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ABSTRACT

Presented is Volume 2 of a final report on a project to determine current practices and policies likely to result in maximized adoptive placements for mentally, emotionally, or physically handicapped children. Data on families that adopted handicapped children are analyzed, two methods for disseminating project findings (a placement workshop and a handbook for child welfare workers) are described, and recommendations are offered for improving community education and for modifying agency and governmental policies related to service delivery. In a concluding chapter, 19 major project results. (including findings that prior experience with handicapped individuals significantly and positively affected a family's willingness to adopt a handicapped child) are summarized and evaluated, and future research needs are suggested. Appended are copies of the questionnaires sent to agency directors and to workers. (LH)

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ANALYSIS OF AGENCY PLACEMENT OF HANDICAPPED CHILDREN

FINAL REPORT

VOLUME II

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1974

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Chapter V
THE FAMILIES

The critical factor in finding an adoptive home for any child must be the availability of families willing to accept a child. An important dimension of the adoption worker's role has been to screen the families who apply to the agency to determine the extent to which they meet the agency's standards. For the most part little had been done until very recently to recruit families or to encourage more applications.

Many workers recognize that finding homes for handicapped children necessitates increasing the number of applicants through an active recruitment program. In addition there is a developing concern that the families most suitable for a handicapped child placement may have different characteristics than those typically sought in the home study. There is some concern that simply broadening the limits of acceptability might result in marginal placements for these children. In order to determine the characteristics of the handicapped children that are being placed and the characteristics of the families adopting them, each respondent was asked to describe the last two handicapped children she had placed and their families. As a basis of comparison, she was also asked to describe her last healthy infant placement. The families who adopted handicapped children were divided into three categories for the purpose of analysis: Those who were interested in adopting a handicapped child when they approached the agency, those whose interest in a handicapped child developed after working with the agency, and foster parents who adopted a child for whom they had already been caring. Table 5.1 compares the characteristics of these three types of families as described by the workers with those of the families with whom they had placed a healthy infant.

Table 5.1

**Selected Characteristics of Adoptive Families by Type of Child
and Initial Interest in Adopting a Handicapped Child**

	Families Initially Interested In Handicapped Child	Families Not Initially Interested In Handicapped Child.	Foster Families.	Healthy Infant Placements
Mean Age of Father	36.0	37.5	45.2	32.5
Per cent of Fathers over 40	31%	25%	53%	9%
Mean Age of Mother	32.7	35.2	39.3	29.4
Per cent of Mothers over 40	18%	21%	50%	3%
Mean Education of Father	13.4	12.7	12.0	14.1
Per cent of Fathers with some college or more	44%	48%	22%	56%
Mean Education of Mothers	13.2	12.9	11.3	13.4
Percent of Mothers with some college or more	41%	33%	11%	52%
Mean Family Income	\$14,610	\$14,258	\$13,050	\$12,366
Per cent of Fathers in Blue Collar Occupations	40%	42%	50%	32%
Per cent of Fathers in Professional Occupations	28%	16%	11%	39%
Per cent of Mothers Employed Part or Full Time	29%	37%	35%	22%
Mean # of Children in Family Previous to Adoption	1.6	1.9	3.2	1.2
N	81	65	20	106

Table 5.2
Selected Characteristic of Adopted Families by Type of Handicap, Length of Time
Was Eligible for Adoption and Whether Families Reported Problems

	Nature of Handicap:				Length of Time Eligible for Adoption:		
	Child Mental Retarded	Child Has Emotional Problems	Child Has A Physical Handicap	Child Has Multiple Handicaps	6 Months or less	7 to 18 Months	More than 18 Months
Mean Age of Father	46.0	36.1	38.2	40.7	34.8	40.0	43.8
Per cent of Fathers over 40	35%	28%	16%	35%	13%	28%	40%
Mean Age of Mothers	43.1	35.8	35.7	33.7	32.0	37.1	38.8
102 Per cent of Mothers over 40	41%	18%	11%	14%	8%	15%	33%
Mean Education of Fathers	10.5	13.0	14.2	12.3	13.6	13.7	12.6
Per cent of Fathers With Some College Or More	18%	46%	57%	31%	49%	48%	46%
Mean Education of Mothers	11.6	13.4	13.3	12.5	13.2	12.9	13.0
101 Per cent of Mothers With Some College Or More	23%	44%	44%	27%	45%	31%	42%
Mean Family Income	\$11,900	\$17,000	\$13,400	\$13,300	\$12,700	\$14,600	\$14,600

Table 5.2

Characteristic of Adopted Families by Type of Handicap, Length of Time Child Eligible for Adoption and Whether Families Reported Problems

<u>Nature of Handicap:</u>			<u>Length of Time Eligible for Adoption:</u>			
Child Mental Retarded	Child Has Emotional Problems	Child Has A Physical Handicap	Child Has Multiple Handicaps	6 Months or less	7 to 18 Months	More than 18 Months
46.0	36.1	38.2	40.7	34.8	40.0	43.8
35%	28%	16%	35%	13%	28%	40%
33.1	35.8	35.7	33.7	32.0	37.1	38.8
31%	18%	11%	14%	8%	15%	33%
10.5	13.0	14.2	12.3	13.6	13.7	12.6
18%	46%	57%	31%	49%	48%	46%
11.6	13.4	13.3	12.5	13.2	12.9	13.0
33%	44%	44%	27%	45%	31%	42%
11,900	\$17,000	\$13,400	\$13,300	\$12,700	\$14,600	\$14,600

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Table 5.2 Continued

Selected Characteristic of Adopted Families by Type of Handicap, Length of Time Child Was Eligible for Adoption and Whether Families Reported Problems

	<u>Nature of Handicap:</u>				<u>Length of Time Eligible for Adoption:</u>		
	Child Child Mental Retarded	Has Emotional Problems	Child Has A Physical Handicap	Child Has Multiple Handicaps	6 Months or less	7 to 18 Months	More than 18 Months
Per cent Fathers In Blue Collar Occupations	76%	38%	35%	50%	34%	46%	44%
103 Per cent Fathers In Professional Occupations	11%	28%	33%	15%	31%	28%	19%
Per cent Mothers Employed Part or Full Time	23%	35%	23%	38%	20%	34%	36%
Mean # of Children In Family Previous To Adoption	2.4	1.6	1.6	1.5	1.3	1.8	1.6
17	19	29	172	50	143	64	67

Table 5.2 Continued

Characteristic of Adopted Families by Type of Handicap, Length of Time Child
Eligible for Adoption and Whether Families Reported Problems

<u>Nature of Handicap:</u>			<u>Length of Time Eligible for Adoption:</u>			
Child Has Mental Retarded	Child Has A Emotional Problems	Child Has Physical Handicap	Multiple Handicaps	6 Months or less	7 to 18 Months	More than 18 Months
76%	38%	35%	50%	34%	46%	44%
11%	28%	33%	15%	31%	28%	19%
23%	35%	23%	38%	20%	34%	36%
2.4	1.6	1.6	1.5	1.3	1.8	1.6
19	29	172	50	143	64	67

The foster parents emerge as clearly different from other adoptive parents in that they tend to be older, less well educated, have lower family incomes than other families who adopted handicapped children even though they are older, are more likely to be engaged in blue collar occupations, and to have a number of children already in the home. The families who have adopted healthy infants, on the other hand, are younger, more educated, most likely to be engaged in a professional occupation, and have the fewest children.

Comparing families who come to the agency interested in adopting a handicapped child with those whose interest developed later, we see that the latter are slightly older but the fathers are less likely to be over forty. These couples have a little less education, and are less likely to be engaged in a professional occupation.

Although the workers were asked to describe the handicapping condition of the child, it was not always possible to determine the severity of the condition. One way to estimate this severity of the condition is to use the length of time a child was legally eligible for adoption before he was placed. Table 5.2 looks at the characteristics of the families categorized as to the nature of the handicap, and the length of time the child remained in custody. Looking at these data we see that those families who adopted a child with an emotional problem or physical handicap are most similar to the families that adopted a healthy infant. Those who adopted a mentally retarded child are most dissimilar. A similar pattern emerges when we examine family characteristics by length of time in custody. Those who adopt children who were eligible the shortest time are most like those who adopt healthy infants.

If we rank families on a general socio-economic scale, a pattern emerges. Those families that adopt healthy infants have the highest status characteristic except for income which can be explained by their younger age. Of the families

who adopted handicapped children, those who were foster families and those who adopted mentally retarded children and children with multiple handicaps are lowest in status characteristics. Foster families are usually selected on a different basis than adoptive families, although they are studied a second time before being allowed to adopt. What these data suggest ~~is~~ that those families who are adopting handicapped children differ from those adopting healthy infants and from each other depending on how their interest developed and the type of child they adopt. What the data do not indicate is whether the workers who are placing handicapped children are more accepting of differences or whether the workers are selecting marginal families for children whom they could not place elsewhere. Although in 39 per cent of the handicapped child placements the workers reported the family was having unanticipated problems, in only a few cases was the worker concerned that the family might not be able to work out their problems. This suggests that regardless of why these families are different, workers must recognize that families that differ from those who adopt healthy infants are suitable adoptive parents. In recruiting and studying families they should broaden their expectations, especially to include more blue collar families, those with lower educational attainment, and those who are older. They may also want to look at the foster families that are now caring for specific children to determine if they would be appropriate adoptive families.

One of the factors that could be important in determining a family's ability to accept a handicapped child is their previous experiences with handicapped individuals. Although we did not ask this question directly, we did ask if any of the other children in the family had a handicap. Table 5.3 combines those families in which one of the parents' occupation is such that they might have dealt with handicapped individuals, families who have a

handicapped child, and any other family where the worker indicated that the family had some such experience and compares families who adopted different types of children on this basis. The data clearly indicates that families initially interested in adopting a handicapped child were more likely to have previous experience with handicapped individuals than any other category (except foster parents who all have had experience with the particular child they adopted).

