Contemporary Themes

Parents for children

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Abstract

Parents for Children is a specialist adoption agency set up to find homes for children with special needs—that is, those with physical, mental, and emotional handicaps; older children; and sibling groups. Of the first 38 children placed, one child died and six placements broke down, although four children were later re-placed. Almost all the children referred to the agency had been in care for most of their lives. A full assessment of each child is necessary before placement, but in several cases the medical assessment in care had been inadequate. Many of the prospective parents themselves had serious medical conditions.

The agency has proved that homes can be found for children in need, but there have been problems and parents require advice and support in the management of the children after placement.

Introduction

In the context of adoption children with special needs are those with physical, mental, or emotional handicaps; older children; and sibling groups. Most of these children are in the care of the local authority. Children who remain in care for more than six months are unlikely to return home: fewer than a third are fostered and only a few are adopted (table I). The number of children in care has increased steadily during the last decade while the number of normal white babies available for adoption has fallen.

TABLE I—Details of children in care from 1973-8

	1973	1974	1975	1976	1977	1978
Total ..	93 200	95 900	99 100	100 600 +	101 300	100 700
Boarded out ..	29 800	30 700	31 900	33 100	34 000	34 700
Adopted ..	1 600	1 700	1 500	1 600	1 500	1 600

The specialist adoption agency Parents for Children was started with the aid of grants from the Department of Health and Social Security and the Rowntree Trust to see whether homes could be found for children with special needs. The agency is based in Camden Town and operates within a 100-mile radius of London. The children are referred by social service

departments and so all social service departments within this area were contacted when the agency opened and given information about the services available and fees to be charged. The agency is a registered charity with an executive committee which includes representatives of several bodies and disciplines associated with children. The team of professional workers includes the director, who is a social worker, three other experienced social workers, and a medical adviser. They meet the case committee, which includes representatives of the executive committee, a parent, and a residential children's worker, every three weeks to discuss the children and prospective parents and to decide on individual placements. The philosophy of the agency is based on the belief that there is a family somewhere for every child. The emphasis is on the individual child and publicity is focused on each child. The agency publishes a regular newsletter featuring individual children, articles have been published in the national press and in women's magazines, and broadcasts have been made by the BBC and commercial stations.

Children with special needs

Thirty-eight children were placed by the agency in the first three years. There were nine West Indians in sibling groups, two groups of three and one group of two; the stepsister of the ninth child refused placement. Four children had emotional problems and were classed as maladjusted. Three of these children had been in care since birth; nothing was known of the first four years of the fourth child. All four children had been in several foster and residential homes and were at least 10 years old at the time of placement.

The remaining 25 children were handicapped. Eleven had Down's syndrome and had been admitted to care during the neonatal period. Six of these children were placed for adoption before the age of 2, having previously been with foster parents. The remaining five were placed before the age of 5, four having been in residential homes and one in a hospital for the sub-normal, where she was the only mobile patient in the children's ward. This child was withdrawn and frightened of other children and had to be removed from her first placement, where there was an active older child with Down's syndrome in the family. Eight of the children with Down's syndrome also had cardiac lesions and two had epilepsy. The other 14 children had various handicaps (table II). Thirteen of these children had been placed in care during the first year of life and at the time of referral had been in several residential or foster homes.

All the handicapped children had had medical treatment but several cases were not fully investigated. For example, one 3-year-old girl with Down's syndrome was assessed after placement and found to have a severe cardiac lesion and epilepsy. A child with cerebral palsy, intellectual retardation, and epilepsy had been in a residential home all her life and was not fully assessed until the age of 10. She was placed for

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TABLE 11—Details of children with multiple handicaps

Case No	Age (yrs) when placed for adoption	Diagnosis	Associated conditions
1	14	Severe hearing loss	Emotional and intellectual retardation, probably rubella syndrome
2	13	Cerebral palsy	Epilepsy, educational handicap, probably rubella syndrome
3	13	Congenital adrenal hyperplasia	Mild educational handicap
4	13	Cystic fibrosis	Educational handicap
5	12	Partial deafness, neuroblastoma of neck	Educational handicap, emotional deprivation
6	11	Hydrocephalus with valve, aqueduct stenosis	Educational handicap
7	11	Intellectual retardation	Emotional deprivation
8	10	Post-encephalitis, child abuse	Mild spastic quadriplegia, optic atrophy and tunnel vision, educational handicap, emotional deprivation
9	8	Noonan's syndrome	Pulmonary stenosis, bilateral ptosis, small stature, educational handicap
10	8	Tuberous sclerosis	ESN(S),* epilepsy, visual defect
11	6	Hydrocephalus with valve	ESN(S),* cortical blindness
12	5	Cerebral palsy	High-frequency hearing loss, squint, emotional immaturity
13	4	Spina bifida, lumbar meningocele	Leg paresis, incontinence, squint
14	3	Achondroplasia	Cleft palate, conductive hearing loss

*Educationally subnormal (severe).

adoption at 13 but her experiences in residential care had not prepared her for family life and the placement broke down. A further example was a boy with Noonan's syndrome who had not seen a cardiologist although his cardiac lesion had been noted. This child also had bilateral ptosis affecting his vision and was admitted for plastic surgery soon after his placement. This case, however, highlighted the difficulties in relation to responsibility for the health care of children placed with prospective adoptive parents. The boy was readmitted for a second operation, but the parents were not able to sign the second consent form; it had to be signed by the child's social worker. The placing authority should delegate responsibility for medical treatment to the prospective adoptive parents.

