Suid-Afrikaanse Tydskrif vir Geneeskunde : South African Medical Journal

Kaapstad, 17 Maart 1962 Deel 36 No. 11 Volume 36 Cape Town, 17 March 1962

THE ADOPTION OF CHILDREN

ADELE IMPEY, M.B., CH.B. (EDIN.)

Vice-Chairman, South African National Council for Child Welfare; formerly Chairman, Standing Committee for Adoption, South African National Council for Child Welfare

As the problems arising in connection with the suitable adoption of children are manifold, only a few aspects can be discussed in this short paper.

On various occasions the South African National Council for Child Welfare has approached the Medical Association of South Africa to enlist the cooperation of its members with regard to adoption in various centres. The South African National Council for Child Welfare claims to be as fully informed in regard to current opinion on matters appertaining to the welfare of children in South Africa as the Medical Association of South Africa is in medical matters, being composed of members from affiliated child welfare societies throughout the country, as well as representatives from other national or provincial bodies dealing with family care, municipalities, municipal associations, and provincial administrations.

The Council has played a large part in initiating legislation in connection with children, and many of its recommendations have been embodied in the new Children's Act.

Local child welfare societies are very dependent on the advice given by medical practitioners in connection with the medical aspects of adoption and are most appreciative of this cooperation, much of which is given *pro deo*. Every now and then the problems of these societies are, however, increased by doctors who appear to have little or no knowledge of the legal and social implications of adoption. Therefore, at the meeting of the South African National Council for Child Welfare, held in September 1960, the following resolution was passed:

'That the Council write to the Federal Council of the Medical Association of South Africa drawing attention to the provisions relating to adoption in the new Children's Act (No. 33 of 1960); further, that the Medical Association be asked to encourage all its members to make use of approved agencies in relation to the placement of babies in adoption; and further, that deans of the faculty of medicine of appropriate universities be asked to request lecturers in medical ethics to draw the attention of students to this recommendation.'

Methods of Adoption

Under the Children's Act there are two methods of adoption: (1) Where the identity of the adoptive parents is known to the natural parents or guardian, and (2) where the parents or guardian consent(s) to the *non-disclosure* to them of the identity of the applicants.

Quite a large proportion of adoptions are arranged by disclosure of identity among relatives and friends and, as a rule, are fairly straightforward. It is under the non-disclosure clause in the Act that the majority of difficulties arise.

The non-disclosure clause was designed to preserve the confidential nature of an adoption, and strict secrecy is observed by those dealing with the cases. This clause is largely used in connection with illegitimate children, whose mothers must sign consent for them to be removed. Consent must also be obtained under Section 10 (4a) of the Act by the prospective adoptive parents from the Commissioner of Child Welfare of the district in which the child was born to receive such a child.

The resolution taken by the South African National Council for Child Welfare refers to *approved agencies*. Under the Children's Act an approved agency is recognized as any association of persons which is, in the opinion of the Minister, so constituted and controlled that it can satisfactorily exercise the functions delegated to it by the Commissioner of Child Welfare in connection with the control and supervision of children. Child welfare and family welfare societies are granted certificates to act in this capacity only after inspection to ensure that the standard of their work is satisfactory.

In all the larger centres, adoption work constitutes a very important section of the work of these societies. Highly experienced social workers are employed and are assisted in their activities by small voluntary committees. Few persons have any idea of the amount of work involved in arranging a suitable adoption — a procedure which has gradually been built up over years of experience.

First of all, there are the adoptive parents to be investigated. These are interviewed by the adoption officer who obtains all the necessary information about their age, financial circumstances, background, and reasons for wishing to adopt. Medical certificates as well as references from a minister of religion and other suitable person(s) are obtained. After a home visit has been made, the adoption officer's report and all the relevant information is discussed by a small Adoption Committee, whose members are chosen because of some particular knowledge of the various aspects of adoption work and who fully appreciate the confidential nature of their discussions. If the application is approved, the names are placed on a waiting-list. During this time, the adoptive parents are visited at intervals by a member of the Adoption Committee, who can thus judge more accurately the general situation in the home and give some guidance in connection with the approach to adoption.