Table 5.3

**Parents' Experience With Handicapped Individuals By Type of Child Adopted
And Initial Interest in Adopting Handicapped Child**

Experience with Handicapped Individuals	Adopted Healthy Infant	Initially Interested in Handicapped Child	Not Initially Interested in Handicapped Child	Were Child's Foster Parents
Yes	11%	66%	38%	40%
No	89	34	62	60
Total	100%	100%	100%	100%
N	110	85	73	20

Finally we asked the worker the way in which the family's interest in adopting a handicapped child developed. Table 5.4 lists the reasons the workers gave.

The workers were asked if there were any special characteristics that they sought in evaluating a family to adopt a handicapped child. Their responses tended to be very similar with emphasis on relatively general personality characteristics: love, empathy, warmth, ability to tolerate differences. In order to elicit a more detailed profile, a semantic differential was constructed using twelve pairs of adjectives. Each pair was designed to designate extreme

Table 5.4

**How Families Developed Interest in Adopting A Handicapped Child
As Reported by their Worker**

How Interest Developed	Number of Families
1. Family had experience with handicapped individuals or children in general	63
2. Family developed interest in particular child	23
3. Family felt that they would not be able to adopt a healthy infant	19
4. Family interest developed through mass media or recruitment programs	18
5. Family was uninterested until particular child was described	8
6. Family did not really see the child as different	25
7. Case worker was able to broaden family's limits of acceptance	21
8. Family felt they had unique qualities	28
9. Family had altruistic or idealistic motives	22
Total	
227*	

* Some families were included in more than one category as they are not mutually exclusive.

ends of one personality dimension with seven spaces between. Each worker was asked to indicate where she felt the ideal father for a healthy infant, ideal mother for a healthy infant, the ideal father for a handicapped child, and the ideal mother of a handicapped child would fit on each scale. Since it was assumed that workers would not pick undesirable characteristics for adoptive parents, pairs of opposite but positive characteristics were selected.

Table 5.5 presents the correlation coefficient for the individual worker's ranking of mothers for healthy infants as compared to mothers for handicapped children and fathers for healthy infants as compared to fathers for handicapped children. The correlation coefficients tend to be lower for adoption workers who have placed a handicapped child than they are for both other categories of workers. This suggests that those who have placed such children are more likely to perceive the ideal parents for handicapped children as having different characters from ideal parents of healthy infants. Table 5.6 shows the percentage of workers that chose one of the positions either side of the middle category. The adoption workers who have placed a handicapped child feel the parents who adopt a handicapped child should ~~be~~ toward being realistic, sensitive, mature, out-going, flexible, cooperative, independent, stationary, and home oriented. They feel the mothers should be versatile and the fathers expert. They apparently do not feel these parents should or do differ from the parents of healthy infants in permissiveness vs. strictness, reserved vs. out-going, quickness to decide. Other workers tend to follow the same pattern but are not as likely to select a position away from the middle category.

These traits that the workers find ideal for the parents of handicapped children sound reasonable but the list of opposites, with few exceptions, would

Table 5.5

Correlations for Worker Selection of Ideal Traits for Adoptive Parents,
Comparing Mother of Healthy Infant with Mother of Handicapped Child and
Father of Healthy Infant with Father of Handicapped Child, By Type of
Caseload and Placement of Handicapped Child

Ideal Characteristics	Adoption Worker Placed Handicapped Child		Adoption Worker Did Not Place Handicapped Child		Other Worker	
	Mothers	Fathers	Mothers	Fathers	Mothers	Fathers
Idealistic--Realistic	.76	.73	.65	.68	.60	.69
Sensitive--Tough Skin	.63	.49	.89	.79	.82	.83
Strict--Permissive	.66	.62	.73	.79	.85	.83
Youthful--Mature	.64	.41	.74	.72	.79	.79
Reserved--Outgoing	.69	.44	.61	.71	.77	.74
Versatile--Expert	.61	.61	.79	.73	.80	.77
Firm--Flexible	.36	.64	.77	.53	.77	.73
Quick to Decide--Slow	.71	.62	.69	.82	.84	.85
Competitive--Cooperative	.51	.36	.78	.77	.70	.72
Independent--Dependent	.76	.55	.86	.89	.85	.85
Home-oriented--Community	.70	.53	.89	.78	.82	.78
Mobile--Stationary	.49	.48	.61	.72	.79	.81

Table 5.6
Percentage Distribution of Worker Rankings of Ideal Parents
for Handicapped Children and for Healthy Infants

	Father Handicapped Child	Mother Handicapped Child	Father Healthy Infant	Mother Healthy Infant
Idealistic	5% 13	4% 20	11% 41	15% 42
Realistic	82	76	48	44
Total	100%	100%	100%	101%
N*	187	186	185	185
Sensitive	54% 37	64% 25	48% 45	61% 36
Tough-Skinned	9	11	7	3
Total	100%	100%	100%	100%
N*	187	188	186	186
Strict	21% 68	17% 66	16% 75	15% 74
Permissive	11	16	10	11
Total	100%	99%	101%	100%
N*	186	188	186	186
Youthful	6% 39	13% 40	23% 54	30% 50
Mature	55	48	23	20
Total	100%	101%	100%	100%
N*	188	187	186	186
Reserved	3% 28	4% 27	3% 43	3% 43
Outgoing	69	69	55	54
Total	100%	100%	101%	100%
N*	186	188	185	186
Versatile	68% 27	63% 30	51% 41	50% 43
Expert	5	6	8	6
Total	100%	99%	100%	99%
N*	187	188	183	184
Firm	9% 35	13% 38	13% 51	10% 55
Flexible	56	49	36	35
Total	100%	100%	100%	100%
N*	187	187	185	185

*N varies as a number of workers did not make a choice on a particular pair

Table 5.6 Continued

*Percentage Distribution of Worker Rankings of Ideal Parents
for Handicapped Children and for Healthy Infants

	Father Handicapped Child	Mother Handicapped Child	Father Healthy Infant	Mother Healthy Infant
Quick to decide	21% 56	30% 52	23% 69	23% 70
Slow	23	18	9	7
Total	100%	100%	101%	100%
N*	188	188	186	186
Competitive	2% 18	1% 21	11% 43	6% 45
Cooperative	80	78	46	49
Total	100%	100%	100%	100%
N*	188	187	186	184
Independent	76% 20	67% 30	63% 34	53% 39
Dependent	3	3	3	8
Total	99%	100%	100%	100%
N*	187	188	185	186
Home oriented	46% 44	64% 30	27% 57	40% 50
Community	10	6	15	10
Total	100%	100%	99%	100%
N*	188	188	186	186
Mobile	14% 35	14% 33	19% 59	18% 57
Stationary	51	53	21	25
Total	100%	100%	99%	100%
N*	188	188	186	186

*N varies as a number of workers did not make a choice on a particular pair

also sound reasonable. Idealistic, tough-skinned, youthful, reserved, firm, competitive, dependent, and community-oriented. Five of these characteristics that seemed ideal for the adoptive father of a handicapped child may be somewhat opposite to the usual portrait of the ideal man in our society. This would help to explain the low correlations for similarity of characteristics for the two types of fathers.

The tendency for adoption workers who have placed a handicapped child to have a greater likelihood of selecting different ideal characteristics for the parents of such a child has several possible explanations.

Their selection of these traits may be based upon their experience with families who have actually adopted a handicapped child; they may be oriented to seeking different characteristics in parents for a handicapped child; or they may simply be more flexible in allowing for differences. The data can not answer which of these explanations is most likely, but the findings suggest that worker's perceptions of what to seek in a family must be explored in greater detail if they are to be successful in placing handicapped children.

Chapter VI

DISSEMINATION OF PROJECT FINDINGS

The project had two methods for the dissemination of findings: a workshop on placement of handicapped children and a handbook for child welfare workers. This chapter describes these two aspects of the project. Greatest attention is given to the workshop. Copies of the handbook are available.

WORKSHOP

The major goals of the workshop were two-fold:

- 1) to modify the orientations of child welfare workers concerning their agencies' policies and practices relating to the placement of handicapped children.
- 2) to collect additional data and provide a context for the analysis of existing data through broader understanding of the problems faced by the workers and the range of worker orientations on a variety of issues.

In order to assure achievement of these goals and to guide preparation for the workshop, a Workshop Advisory Committee was established. The Committee consisting of the Project Directors, the Director of Spaulding for Children, a social work professor, the head of a department of special education and the adoptive parents of a handicapped child met monthly prior to the workshop.

The Workshop Advisory Committee addressed itself to the following problems:

- 1) the best format to effect attitude change
- 2) the delimitation of the target population
- 3) problems and orientations most likely to be modified
- 4) selection of workshop leaders
- 5) resources to be made available to the participants
- 6) evaluation of the workshop
- 7) data collection
- 8) motivation for attendance: stipends, invitations, etc.

Workshop Format

Recognizing that profound attitude change is unlikely to be accomplished in a one day workshop, the Committee decided the day would be most profitably spent in introducing the participants to new ideas through discussion with people they would recognize as having experiences different from their own. These people would have to be viewed as similar to the workers in the goals that they were trying to achieve, i.e., service to children, but could provide a different perspective on how services might be delivered.

Intervention experience suggests that one of the conditions under which changes are most likely to occur is through group discussions designed so the group members are asked to identify their problems and work together to develop ways to solve these problems. It was decided the major portion of the workshop would be spent in small group discussions with each group consisting of child welfare workers, supervisors, and individuals who work professionally with the handicapped. Groups would consist of twenty to twenty-five people. This would make them small enough to allow all members to participate in the discussion and large enough to include individuals with a variety of experiences.

In addition to the discussion sessions, the need for presentation of resources, data, and the setting of goals was recognized. In order to allow for as much time as possible in discussion sessions, it was decided the workshop would open with a brief welcome and presentation of the goals of the workshop. At lunch a longer presentation of current innovations and trends in the field would provide material for the afternoon discussion sessions.

Delimitation of the Target Population

Prior to the selection of the workshop participants, the committee attempted to determine the target population that would be most likely to

effect change in the agency practice when provided with the insights from the workshop. Questions raised were: Could workers actually make effective changes without appropriate agency modifications in support of these changes? Would it be better to concentrate efforts on agency administrators or unit supervisors? If workers were included should the concentration be on adoption workers or include foster care workers?

