit that the expenditure of time, effort and money that goes into each one of these adoptive placements is indispensable. Financially, we are deluding ourselves if we cast aside the comparative cost of carrying a child year after year in foster homes, with the cost of working through an adoptive placement. Our attention should also be directed towards the earliest exposure to the possibility of adoption, for this in itself can frequently create an easier atmosphere for all concerned.