Secondly, there is the mother of the child to be dealt with. Factors such as family background, standard of education, occupation, religion, and home language are noted, and as much information as possible obtained

about the father. In a multiracial country such as ours, it is highly important to check such details.

Thirdly, there is the child to be assessed when it is born. A medical certificate must be obtained to ensure that it suffers from no congenital disease or abnormality, and a negative Wassermann reaction is a necessity in each case. Before placing the child with adoptive parents, the Committee makes every effort to ensure that the child stands every chance of developing normally, physically and mentally. Great care is taken in the placing of children to see that the child is a suitable one for the particular parents who are chosen — often quite a difficult problem, when so many factors have to be taken into consideration in matching them.

Before the adoption can be legalized, the Commissioner of Child Welfare must have all the facts before him, and be convinced that 'the proposed adoption will serve the interests and conduce to the welfare of the child' before referring the application for approval by the Minister of Social Welfare. Therefore, a full report is submitted to the magistrate when recommending that an adoption be made final.

In cases where placement of the child has been made in another area, or where some other person or body has arranged the adoption, the Commissioner calls upon the local authorized agency to submit a report on the suitability of the placement. These are the cases where difficulties so often arise.

Difficulties

Sufficient information is seldom available on which to submit an adequate report; the mother may not be available to provide the necessary information; the father is usually untraceable; and where it is felt that the child does not fit into the background of the home, it is often very difficult to alter the situation.

When the Children's Act was being revised recently, the National Council for Child Welfare strongly urged that a clause should be inserted to ensure that the placement of children for adoption should be confined to the authorized agencies. Possibly because of technical difficulties in rural areas, the Minister did not accept this suggestion, with the result that we are still faced with frequent placements which we consider highly unsuitable.

Private Placement

When an individual (not an authorized agency) undertakes to place a child of natural parent(s) with adoptive parents in non-disclosure adoption, the procedure is known as a private placement. Individuals in the most favourable position to effect such placements are doctors, nurses, and attorneys.

We feel private placement by members of other professions to be highly undesirable — if not unethical — as well as potentially dangerous, since it encroaches on the functions of another professional body, i.e. social workers, who have been specially trained in this field.

The reasons for making private placements appear to be these:

1. Individuals enjoy the satisfaction of playing Santa Claus or fairy godmother between patient and patient or client and friend — a natural human instinct but one which in dealing with human beings can lead to grave complications if an error in judgment occurs.

2. Pressure on doctors from prospective adoptive parents who are infertile or who have suffered through repeated miscarriage or loss of children.

3. Prospective parents who hope to side-step the long waiting period for a child or the investigations required by an agency. Over-eagerness to adopt is often a danger-signal arising from a sense of inferiority because of childlessness. Time and guidance is needed to develop a considered approach.

REASONS AGAINST PRIVATE PLACEMENT

1. Apparently few doctors have the knowledge required to appreciate the legal implications in adoption, e.g.:

(*a*) The formalities required by the Commissioner of Child Welfare or the Minister of Social Welfare (e.g. regulations regarding consent, age restrictions, nationality, citizenship).

(*b*) The danger involved in accepting fees from either side, which might be interpreted as 'any consideration in respect of the adoption of any child'. Such an offence carries the liability of a fine not exceeding R1,000 or in default of payment to imprisonment not exceeding 5 years.

(*c*) The strict interpretation of the necessity under the Children's Act to have regard to 'the religious and cultural background and the ethnological grouping of the child' with that of the adoptive parents [Section 35(2)].