The decision was finally reached to attempt to include all levels of the child welfare agency. The problems of finding homes for handicapped children and possible solutions are still relatively undefined. Organizational modification that would facilitate such placements are not clear. In addition, many researchers in the area feel that one obstacle is the inability of many workers to accept the idea that there is a family that can meet its own needs through accepting one of these children.

It was decided the workshop would be most effective if it provided new insights rather than attempted specific recommendations. These insights might be used as a basis for acceptance of later dissemination of materials from the project.

Thus the target population for the workshop included: agency directors; adoption and foster care supervisors; adoption and foster care workers.

Problems and Orientations Most Likely to be Modified

Preliminary analysis of the data suggested several problems the workers themselves felt prevented them from doing the most effective job:

- 1) lack of knowledge as to the problems and prognosis for specific kinds of handicaps;
- 2) the community resources that were needed or available to help families and the children with specific handicaps; and
- 3) lack of clear understanding as to the characteristics they should seek in a family considering such a child.

More specifically many workers felt that they needed clear guidelines for evaluation and counselling with such families. These problems of the workers seemed to open up broad areas of discussion that might provide some structure for the discussion sessions.

The morning session would be devoted to parenting handicapped children. This session would allow the workers to explore what it is like to parent these children. What are the special problems? What are the satisfactions? What are the community resources available? In what way can the workers find out more about specific handicaps? What resources are available to them to increase their understanding? What are their own feelings about dealing with the handicapped?

The afternoon would be devoted to the more specific problems of adoption and foster home care. Where can the worker find families? What should they look for in these families? What services can they provide for such families? Finally what does success and failure mean in such a placement? What are the workers' own feelings about failure and are these feelings preventing her from making good placements?

During the afternoon sessions the workshop participants would also be asked to consider the ways in which agency organization might be modified in order to provide better service and to facilitate their service delivery. They would be asked to consider the way in which they could cooperate with other agencies and organizations in order to place more handicapped children in homes.

The major goals of the workshop were thus centered around the development of insights in these areas in the hope that agency personnel might begin to reevaluate their own practices and policies.

Selection of Workshop Leaders

Given the goals outlined above, it was decided that it would be most appropriate to have discussion leaders who were familiar with the problems in the area and who could bring some expertise to the discussion. It was also necessary for these people to have the appropriate skills to lead effective group discussions. Teachers, social workers, and program developers working with handicapped children were selected to lead the morning discussions. Although most of these people had little experience in either the adoption or foster care areas, they were familiar with the resources available to the handicapped and had vast experience working with the handicapped.

For the afternoon sessions, workers from special projects that had had unusual success in placing special need children were selected. It was felt these workers would be able to contribute their own agency experience in the language of agency personnel.

The two groups of workshop leaders were trained separately in five training sessions. They were all enthusiastic as to the goals of the workshop. The morning leaders were sometimes skeptical as to the contribution they would make since they knew so little about adoption and foster care. They were reassured their contribution was sharing their own expertise and experiences. Several commented they had not previously defined their own area of interest to include children outside of families but might think about how to do this in the future.

Resources Made Available

The major source at the workshop were the people involved and the sharing of diverse experiences. In addition to the agency personnel and workshop leaders, an attempt was made to include some of the following people in each

discussion session: representatives of associations that aid the handicapped and their families, the adoptive parents of handicapped children, and handicapped university students. A number of special guests and experts from the state departments of social service, the Office of Child Development, agencies and universities participated in the discussion sessions.

Several papers were prepared and distributed to the workers including a bibliography and a study on the adoptive placement of Downs' Syndrome children. Additional literature on various handicaps, state laws regarding adoption, and tax relief for the families of the handicapped was either distributed to the workers or available for them to pick up.

Evaluation

In order to receive some feedback from the participants in the workshop, a short evaluation form of the workshop was included with the stipend check mailed to each participant. The purpose of the evaluation was two-fold. Not only were we interested in the worker's reaction to the workshop and their perception of its impact and usefulness, but it was hoped that the process of completing the evaluation form itself would lead to further reconsideration of the material and to some thought on how these insights might be interpreted into behavior.

Data Collection for the Study

From the initial stages of planning for the workshop, the setting was conceived as part of the data collection process for the project. The workshop provided an opportunity for putting the data gathered through the questionnaires into perspective. It also allowed some feedback on the way in which the workers felt about some of the policies they had described, where they saw problems, and some feeling as to their real perception as to how likely an

agency was to be successful in finding homes for handicapped children. In addition it presented a situation in which the workers were sometimes challenged as to the correctness of their professional premises in line with the experiences of the other people at the workshop.

Notes were taken on the proceedings in each of the group discussions. It was decided tape recordings would be unwieldly so nine graduate students were trained to take notes throughout the proceedings. They were instructed to record the material as accurately as possible, to watch for certain types of topics, responses, and reactions, and to fully note these. Transcripts of these notes were analyzed and provided valuable insights both for the preparation of the handbook and interpretation of the quantitative data.

Stipends

The project budget included stipends for the participants so these expenses would not have to be borne by the agencies. Each of the agencies in the northern sample was invited to select two staff members to attend the workshop at the time they received the agency questionnaire. Follow up of the agencies that had not yet returned their questionnaires included a reminder that the agency had been invited to participate in the workshop. In addition, hotel accommodations were provided for those few workers who traveled long distances. Most of the workshop leaders and other participants lived within a seventy-five mile radius of the workshop site and were reimbursed for their expenses.

Other participants were chosen on a purposive basis. A systematic attempt was made to reach all organizations, association and research projects focusing on children with handicaps in the metropolitan areas of southeastern Michigan. These organizations were asked for the names of individuals who

might participate profitably in the workshop and these individuals were then invited by letter or phone to participate in various capacities. A smaller number of such organizations in Indiana and Ohio were also asked to provide participants. Most of the individuals contacted were enthusiastic about the workshop and agreed to participate when their schedules allowed them to do so.

In addition several agencies were asked to provide the names of adoptive parents of handicapped children who might be willing to participate in such a workshop and share their personal experiences with the other participants. A number of handicapped students from Eastern Michigan University were also invited to participate so that they might relate some of their own experiences. Several of the participants indicated the parents and students provided a valuable dimension to the discussions.

The Workshop

Approximately two hundred people from Indiana, Michigan, and Ohio participated in the workshop. They were divided into nine discussion groups. Participants were given room assignments to insure that each group included people with a variety of experiences and some representatives from each of the categories invited to participate. In only one session was there any report that the composition of the discussion group may have hindered full involvement. This group seemed to have an extremely high proportion of foster care workers who felt that the focus on adoption was unmeaningful to them.

The workshop opened with a brief presentation of the format and the project goals. The participants then proceeded to the morning discussion rooms for two hour sessions. They met for lunch, followed by a talk by Ms. Elaine Schwartz, Springfield, Illinois. Following the talk, they returned to the discussion rooms for an additional two hours.

Evaluation Results

The original proposal did not call for an evaluation of the workshop and there were not sufficient funds to contact the participants over a long period of time to discover what impact, if any, the workshop had for changes in attitude or practices. However, a short evaluation form was included with the stipend and expense checks. Seventy-one participants returned these evaluation forms. Table 6.1 shows the distribution of responses for certain of the evaluation items. The majority of the participants seemed to feel the experience had been worthwhile and all felt that there should be more such workshops. The three improvements suggested most often were: 1) greater structure, 2) use of slides, movies, or other types of visual aids, and 3) longer duration for greater exposure.

THE HANDBOOK

In order to assure dissemination of the project findings, the staff agreed to design and produce a handbook that would aid the child welfare worker in placing handicapped children. The handbook material was selected from all of the data gathering phases of the project with emphasis on material that would:

- 1) demonstrate to the worker that children with various types of handicaps can be placed in adoptive homes;
- 2) suggest some of the innovations that workers have found useful in recruiting, studying, and providing services for families who can accept a handicapped child;
- 3) suggest to the workers some ways of developing their own awareness and problems in finding homes for such children;
- 4) expand the worker's ideas as to the suitability of various families to parent;
- 5) provide some idea of the way in which community services can be utilized

Table 6.1

Responses to Work Shop Evaluation Form (Percentages indicate those who checked each category, N = 71)

1. In your opinion is there a need for workshops such as this?

100% Yes -- No

2. In what ways was the workshop of value to you? Please check all that apply and put a double check next to those items that seemed especially valuable to you:

63% a) broadened knowledge and understanding

54% b) gave new insights

55% c) suggested new resources

31% d) gave clues to problem solving

51% e) suggested new resources

10% 1. funding sources

68% 2. organizations that might be helpful

52% 3. people who might be helpful

37% 4. literature that might be helpful

3% 5. other (specify) _____

78% f) valuable as a group experience in sharing ideas

47% g) helped strengthen professional values on commitments

48% i) personal contacts

4% j) of little or no value

18% k) other (Please explain.) _____

Table 6.1 Continued

Responses to Work Shop Evaluation Form (Percentages indicate those who checked each category, N = 71)

3. What modifications would you suggest for a future workshop on a similar topic?

How modified

17% a) no suggestions or modification

34% b) leadership and presentation

25% c) participation level

20% d) types of participants

21% e) physical arrangements

13% f) timing

18% g) other (Specify)

4. Do you feel that the workshop is likely to have any impact on the way in which you or your agency work with handicapped children? Please elaborate.

50% Yes

5. Are there any ideas that you gained from the workshop that you would like to put into practice but feel you will be unable to do so? Please elaborate.

6. What part of the workshop was most valuable to you?

7. What part of the workshop was least valuable to you?

8. What part of the workshop should have been omitted or changed?

9. What might have been included in the workshop that would have made it more meaningful?

to aid in finding homes for children and some of the difficulties in dealing with the community and its representative, and

- 6) indicate areas of policy at the agency, state, and national level that might be changed or modified to facilitate the placement of handicapped children.

In order to evaluate the effectiveness of the handbook and the extent to which it might be useful, a draft copy was distributed for comments to the state adoption specialists in the six study states, readers at the Children's Bureau, adoption supervisors and workers, social work faculty, the Michigan Department of Social Services Special Project staff, Spaulding for Children's staff, and the staff of the Child Welfare League of America. In addition, six of the respondents who had indicated they were very conservative in their approach to adoption were asked to read and comment on the draft. Since the handbook was intended to provide insights for all types of workers, the project staff hoped that the reactions of these six workers would indicate the extent to which the more conservative workers might react negatively to the handbook and disregard its contents.