Many of the children had a false impression of daily living outside institutions. Several had no conception of how a home was run, what went on in the kitchen, how food was prepared, how to shop, or how to manage money. The concept of family relationships was difficult for them to grasp. All 38 children were emotionally damaged by their experiences in care and showed "testing out" behaviour after placement. The most troublesome symptoms included persistent faecal soiling and smearing, temper tantrums, swearing attacks, and self-damage. Six of the 38 placements broke down: four of the six children were re-placed but one of the second placements was unsuccessful.

Prospective parents

Most of the parents with whom these children were placed either had fostered children or had some previous experience of children with physical or emotional handicaps. In 12 families there were natural children, and four placements were made with single women. Two of the single women adopted severely subnormal children with multiple handicaps. Both mothers were in their early 30s and came from deprived backgrounds; one had a history of depressive illness. The third single mother adopted a baby with Down's syndrome who died and then a year later adopted a second baby with Down's syndrome. The fourth single mother had 12 foster children and adopted two more, a disturbed 10-year-old boy and a mentally-retarded 15-year-old girl.

Nine parents themselves had serious medical conditions; the importance of each was considered in relation to the needs of the adopted child. Three were well-controlled diabetics, and two had had episodes of depressive illness some years previously. One father had a partial hearing loss and adopted an 11-year-old boy with a severe hearing loss and great emotional disturbance. One mother who adopted a child had had a sex-change operation several years previously and subsequently married.

The selection procedure emphasises the importance of informing and educating the parents. After their initial inquiry, prospective parents are invited to an open meeting when the agency's methods are described. The interested couples are then interviewed and attend a series of group sessions with social workers to discuss the particular problems of adopting a child with a special need. By this time some will be interested in a particular child; others will have opted out.

A full assessment of each child is essential for the social workers and prospective adoptive parents in considering individual placements. Further medical advice may be needed for either adults or children, and this can be arranged by the agency. The medical adviser visits the office every week and is present at the case committees.

Conclusions

Parents for Children has proved that it is possible to find homes for children with special needs; 32 successful placements have been made in the first three years. Nevertheless, much remains to be done. Most of the children referred to the agency had been in care since birth or soon after: a long-term programme of management is needed for such children as soon as they are received into care, when adoption should be considered. More attention should be given to the children's medical needs—in this series there were examples of inadequate care. Doctors who are responsible for these children should be influential in planning programmes of management.

Adoptive families need continued support in the management of the children; several of the placements would have broken down without this support. The organisation of the agency must take this into account.

The annual cost of keeping a child in residential care is at least £5000; the fee paid to the agency for a placement is £3643. The benefit to the children of a placement cannot be estimated.

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Are threadworms transmissible from household pets?

The threadworm *Enterobius vermicularis* does not occur in cats or dogs or other usual household pets so that in general the answer to the question is 'no.' The word "pet," however, covers a wide range of creatures from stick insects to chimpanzees and not all "threadworms" are enterobius. Apes and monkeys kept in captivity can become infected with enterobius and if kept as pets they might help to keep the infection in the family. Almost all wild and laboratory rodents are infected with the small nematode, *Syphacia obvelata*, which superficially resembles the human threadworm, and there are several records of this parasite from children. Useful references include *Worms and Disease*¹ and *Parasites of Western Man*,² which has a special section on man and his pets and domestic animals.

¹ Muller R. *Worms and disease. A manual of medical helminthology*. London: Heinemann Medical Books, 1975:161.

² Donaldson RJ, ed. *Parasites of Western man*. Lancaster: MTP Press, 1979:220.

What is the white forelock syndrome and is it connected with deafness?

The most common syndrome associated with white forelock is the Waardenburg syndrome.¹ The main features of the syndrome, of which one or more may be absent in individual cases, are: laterally displaced medial canthi, synophrys (a condition in which the eyebrows grow together), white forelock, heterochromia iridis, sensorineural deafness, and patches of depigmented skin. Deafness is present in about 20% of patients and in about half of these is bilateral and profound. There is a suggestion that deafness is more common in families without lateral displacement of the medial canthi.

¹ Pinsky L. In: O'Donnell JJ, Hall BD, eds. *Birth defects: original article series*. Vol XV, No 5B. New York: Alan Liss, 1979:216-9.