Church Affiliation. The regulations of the new Children's Act are very explicit and strict, and place much more stress than before on the religious background and church affiliation of the parties concerned in adoption. Until recently, the Cape Town Society has dealt with this matter on the broad basis of Protestant, Catholic, Jewish, and Moslem, in considering church affiliation in the placement of children with adoptive parents. Recently, however, it has been made clear to us that we are expected to have regard to the actual church denomination both of the natural mother and adoptive parents.

With the multiplicity of denominations and sects within the Protestant faith, it is extremely difficult to pigeonhole the human beings concerned, particularly where there is already a mixture of denominations in one family, for example:

'A' Natural mother, Methodist; Adoptive mother and father, Anglican.

'B' Natural mother, Anglican, of partly Jewish birth; Adoptive mother, Non-practising Jewish; Adoptive father, Anglican (Gentile).

Cases such as these are considered as quite suitable, but have been queried by the authorities. Strict interpretation of this clause will often mean that otherwise suitable adopters, who may have waited for years for a child, may be passed over in favour of persons who have applied recently. As interpretation of these clauses seems to vary from place to place, an attempt is being made to get some clarification by the authorities.

Matching the *cultural background* of child and adoptive parents has always been an important aim in this work. Not so long ago, to our dismay, a gynaecologist insisted on placing a child, whose parents were known to be highly cultured and musical, with a roads foreman and his wife who happened to be patients. There was nothing against the character of this couple and they probably made kind parents, but when the society knew of musical and cultured parents who had been waiting their turn for

a suitable child, it was highly frustrating to lose the chance of placing this child in an environment where he would have every chance of developing any inherited aptitudes. This is only one example, but it is more common for a child of doubtful background to be foisted on to parents who would expect high intellectual attainments from their child.

Ethnological grouping. In this country of such mixed racial origins, it has been one of our most difficult problems trying to comply with the requirements of the Children's Act in this matter. A gynaecologist, who referred a natural mother with an apparently excellent history to the Child Life Protection Society, asked for the child to be placed with adoptive parents who were his patients and also on our waiting-list. In due course the baby was born and the gynaecologist telephoned to know what had happened to the baby he wished to place with Mrs. X. We informed him that our investigations had shown strong indication of colour and that for the time being the baby was unplaced.

It is a great mistake to raise false hopes in the adoptive parents before the child is born, since there is always the risk of the child being abnormal or completely unsuitable, and in a number of cases the mother changes her mind and withdraws consent to adoption.

2. In adoption, three sets of interests are involved — those of the child, the adoptive parents, and the natural parents. The medical practitioner is rarely in a position to assess the compatibility of all three, as a recognized adoption agency can do with its trained investigators. The fundamental principle of all adoption work is what is in the best interests of the child.

The doctor, acting as third party, is apt to concentrate more on the psychological needs of the applicants or on the welfare of the child's mother than on the best interests of the child, often with disastrous results. We have even encountered a case where a senior practitioner, who was particularly interested in obstetrics, referred a case to the Child Life Protection Society, but had neglected to obtain a report on the Wassermann reaction of the mother. The result was later found to be positive, but not before the child had been placed.

Family doctors have been known to recommend adoption with the object of 'curing' a neurotic condition in the adoptive mother or of salvaging a marriage about to founder. The most serious case which we have come across locally, however, was where a doctor placed a child with an alcoholic mother in the hope of curing her. It took 7 years to get this situation cleared up, but unfortunately with lasting serious effects on the child.

In Cape Town the Child Life Protection Society has been fortunate in obtaining considerable assistance in connection with confidential medical reports from obstetricians, paediatricians, psychiatrists and general practitioners.

While the recognized adoption agencies do not claim that they are always infallible, they do feel that they are in a better position to go into all the aspects of each case more thoroughly than any private individual. Their work is team work, and the medical profession can help them tremendously by playing their part in the team. We would appeal to members of the medical profession to restrict their activities to purely medical aspects, and not to encroach on the functions of those who are specially trained in the field of sociology.