Most of the comments were incorporated into the final draft. As of the preparation date of this report, the handbook is expected to be available for distribution no later than July 31, 1974. It will be mailed to all of the respondents in the study and all of the participants in the workshop. In addition copies will be sent to the state adoption specialist and the person responsible for staff development in each of the fifty states. Additional copies will be distributed nationally by the Children's Bureau.

Chapter VII

RECOMMENDATIONS

The previous chapters have suggested some of the correlates of successful placement of handicapped children. The present chapter attempts to systematize the previous findings in a series of recommendations.⁸ Since the study examined policy and practice at several levels, these recommendations are geared first toward the agency, second toward needed legislation and government action, and finally toward community education. They suggest ways of optimizing conditions so the workers can maximize the number of such placements.

AGENCY POLICY MODIFICATIONS

Recruitment: Traditionally agencies have restricted their research for families to those who apply to the agency--most of whom are seeking a healthy infant. As the emphasis has shifted to finding homes for special need children, many agencies (61 per cent of the agencies in our sample) have begun outreach programs to the community through the use of mass media, speakers at local citizen and church groups, and the use of adoptive parent groups. These outreach programs emphasize the need for homes, the types of children available, the new flexibility of criteria, and, sometimes, descriptions of specific children.

Many people are unaware of the number of children waiting for adoptive homes. They may have heard of the long waiting list for healthy infants and assume that most children are placed. Many people have friends or relatives who were unable to adopt and feel they themselves would not meet stringent agency standards. People who might have room for one more child are not aware there is a child who needs their home.

Since most people find adoption an interesting topic, workers report they have little difficulty getting invitations to speak to a wide variety of groups.

⁸Much of the material in this chapter appears in project handbook: Finding Families for the Children.

Some groups are willing to finance posters, hold picnics for interested couples, or loan their facilities for meetings. The mass media are often willing to feature stories on families who have adopted special need children or on special programs the agency has developed to place such children. Educational television has taped discussion groups and seminars in which parents who have adopted special need children discuss the joys and problems such children bring to a family. Newspapers, radio, and television have all donated space for agencies to describe specific children including the child's picture and the type of family he needs. Such spots are especially effective in demonstrating that these are real children who might fit into a particular family.

Agency intake practices: Interesting families in a particular child or in special need children is of little use unless the families' inquiries to the agency are met promptly and courteously. Too many families have told us their initial contact with the agency discouraged them from continuing their application. All applicants to the agency must be seen as potential parents of a handicapped child. If applicants are abruptly informed the agency is no longer taking applications for infants or there is a long waiting list, many potential families for special need children will be lost and others will never call.

The agency can arrange to take the names of all applicants. As soon as possible after initial contact, the family should be invited to participate in a discussion about the kind of child they might parent. Since individual interviews might put too heavy a burden on agency resources, many agencies are using group meetings for this process. Others are sending adoptive parents to visit the family. In one county, the four local agencies hold a joint orientation for interested families. A worker from each agency describes her agency's policies and the children available at the current time. Sometimes

an adoptive family will discuss their own experiences. This allows a potential family the opportunity to begin exploring what kinds of children they might parent in line with the types of children that are available, and to choose to work with the local agency that is most likely to be of service to them. Such orientations must be handled skillfully so they do not degenerate into a bemoaning of the short supply of healthy infants, instead of encouraging families to expand their own parenting ideas.

Foster families: Whenever a child with a mental, emotional, or physical problem is making a satisfactory adjustment in his foster family, and there is no plan for his return to his biological family, the worker should explore the possibility of adoption with that family. Many foster families are aware they could not meet the old criteria for adoptive families. Some have promised the agency they would not attempt to adopt a child placed in their care. Others are afraid if they attempt to discuss adoption of a particular child, the child would be removed from their home. Sometimes foster families who are not themselves in a position to adopt may know of a neighbor or relative who knows the child and would be interested in adopting him. The worker's role is not to force the foster family into accepting a responsibility for which they are unprepared, but to explore with them their feelings about such a move. If they have doubts about their ability to meet some of the obligations of adoptive parenthood, the worker can sometimes help find resources to support them in this step.

Specialized staff: The data indicate the agency designation of a special worker who concentrates effort on finding homes for special need children is extremely effective in increasing the number of such placements. This appears to be especially true when the special worker is given the opportunity to work with others with the same orientation and gain their support. The presence of

such a worker may have additional benefits in providing other agency workers with a role model and demonstrating handicapped children can be placed. Her innovations may help other workers reevaluate their own attitudes toward what they should be seeking in families.

In-service training: The data on workers' attitudes toward the extent to which a particular handicap is likely to prevent a child from being placed in an adoptive home suggest many workers might try harder if they could expand their own ideas as to the probability of finding families for such children. Certainly the data indicate the greater a worker's level of experience, the more likely she is to place handicapped children. Workshops where experienced workers are able to share their insight with other workers may increase the rate of placements for less experienced staff. Many workers indicated they needed additional training in the specific behavioral and medical consequences of particular types of handicaps. They also indicated they did not have the resources or training to make them fully aware of the community facilities and resources available to families of the handicapped.

Since the foster care workers were more conservative in their feelings that a specific handicap would prevent adoptive placements, they would benefit from such training and be more willing to work toward freeing a child for adoption when there is no possibility of returning the child to his biological family. Agencies might invite speakers from various organizations, medical people who work with the handicapped, and some of their own adoptive families to share their experiences.

Cooperating with other agencies in the area: There are many ways in which workers from different agencies can cooperate to improve the services of all the agencies in the community. This may be most important for small agencies

with limited personnel, but even in metropolitan areas, cooperation between agencies will broaden the worker's perspective and may lead to new insights.

The way agencies might work together on group orientation sessions is described above. They might also consider inter-agency training sessions for workers, joint recruitment programs, and discussion of practices other agencies have found successful. Agencies in a given community might set up an informal adoption exchange so the children in one agency can be available to families who have applied to other agencies.

Changing policy statements: Many agencies are still distributing policy statements and adoption information that includes strict criteria for judging the characteristics of adopting families. Obviously the agency cannot ignore state adoption laws where these apply--although they may try to have the law modified when it is preventing good placements. All too often these policies have not been reevaluated to consider the way in which the conditions outlined might influence the ability of a couple to parent. Such criteria as number of biological children in the family, age of parents, and length of marriage may exclude families from consideration when they would be excellent parents for a child with few alternatives. Even when agencies have a policy of greater flexibility for families who will accept a special need child, written policy statements may discourage families from trying.

Record keeping: All agencies keep detailed case records on the children in custody and the families the agency has studied, including copies of pertinent documents. Unfortunately, few agencies maintain statistical procedures that would allow rapid and efficient summary of these records. This oversight not only impeded the present project, but does not allow agency and regional administrators to effectively determine the extent to which policy changes

facilitate the achievement of desired objectives. Modern information retrieval techniques could easily be adopted to gather such statistics with little cost to agencies.

Finding families in other communities: Since the child with special needs often needs a special family, there is always the possibility there will not be a family for a particular child in any given community. Especially in smaller communities, the number of families willing and able to accept a child with a particular mental, emotional, or physical problem might be limited. This situation is further complicated where there are few facilities available to treat the child's condition.

When this occurs the worker may look to other agencies and to the adoption exchanges to help her find appropriate families. If an agency has several branches, it probably already has procedures by which children in the care of one office can be matched with families studied by another office. Too often these procedures are limited to matching infants with couples. When the worker has a handicapped child on her caseload, simply writing a brief paragraph describing the child is seldom sufficient to interest another worker in suggesting this child to one of her families. These procedures will be more effective if they include an opportunity for the worker who knows the child to express in person her conviction that he is a desirable child for some family.

Adoption exchanges: Many states have established adoption exchanges that list children for whom a particular agency has been unable to find a suitable placement and/or families willing to accept special need children. In addition, many of the agencies in our sample participate in The Adoption Resource Exchange of North America. AREVA disseminates information about specific adoptable

special need children and available families to participating agencies throughout North America. As a result of their efforts, 1283 registered children had been placed as of July, 1974. In general, the states registering the largest number of children were not the states where large numbers of children were placed. ARENA placements not only cross state lines, but often cross regional lines.⁹ ARENA registration provides the widest available opportunity for finding appropriate placements for children and families. Some states automatically register a child on ARENA after he has been registered on the state exchange for a given period.

GOVERNMENTAL POLICY MODIFICATIONS

There are several types of legislation that would increase the opportunity for handicapped children to find adoptive homes.

Subsidized adoption:¹⁰ Four of the states in which the agencies we studied were located, have passed subsidized adoption legislation. As of May, 1974, thirty-three states had passed such legislation. Although different states vary in their provisions, there are two major types of legislation--medical subsidies and maintenance subsidies. Medical subsidies usually provide for the state to continue to meet all of a child's medical treatment expenses arising from the medical condition in existence at the time of adoptive placement. Since these expenses may be considerable, such legislation increases the number of families that can choose to parent a child.

Maintenance subsidies arouse more controversy. Some people feel a family who cannot find some way of providing for a child does not have sufficient motivation to parent the child. In realistically evaluating the costs of raising a child, few subsidies approach the actual financial cost to the family. Many families, especially if they already have children, have the

⁹Supply and Demand in ARENA, Research Center, Child Welfare League of America, New York, 1972.

¹⁰Subsidized Adoption: A Call to Action. Child Care Association of Illinois, Springfield, Illinois, 1968.

time and love to give another child but cannot take on the full financial burden of raising an additional child. A small subsidy, usually less than the state would have to pay for foster care, may make the crucial difference in allowing the family to provide a home for a handicapped child.

Voluntary child release: Voluntary child release legislation allows a parent who can no longer provide a home for a child, to release the child to the custody of an agency which can then seek an adoptive home for him. Even with such legislation the worker must often help the family to a realistic evaluation of their situation and to deal with the guilt such a step often engenders in our society.

Especially when a family is faced with providing for a biological child with a more severe condition, the possibilities open to the family are limited. Their guilt over the child and over their inability to provide for him are often extreme. Many families choose to institutionalize such a child on the advice of their pediatrician and friends. They cannot face the disruption of family life they fear the child's condition will cause. The alternatives to providing for such a child at home vary in terms of quality of care facilities and the expenses to the biological family.

Unfortunately, the determination to have the child institutionalized is not ordinarily based on considerations of the best care plan for the child. Rather, well meaning advisors usually concentrate on the emotional costs of raising such a child would have for the family. The family is often forced to make such a decision at the time they are still suffering from the trauma accompanying discovery of the child's condition. Many workers dread the notion of approaching such a family with the information that there may be another family willing to take on the love and care of a child the biological family is

rejecting. Intensive work with the family at this point may result in their deciding to keep the child or in releasing the child for another family to adopt. In either case, the result could be what is best for the child, rather than simply hiding him away.

Secondary child release: Secondary child release allows the transfer of child custody from an agency without the resources for providing him an adoptive home to an agency which has such resources. If agencies can establish a wide network of cooperative linkages with each other over a wide geographical area, they can then utilize each other's resources to best serve the children in their care. To the extent that agencies define their relationships as competitive, such linkages are unlikely. Agencies that specialize in finding homes for special need children focus on the child and look for families to meet the needs of a particular child. They are most effective when they know the child. An agency that cannot place a particular child might arrange to have the child transferred to another agency that has been successful in placing similar children, and arrange for appropriate financing to reimburse the second agency for its additional expenses.

Informational retrieval: At the federal level it is necessary to retrieve more information about children who are waiting for adoption and about those who might be made legally available for adoption if it were felt an adoptive home could be found. Such an information retrieval system would provide the basic data necessary for federal programs to encourage the adoption of special need children and provide a greater pool from which to match families of special strengths to children of special needs.

COMMUNITY EDUCATION

The potential for placing any child, and the success of the placement, is affected by the climate of the larger community. In every community there are

certain key people whose attitudes toward adoption, handicaps, and family life in general can be expected to have a great impact on adoptions in that community. Some of the more important of these are judges, pediatricians, and teachers.

Judges: There are fifty separate adoption laws in the United States, but, in effect, the interpretation of these laws rests with the local judge who decides in each given case whether parental rights should be terminated and whether a particular child should be placed with a particular family. In addition the judge often makes determinations about the suitability of a subsidy and other matters affecting the adoption. Although the judge is constrained by the relevant legislation and often depends heavily on the recommendations of the worker, most laws leave room for interpretation and the worker's advice is sometimes not given sufficient weight.

Workers tell us some judges are reluctant to terminate parental custody because of a deep-seated prejudice in favor of the rights of the biological family. Even when the family had made no provision for the child and seems incapable of doing so, many judges are reluctant to permanently separate families. When the child has a mental, emotional, or physical problem, the judge's reluctance to release him is increased if he is convinced there is no family that would choose to parent such a child. Some judges are even reluctant to approve an adoption because they feel a family that would choose such a child is being unrealistic simply by being willing to take him. Other judges continue to use traditional criteria to evaluate the adoptive family, even when the worker can demonstrate that such criteria are not really appropriate in the case before the court.

Every workers tells us it is important for the adoption worker to know the judge in her area and define the case in terms of his particular interpretation

and prejudices. Agencies and workers may also consider ways in which the attitudes and experiences of the local judge might be expanded by the new experiences and insights being developed in the field.

Pediatricians: By definition, the family of a handicapped child will be working closely with a physician. Many agencies advise a family, interested in a particular child, to discuss his condition with their family doctor or pediatrician. Unfortunately, many private physicians focus on the disruption such a child may bring to the family rather than whether or not the family can provide adequate care for the child. Although the family should be well informed of what caring for a particular child may mean, a biased discussion can discourage families who could accept the challenges of raising such a child if they were also informed of the potential rewards. The worker can seek the pediatricians in her community who are most likely to be sympathetic to adoption; those who focus on the medical consequences of the child's condition, the best care plan for the child, and what the family should know about the child, rather than attempting to make a decision for the family. Many families have their own pediatricians with whom they want to work. The worker can prepare the family for some of the issues that pediatricians are likely to raise.

The American Academy of Pediatricians has revised its handbook on adoption. It provides the worker with a powerful resource both to help explore adoption with families that are interested in a handicapped child and in helping her to deal with the more conservative medical people in her community.¹¹

Teachers: When the adoptive child has already attended school before his adoption, the school records will be forwarded to his new school. Both workers and adoptive parents have expressed concern that some of the material in these records is not only unnecessary for the new school, but may actually prejudice

¹¹Arnold S. Anderson, M.D., "Medical Concepts in Adoption for Children with Handicaps," paper presented at the North Carolina Governor's Conference on Finding Families for Children with Handicaps, Raleigh, 1970.

the staff so that they do not deal as effectively with the child as they might. This is especially true of some of the test results and labels such records usually contain. Since most of these children have suffered some trauma while waiting for adoption, their behavior may not always be relevant to the way in which they should be treated in their new school. The teacher who is told that a child is disruptive, slow, or immature may encourage this behavior by treating the child in accord with the label applied to him.

Some workers have had success in convincing schools to remove materials from the child's records that would prejudice his new adjustment without materially improving the way in which the school can help him. Many workers might find this a fruitful approach. The worker will also want to help the adoptive family prepare for any problems they are likely to meet in this area and to help them to develop strategies in dealing with the schools.

Chapter VIII

PROJECT SUMMARY AND EVALUATION

The purpose of this project was to survey current practices in the placement of handicapped children in an attempt to determine those practices and policies that are most likely to result in maximization of adoptive placements for handicapped children. The project was organized in three stages:

1. Collection and analysis of data from adoption agencies and state departments of social service regarding the care and placement of handicapped children, with special emphasis on the way in which agencies seek out or encourage prospective adoptive and foster families to insure placement of the child in a suitable home.
2. Organization of a workshop where representatives from adoption agencies and other people involved in the care of handicapped children were able to exchange information and ideas about adopting handicapped children.
3. Preparation of a handbook for distribution to agencies communicating the insights on successful practices for the placement of mentally, emotionally, or physically handicapped children that evolved from the research and workshop stages.

SUMMARY OF PROJECT FINDINGS

Utilizing questionnaires completed by the directors of 7^o agencies in six states and 205 child welfare workers in these agencies, interviews with adoption specialists and agency personnel in each of the six states, data from the workshop, and intensive interviews the project substantiated the following findings:

- 1) Handicapped children are being placed. The agencies in our sample placed 228 handicapped children in adoptive homes during 1971 and 1972.

However, 31 per cent of the agencies made no such placements in either year.

2) Adoptive placements of handicapped children increased although the total number of non-relative adoptions decreased.

3) Public agencies in metropolitan areas have the largest number of handicapped children in custody and make adoptive placements for the largest number of such children. However, they placed the smallest proportion of the handicapped children they had in custody. The private non-sectarian agencies find adoptive homes for the highest proportion of handicapped children in custody but have relatively few such children. No type of agency has more than 10 per cent of its placements resulting in homes for handicapped children.

4) Agencies with workers who specialize in finding homes for special need children have placed a larger number of handicapped children both in absolute terms and per worker. Furthermore, those agencies in which the special worker is in a project or group environment tend to place substantially more children per worker.

5) The perception that various types of handicaps are unlikely to prevent placement is related to successful placement of such children.

6) Ninety-five per cent of the agencies ask adoptive applicants if they would be interested in adopting a handicapped child. Our data indicate no relationship between when this question is asked or how frequently it is asked and an increased number of placements.

7) Participation in special programs, especially media programs, is related to an increased number of adoptive placements for handicapped children.

8) Those agencies that are able to provide subsidies, decrease fees, or shorten the study period for families interested in handicapped children are able to make more placements.

9) A comparison of the characteristics of handicapped children in agency custody who are waiting to be placed with those who have already been placed in adoptive homes, suggest the former tend to be somewhat older, have been in custody longer, are more likely to be black, and are more likely to need specialized facilities outside the home.

10) About 25 per cent of the handicapped children in custody are not likely to be placed in either foster care or adoptive homes. This is true for 31 per cent of those who have been in custody for more than four years.

11) Agency workers who have placed a handicapped child are more likely to be older and to have had greater experience in the field of child welfare and have worked at their present agencies for a longer time than those who have not placed such a child. These characteristics are also related to an increase in the number of such placements.

12) Workers with a "I.S.W." degree are less likely to have placed handicapped children than workers with other degrees.

13) A fairly general level of supervision and the perception that one's supervisor would rank one highly are related to making placements and to an increased number of placements.

14) Interaction with workers in other counties leads to making placements and more placements, whereas, interaction with workers in one's own agency and with workers in other agencies in the same county is negatively related to the number of placements.

15) The worker's attitudes toward the feasibility of placing children with various handicaps is related to her own experience in placing such children and her knowledge that her agency has been able to place such children.

(16) Families that adopt handicapped children vary in age, education, occupation, and family structure.

17) There is a tendency for families that adopt these children to be older and to rank lower on socio-economic measures when compared to families who adopt healthy infants. This is especially true for foster families, and for those who adopt mentally retarded children and children with multiple handicaps.

18) Prior experience with handicapped individuals emerges as one of the significant factors in a family's willingness to accept a handicapped child.

19) Those workers who have placed a handicapped child are most likely to perceive the ideal parents for such a child as differing from their perception of the ideal parents for a healthy infant. They feel parents who adopt a handicapped child should tend toward being realistic, sensitive, mature, outgoing, flexible, cooperative, independent, stationary, and home-oriented. They feel the mothers should be versatile and the fathers expert.

EVALUATION

The project was able to collect and analyze data to provide at least partial answers to all of the questions outlined in Chapter I. The general findings of the project are:

1) The adoptive placement of handicapped children is an area of rapid change with tremendous variation between agencies and between workers within the same agency. Some agency personnel at all levels recognize the need for innovation and are actively and aggressively striving to develop new programs for increased effectiveness. Others are skeptical. They either feel handicapped children cannot find acceptance or programs to increase such placements would violate basic principles of professional practice to the detriment of

both children and families. The project was able to systematize some of the current practices.

2) Despite reservations agencies are placing handicapped children and short term informal follow-up on such placements suggests the vast majority are successful. This project could not attempt a detailed evaluation of the placements.

3) The dissemination stages of the project were successful in bringing new information to some workers. The magnitude of the impact of the workshop and the handbook could not be measured but future feedback may provide further insights.

4) The use of multiple techniques of data collection was crucial in giving scope and meaning to the findings and suggesting additional areas to be pursued.

5) The project focused on the adoptive placement of handicapped children and collected little data on foster placements. Although many of its insights and findings may be applicable to foster placement also, this area needs further investigation.

ADDITIONAL RESEARCH

The findings of the project raises additional questions that should be studied in the near future. A good deal more should be learned about the types of families that adopt handicapped children and the way in which they develop coping mechanisms to handle their child's problems. Such information would be useful for the workers making such placements, in aiding families with atypical children, and in providing greater understanding of the dynamics of child rearing and adjustment. An intensive study of foster families serving handicapped children is needed both for insights into the coping mechanisms

that they develop and to survey their potential as adoptive families.

An evaluation of the impact of various dissemination techniques is needed and would provide data on the means to facilitate change at various organizational levels. Such a study might include a section on the pattern of communication and competition between workers within and between agencies and between various levels within the agency.

Finally there is a need for the development of techniques for collecting and summarizing appropriate statistics both for accountability and to determine the population of greatest need.

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APPENDIX

Questionnaires sent to:

- 1) Agency Directors**
- 2) Agency Workers**

Case type: _____

Case #: _____

AGENCY QUESTIONNAIRE

**Study of Agency Placement of Mentally,
Emotionally, or Physically
Handicapped Children**

C O N F I D E N T I A L

Sociology Department
Eastern Michigan University

With Funds provided by
The Office of Child
Development
U.S. Department of Health,
Education and Welfare

Please complete the following questionnaire in as much detail as possible. Feel free to add additional pages whenever necessary. Any comments that you feel will be helpful will be welcomed. (Please print.).

NAME OF AGENCY: _____

MAILING ADDRESS: _____

NAME AND TITLE OF INDIVIDUAL FILLING OUT QUESTIONNAIRE:

TELEPHONE NUMBER: _____
(area code) (telephone) (extension)

SOURCE OF AGENCY FUNDING:

SOURCE:	PER CENT:
_____	_____
_____	_____
_____	_____
_____	_____

NUMBER OF PROFESSIONAL STAFF: _____

AREA AGENCY SERVES:

SERVICES PROVIDED BY AGENCY:

NAMES OF CASE WORKERS WHO HANDLE ADOPTION PLACEMENTS AND/OR FOSTER CARE SUPERVISION OF CHILDREN WHO ARE LEGALLY ELIGIBLE FOR ADOPTION. (PLEASE DO NOT INCLUDE WORKERS WHOSE CASE LOADS DO NOT INCLUDE CHILDREN LEGALLY ELIGIBLE FOR ADOPTION.)

DOES YOUR AGENCY HAVE A SPECIAL PROJECT WORKER, OR A SPECIAL WORKER FOR MENTALLY, EMOTIONALLY OR PHYSICALLY HANDICAPPED CHILDREN? IF SO, PLEASE NAME WORKER(S):

1. Are there any restrictions on the number or kinds of children that can be served by your agency? (e.g. age, residency) Please list restrictions.

2. Please indicate the number of children legally eligible for adoption which your agency had in the following care situations during 1971, and so far in 1972:

	1971	1972
a. number of children in custody		
b. number of children placed in adoptive homes		
c. number of children under foster care		
d. number of children in other care situations (please specify)		

3. How many of these children (in #2) would be considered mentally, emotionally or physically handicapped?

	1971	1972
a. number of handicapped children in custody		
b. number of handicapped children placed in adoptive homes		
c. number of handicapped children under foster care		
d. number of handicapped children in other care situations (please specify)		

b.i

4. When a child comes into agency care, how long would it ordinarily be before he would undergo a complete medical examination?

4a. Would such a check-up include psychiatric or psychological testing? _____
If such tests are only made in some cases, what is the basis for deciding to proceed?

5. Does the physician routinely make some prognosis as to the adoption potential of the child?

5a. Does such a prognosis usually include an evaluation of the child's adoption potential from the viewpoint of the problems that care of this child would present to a family?

5b. Does the prognosis include the best possible care plan for the child?

6. When an adoption placement is imminent would the child have another medical examination?

6a. Might the results of the examination postpone adoption placements or terminate the placement procedures? (Please elaborate)

7. How does the agency select the physician or other professional that would perform the examination(s)? (That is, do you have one or more professionals that do all agency work, does the agency use a particular facility, or are there a number of professionals who are used alternately?)

8. If a child has a mental, physical, or emotional handicap beyond the capabilities of the professionals usually used by the agency, what is the referral procedure? (That is, does the professional make a referral to any specialist or facility that he feels might meet the child's needs or are the types of referrals he can make limited by agency policy or funds?)
 9. In evaluating the probability that a given child will be adopted, each agency must take into consideration the specific nature of the community which it serves. What specific kinds of mental, emotional or physical handicaps would make it very difficult to place an infant or very young child in an adoptive home in your community?
 10. What services are available to handle the special needs of mentally, emotionally or physically handicapped children in your area? (That is, educational, medical, counselling and others.)
 11. What kinds of handicaps would make it very difficult to place an infant or very young child in a foster home in your community?

12. In general, do you find locating foster homes (as compared to locating adoptive homes) for mentally, emotionally or physically handicapped children to be:

a. _____ more difficult

b. _____ about the same

c. _____ easier

PLEASE COMMENT:

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13. Please rank the following in terms of the likelihood that they would prevent an

VERY LIKELY TO PREVENT	LIKELY TO PREVENT	UNLIKELY TO PREVENT	ARE THERE ANY SUCH CHILDREN IN YOUR AGENCY'S CUSTODY?	DO YOU RECAL AGENCY PLACI A CHILD
Severe Acting out	_____	_____	YES _____ NO _____	YES _____
Facial Deformity	_____	_____	YES _____ NO _____	YES _____
Orthopedic Problem	_____	_____	YES _____ NO _____	YES _____
Cardiac or Pulmonary Deficiency (correctable)	_____	_____	YES _____ NO _____	YES _____
Mongoloid Retardation	_____	_____	YES _____ NO _____	YES _____
Mild Mental Retardation	_____	_____	YES _____ NO _____	YES _____
Blind	_____	_____	YES _____ NO _____	YES _____

the following in terms of the likelihood that they would prevent an adoptive placement.

LIKELY TO PREVENT	UNLIKELY TO PREVENT	ARE THERE ANY SUCH CHILDREN IN YOUR AGENCY'S CUSTODY?	DO YOU RECALL YOUR AGENCY PLACING SUCH A CHILD?
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____

	VERY LIKELY TO PREVENT	LIKELY TO PREVENT	UNLIKELY TO PREVENT	ARE THERE ANY SUCH CHILDREN IN YOUR AGENCY'S CUSTODY	DO YOU AGENCY A
Partially Sighted	_____	_____	_____	YES _____ NO _____	
Deaf	_____	_____	_____	YES _____ NO _____	
Hyperkinetic	_____	_____	_____	YES _____ NO _____	
Bed Wetter	_____	_____	_____	YES _____ NO _____	
Diabetic	_____	_____	_____	YES _____ NO _____	
Allergies	_____	_____	_____	YES _____ NO _____	
Asthma	_____	_____	_____	YES _____ NO _____	
Epilepsy	_____	_____	_____	YES _____ NO _____	
Sickel-Cell Anemia	_____	_____	_____	YES _____ NO _____	
Cystic Fibrosis	_____	_____	_____	YES _____ NO _____	
Cerebral Palsy	_____	_____	_____	YES _____ NO _____	

LIKELY
TO
PREVENT

UNLIKELY
TO
PREVENT

ARE THERE ANY SUCH
CHILDREN IN YOUR
AGENCY'S CUSTODY

**DO YOU RECALL YOUR
AGENCY PLACING SUCH
A CHILD?**

14. Please briefly describe each child in your agency's custody who is legally eligible and who has a mental, emotional or physical (or potential) handicap.

SEX	AGE	RACE	LENGTH OF TIME IN AGENCY	NATURE OF CARE	HANDICAP	CHILD'S SPECIAL NEEDS

Briefly describe each child in your agency's custody who is legally eligible for adoption as a mental, emotional or physical (or potential) handicap.

SEX	AGE	RACE	LENGTH OF TIME IN AGENCY CARE	NATURE OF HANDICAP	CHILD'S SPECIAL NEEDS
-----	-----	------	--	-----------------------	-----------------------------

GE

RACE

LENGTH OF
TIME IN
AGENCY
CARENATURE OF
HANDICAPCHILD'S
SPECIAL
NEEDSPROGNOSIS FOR PLACE-
MENT (i.e., permanent
foster home, adoption,
institution, difficult
to say)

15. Does your agency routinely ask couples who approach the agency to adopt a child if they would accept a mentally, emotionally or physically handicapped child? At what stage in this process would this be discussed?

16. Approximately when did you start asking this?

17. Are there any special kinds of consideration that you would provide for a couple who were interested in a handicapped child? If so, what?

18. Are there any special characteristics that you look for in an adoptive family?

19. Does your agency participate in any special programs to reach prospective adoptive or foster parents for handicapped children? If yes, what kinds of programs?

20. Are there any legal procedures or laws that make it difficult for your agency to place handicapped children in adoptive homes? If yes, please explain.

21. In your opinion, what are the community programs which could be developed or legal steps that could be taken to facilitate the care and placement of handicapped children?

22. As we talk to various agencies additional questions or points for clarification are likely to arise. As this happens we will be calling the agencies on the telephone. Please list the hours when you are most likely to be available for telephone consultation:

When you have completed this questionnaire please use the enclosed envelope to return it to:

Professor Bruce L. Warren
Department of Sociology
Eastern Michigan University
Ypsilanti, Michigan 48197

We would appreciate it if you could include a copy of the agency's adoption policies or guidelines for which we will be glad to reimburse your agency.

Thank you very much for your time.

Case type: _____

Case #: _____

Wrkr #: _____

WORKER QUESTIONNAIRE

Study of Agency Placement of Mentally,
Emotionally, or Physically
Handicapped Children

CONFIDENTIAL

Sociology Department
Eastern Michigan University
Funded by:
The Office of Child
Development
U.S. Department of Health,
Education, and Welfare

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Unless the question otherwise specifies, answer in terms of your own caseload. Please try to answer each question as fully as possible. Feel free to use additional pages as necessary. All responses will remain confidential.

CASE WORKER'S NAME: _____

CASE WORKER'S TITLE: _____

DATE OF BIRTH: _____

EDUCATIONAL BACKGROUND:

School: _____ Degree: _____ Date: _____

1. How long have you been engaged in child welfare work? _____
2. How long have you been employed at your present agency? _____
3. What types of duties does your position with the agency entail? (Please specify the approximate percentage of time spent on each)
4. If you had your choice in the matter which duties would you spend more time on?
5. Which duties would you spend the least time on?
6. Did you place any handicapped children in adoptive homes during 1972?

How many? _____
- 6a. How many of these placements were in another county? _____

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Please describe the last two placements of handicapped children on your case load.

Child I

Date of Placement: _____

How long legally available before placement: _____

How long in agency custody before placement: _____

Age: _____ Sex: _____ Race: _____

1. Nature of Handicap:

2. Were there any special requirements that had to be taken into consideration in the selection of adoptive parents for this child?
(If yes, please describe)

ADOPTIVE PARENTS:

3. Ages: Father _____ Mother _____

4. Last Grade Completed: Father _____ Mother _____

5. Father's Occupation: _____

6. Mother's Occupation: _____

6a. Has she continued working full or part-time? _____ Which? _____

7. Annual Family Income: _____

8. Race: _____

9. Religion: _____

10. Sex and Ages of Other Children: _____

11. Were any of the other children in the family adopted? (If Yes, please specify which ones) _____

12. Do any of the other children in the family have a physical or mental handicap? Please give details: _____

13. What reasons did this couple give for wanting to adopt a child?

14. Were they initially interested in adopting a handicapped child?

15. How did this interest develop?

16. Was there anything unusual about this couple as compared to most adoptive parents?

17. Many times, problems, some unforeseeable, occur after placement. Have there been any problems in this adoption?

18. How is the family coping with these problems?

Child II

Date of Placement: _____

How long legally available before placement: _____

How long in agency custody before placement: _____

Age: _____ Sex: _____ Race: _____

1. Nature of Handicap:

2. Were there any special requirements that had to be taken into consideration in the selection of adoptive parents for this child?
(If yes, please describe)

ADOPTIVE PARENTS:

3. Ages: Father _____ Mother _____

4. Last Grade Completed: Father _____ Mother _____

5. Father's Occupation: _____

6. Mother's Occupation: _____

6a. Has she continued working full or part-time? _____ Which? _____

7. Annual Family Income: _____

8. Race: _____

9. Religion: _____

10. Sex and Ages of Other Children: _____

11. Were any of the other children in the family adopted? (If Yes, please specify which ones) _____

12. Do any of the other children in the family have a physical or mental handicap? Please give details: _____

13. What reasons did this couple give for wanting to adopt a child?

14. Were they initially interested in adopting a handicapped child?

15. How did this interest develop?

16. Was there anything unusual about this couple as compared to most adoptive parents?

17. Many times, problems, some unforeseeable, occur after placement. Have there been any problems in this adoption?

18. How is the family coping with these problems?

Please describe below the last healthy infant that you placed in an adoptive home. . .

Date of Placement: _____

How long legally available before placement: _____

How long in agency custody before placement: _____

Age: _____ Sex: _____ Race: _____

1. Were there any special requirements that had to be taken into consideration in the selection of adoptive parents for this child? (If yes, please describe)

ADOPTIVE PARENTS:

2. Ages: Father _____ Mother _____

3. Last Grade Completed: Father _____ Mother _____

4. Father's Occupation: _____

5. Mother's Occupation: _____

5a. Has she continued working full or part-time? _____ Which? _____

6. Annual Family Income: _____

7. Race: _____

8. Religion: _____

9. Sex and Ages of Other Children: _____

10. Were any of the other children in the family adopted? (If Yes, please specify which ones) _____

11. Do any of the other children in the family have a physical or mental handicap? Please give details: _____

13. What reasons did this couple give for wanting to adopt a child?

14. Was the idea of adopting a "special need" child explored with them?

15. What was their reaction?

16. Was there anything unusual about this couple as compared to most adoptive parents?

17. Many times, problems, some unforeseeable, occur after placement. Have there been any problems in this adoption?

18. How is the family coping with these problems?

Please rank the following in terms of the likelihood that they would prevent an adoption.

VERY LIKELY TO PREVENT	LIKELY TO PREVENT	UNLIKELY TO PREVENT	ARE THERE ANY SUCH CHILDREN IN YOUR AGENCY'S CUSTODY?	DO YOU RECALL AGENCY PLACING A CHILD?
Severe Acting out	—	—	YES ____ NO ____	YES ____ NO ____
Facial Deformity	—	—	YES ____ NO ____	YES ____ NO ____
Orthopedic Problem	—	—	YES ____ NO ____	YES ____ NO ____
Cardiac or Pulmonary Deficiency (correctable)	—	—	YES ____ NO ____	YES ____ NO ____
Mongoloid Retardation	—	—	YES ____ NO ____	YES ____ NO ____
85 Mild Mental Retardation	—	—	YES ____ NO ____	YES ____ NO ____
Blind	—	—	YES ____ NO ____	YES ____ NO ____

following in terms of the likelihood that they would prevent an adoptive placement.

LIKELY TO PREVENT	UNLIKELY TO PREVENT	ARE THERE ANY SUCH CHILDREN IN YOUR AGENCY'S CUSTODY?	DO YOU RECALL YOUR AGENCY PLACING SUCH A CHILD?
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____
_____	_____	YES _____ NO _____	YES _____ NO _____

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	VERY LIKELY TO PREVENT	LIKELY TO PREVENT	UNLIKELY TO PREVENT	ARE THERE ANY SUCH CHILDREN IN YOUR AGENCY'S CUSTODY	DO YOU AGENCY
Partially Sighted	—	—	—	YES ____ NO ____	YES ____
Deaf	—	—	—	YES ____ NO ____	YES ____
Hyperkinetic	—	—	—	YES ____ NO ____	YES ____
Bed Wetter	—	—	—	YES ____ NO ____	YES ____
Diphtheria	—	—	—	YES ____ NO ____	YES ____
Allergies	—	—	—	YES ____ NO ____	YES ____
Asthma	—	—	—	YES ____ NO ____	YES ____
Epilepsy	—	—	—	YES ____ NO ____	YES ____
Sickle-Cell Anemia	—	—	—	YES ____ NO ____	YES ____
Cystic Fibrosis	—	—	—	YES ____ NO ____	YES ____
Cerebral Palsy	—	—	—	YES ____ NO ____	YES ____

LIKELY TO PREVENT	UNLIKELY TO PREVENT	ARE THERE ANY SUCH CHILDREN IN YOUR AGENCY'S CUSTODY	DO YOU RECALL YOUR AGENCY PLACING SUCH A CHILD
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____
		YES ____ NO ____	YES ____ NO ____

Does your caseload include any handicapped children whom you feel are highly unlikely to be placed in adoptive homes? (Please include children who are either eligible for adoption or who could become eligible for adoption at some future time.) If so, please fill in the following items:

Does your caseload include any handicapped children whom you feel are highly unlikely to be placed in adoptive homes? (Please include children who are either eligible for adoption or who could become eligible for adoption at some future time.) If so, please fill in the following items:

In Your Opinion
Is this Care the Most
Suitable for This
Child? If Not What
Would Be The Ideal
Care Situation?
(Other than Permanent
Adoption)

Nature of Handicap	Special Needs	Reason Unlikely To Be Placed	Where is Child Now Being Cared for?	In Your Opinion Is this Care the Most Suitable for This Child? If Not What Would Be The Ideal Care Situation? (Other than Permanent Adoption)	Current Legal Status

1. Does your agency routinely ask couples who approach the agency to adopt a child if they would accept a mentally, emotionally, or physically handicapped child? At what stage in the process would this be discussed?

2. Approximately when did you start this practice?

3. Are there any special kinds of consideration that you would provide for a couple who were interested in a handicapped child? _____
If so, what?

4. Are there any special characteristics that you look for in an adoptive family when considering their eligibility for a handicapped child?
_____ If so, what?

The next four sections of the questionnaire present some characteristics that workers have told us may be important in describing good parents. Think for a moment of the ideal parent suggested at the top of each list. Then go through the list quickly making your selections.

Please look at each pair of characteristics as if they were placed at either end of a ruler. Place an X on each line in the space that indicates where you think an ideal FATHER for a HANDICAPPED CHILD would best fit:

EXAMPLE: DEMONSTRATIVE	<u>X</u>	RESERVED
	(1) (2) (3) (4) (5) (6) (7)	
IDEALISTIC	— — — — — — —	REALISTIC
SENSITIVE	— — — — — — —	TOUGH SKINNED
STRICT	— — — — — — —	PERMISSIVE
YOUTHFUL	— — — — — — —	MATURE
RESERVED	— — — — — — —	OUTGOING
VERSATILE	— — + — — — —	EXPERT
FIRM	— — + — — — —	FLEXIBLE
QUICK TO DECIDE	— — + — — — —	SLOW TO DECIDE
COMPETITIVE	— — — + — — —	COOPERATIVE
INDEPENDENT	— — — — + — —	DEPENDENT
HOME-ORIENTED	— — — — — + —	COMMUNITY-ORIENTED
MOBILE	— — — — — — +	STATIONARY

Please place an X in the space that indicates where you think an ideal MOTHER for a HANDICAPPED CHILD would best fit:

	(1) (2) (3) (4) (5) (6) (7)	
IDEALISTIC	— — — — — — —	REALISTIC
SENSITIVE	— — — — — — —	TOUGH SKINNED
STRICT	— — — — — — —	PERMISSIVE
YOUTHFUL	— — — — — — —	MATURE
RESERVED	— — — — — — —	OUTGOING
VERSATILE	— — — — — — —	EXPERT
FIRM	— — — — — — —	FLEXIBLE
QUICK TO DECIDE	— — — — — — —	SLOW TO DECIDE
COMPETITIVE	— — — — — — —	COOPERATIVE
INDEPENDENT	— — — — — — —	DEPENDENT
HOME-ORIENTED	— — — — — — —	COMMUNITY-ORIENTED
MOBILE	— — — — — — —	STATIONARY

Please place an X in the space that indicates where you think an ideal FATHER for a HEALTHY INFANT would best fit:

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
IDEALISTIC	—	—	—	—	—	—	—	REALISTIC
SENSITIVE	—	—	—	—	—	—	—	TOUGH SKINNED
STRICT	—	—	—	—	—	—	—	PERMISSIVE
YOUTHFUL	—	—	—	—	—	—	—	MATURE
RESERVED	—	—	—	—	—	—	—	OUTGOING
VERSATILE	—	—	—	—	—	—	—	EXPERT
FIRM	—	—	—	—	—	—	—	FLEXIBLE
QUICK TO DECIDE	—	—	—	—	—	—	—	SLOW TO DECIDE
COMPETITIVE	—	—	—	—	—	—	—	COOPERATIVE
INDEPENDENT	—	—	—	—	—	—	—	DEPENDENT
HOME-ORIENTED	—	—	—	—	—	—	—	COMMUNITY-ORIENTED
MOBILE	—	—	—	—	—	—	—	STATIONARY

Now please look at each pair of characteristics below and place an X on each line in the space that indicates where you think an ideal MOTHER for a HEALTHY INFANT would best fit:

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
IDEALISTIC	—	—	—	—	—	—	—	REALISTIC
SENSITIVE	—	—	—	—	—	—	—	TOUGH SKINNED
STRICT	—	—	—	—	—	—	—	PERMISSIVE
YOUTHFUL	—	—	—	—	—	—	—	MATURE
RESERVED	—	—	—	—	—	—	—	OUTGOING
VERSATILE	—	—	—	—	—	—	—	EXPERT
FIRM	—	—	—	—	—	—	—	FLEXIBLE
QUICK TO DECIDE	—	—	—	—	—	—	—	SLOW TO DECIDE
COMPETITIVE	—	—	—	—	—	—	—	COOPERATIVE
INDEPENDENT	—	—	—	—	—	—	—	DEPENDENT
HOME-ORIENTED	—	—	—	—	—	—	—	COMMUNITY-ORIENTED
MOBILE	—	—	—	—	—	—	—	STATIONARY

1. From your point of view, who is the primary client served by your department?

 2. Does your agency participate in any special programs to reach prospective adoptive or foster parents for handicapped children? _____
If yes, what kinds of programs?

 3. Are there any legal procedures or laws that make it difficult for your agency to place handicapped children in adoptive homes? _____
If yes, please explain.

 4. In your opinion, what are the legal steps that could be taken or community programs that could be developed to facilitate the care and placement of handicapped children?

The next section of the questionnaire may appear rather formidable at this point, but please read through it quickly and check the response that seems most appropriate to you.

1. In the normal course of your work, how often do you have informal dealings with (other) workers in your agency? On the average, would you say. . .

- () several times a day
- () perhaps two or three times a day
- () a few times a week
- () about once or twice a week
- () or less than once a week

2. How often do you have occasion to interact professionally with workers at other agencies in your county?

- () several times a week
- () several times a month
- () several times a year
- () rarely or never

3. How often do you have occasion to interact professionally with workers in other counties?

- () several times a week
- () several times a month
- () several times a year
- () rarely or never

FOR FOSTER CARE WORKERS:

4. How much help do you feel you get from the Adoption Workers in your agency?

- () a great deal of help
- () quite a bit of help
- () some help
- () very little help
- () or no help at all

FOR ADOPTION WORKERS:

5. How much help do you feel you get from the foster care workers in your agency?

- () a great deal
- () quite a bit of help
- () some help
- () very little help
- () or no help at all

FOR ALL WORKERS:

6. In carrying out the basic tasks of your job, does your immediate supervisor supervise you closely or does he put you on your own? Does he use . . .

- () Very general supervision--where you are definately on your own
- () Fairly general supervision--where you are pretty much on your own
- () A moderate amount of supervision
- () Fairly close supervision
- () Or very close supervision--where you are never put on your own

7. Taking things as a whole, how satisfied are you with your experience of working at this agency? Would you say you are. . .

- () Not satisfied and there are a great many things that should be changed
- () Not very satisfied but can see no way things should be changed
- () Quite satisfied with the agency, but feel there are certainly many things that should be changed
- () Very satisfied but know of some things that should be changed
- () Or very satisfied with the agency and would not want to see them make any changes

8. Taking all things into consideration, how satisfied are you with your immediate supervisor? Would you say you are. . .
- () Very satisfied
() Fairly satisfied
() Somewhat satisfied
() Not too satisfied
() Or not satisfied at all
9. How do you think that your immediate supervisor would rate you as a case worker? Compared to the other case workers at your agency (or in similar positions), at other agencies, do you think he would rate you as. . .
- () One of the best
() Above average
() About average
() Or below average
10. From time to time, all organizations undergo major changes that upset the regular work schedule--such as changes in policies, operating procedures, personnel, working relationships, supervision, etc. How do you feel about the extent to which such changes are made in this agency? Do you feel that changes are made. . .
- () Much too often
() Somewhat too often
() At about the right times
() Not often enough
11. In your experience, how quickly does the agency get into smooth operation after a major change has been made? Would you say that the agency gets into smooth operation. . .
- () very slowly after a major change
() rather slowly
() rather quickly
() or very quickly after a major change

12. Do you believe that your agency has been able to adapt and adjust to changing circumstances, that is, keep up with the times? Would you say that your agency. . .

- () has done quite poorly in adapting and "keeping up"
- () rather poorly
- () fairly well
- () quite well
- () or has done very well in adapting and "keeping up"

13. When day-to-day decisions have to be made in regards to your case-load, do you usually. . .

- () discuss them with someone higher in the organization
- () discuss them with other staff members doing about the same job
- () make the decision pretty much on your own

14. When it is proposed that a change be made which will affect your work, how is the decision usually made about it?

- () I, myself, can usually decide whether or not to make the change
- () I am usually one of the group which makes the decision
- () My supervisor(s) give a great deal of weight to my opinion, but usually make the decision
- () I am usually informed of the decision after it is made, but before the change is underway
- () I usually learn of the decision after the change is already underway

15. How are the general goals and policies of your agency set? Are they usually. . .

- () decided by top administrators or board and passed down
- () decided by a meeting of the staff members whose work would be most affected by the decision
- () or worked out on a day-to-day basis by the people who are most involved

16. In carrying out the overall work of your agency, about how often does it become reasonable and practical to deviate from (or go around) some policy or procedure set down by guide-lines in order for you to do a more effective job? Would you say this happens. . .

- () frequently
- () very often
- () occasionally
- () rarely
- () never

17. How often do you do things in your work that you wouldn't otherwise do if it were up to you?

- () Never
- () Once in a while
- () Fairly often
- () Very often

18. Would you say that you work harder, less hard, or about the same as other people doing your type of work in your agency?

- () Much harder than most others
- () A little harder than most others
- () About the same as most others
- () A little less hard than most others
- () Much less hard than most others

19. Some people are completely involved in their job--they are absorbed in it night and day. For other people, their job is simply one of several interests. How involved do you feel in your job?

- () Very little involved; my other interests are more absorbing
- () Slightly involved
- () Moderately involved; my job and my other interests are equally absorbing to me
- () Strongly involved
- () Very strongly involved; my work is the most absorbing interest in my life

20. On the basis of your experience how would you rate the quality of OVERALL SERVICE that the children generally receive from this agency?

- Overall child service in this agency is outstanding
- Very good
- Good
- Fair
- Rather poor
- Overall child service is very poor

21. Please put an X next to each adjective that describes your attitude toward your work.

My work is:

- Fascinating
- Routine
- Satisfying
- Boring
- Good
- Creative
- Respected
- Not Pleasant
- Useful
- Tiresome
- Healthful
- Challenging
- On Your Feet
- Simple
- Endless
- Gives Sense Of Accomplishment

22. What about your supervisor, is he/she. . .

(Place an X by each item that applies)

- Willing To Ask Your Advise
- Hard To Please
- Impolite
- Praise Good Work
- Tactful
- Influential
- Up-to-date
- Unable To Supervise Enough
- Quick Tempered
- Able To Tell You Where You Stand
- Annoying
- Stubborn
- Knowledgeable About Job
- Bad
- Intelligent
- Willing To Leave You On Your Own
- Around When Needed
- Lazy

23. And the people you work with, are they. . .

(Place an X by each item that applies)

- Stimulating
- Boring
- Slow
- Ambitious
- Stupid

23. Responsible
 Fast
 Intelligent
 Easy To Make Enemies With
 Too Talkative
 Smart
 Lazy
 Unpleasant
 Unwilling To Give You Privacy
 Active
 Narrow In Their Interests
 Loyal
 Hard To Meet

24. What about the pay you receive at the agency, it is. . .

(Place an X by each item that applies)

- Adequate For Normal Expenses
 Barely Adequate To Live
 Bad
 Enough To Provide Luxuries
 Insecure
 Less Than I Deserve
 High
 Low

25. Which of the following statements describes your chances for promotion at your agency?

(Place an X by each item that applies)

- Good Opportunity For Advancement
- Opportunity Somewhat Limited
- Promotion On Ability
- Dead-end Job
- Unfair Promotion Policy
- Infrequent Promotions
- Regular Promotions
- Fairly Good Chance For Promotion

What is the best time to reach you in your office by telephone:

We appreciate the time you have spent in answering this questionnaire. If you have any additional comments or thoughts that may help us in the study please add them here.