

EVALUATION OF ADOPTION OF THE INTELLECTUALLY HANDICAPPED: A RETROSPECTIVE ANALYSIS OF 137 CASES

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INTRODUCTION

This study is concerned with the adoption outcome of 137 infants who were either at risk or later affected by an intellectual handicap. It defines some of the factors that affect the adoptive relationship and offers guidelines for future placement of such children. With the present scarcity of normal infants being surrendered by their parents, those with definite or potential handicaps are increasingly offered for adoption (Donley, 1976). Any child can be considered adoptable if an examination and history shows a handicap not so serious as to inhibit adaptation to family life (Karelitz, 1957). Evidence is produced to suggest that if a family history is known at an early stage it contributes to the success of an adoption, particularly when there is possible or actual inherited disease in the child. It is thus important to have this information available to enable adoptive parents to make a wise choice. One attempt to increase the success of adoption of handicapped children has been a genetic screening service offered by the King Edward Memorial Hospital for Women's Genetic Clinic since 1975 (Hockey, Michael and Bain, 1979).

Two difficulties encountered in this field are, firstly, the understandable reluctance shown by most adoption agencies and families to participate in studies, and secondly, the lack of any objective criteria of success in adoption. A further problem is the incomplete nature of data available (a medical family history was available in only 25 per cent of the cases for which the Western Australian Department of Community Welfare (D.C.W.) had recorded social histories). It is extremely hard to determine how one can objectively measure success in adoption when there is no good measure of satisfactory parenthood. Thus, a decision was made in this series to examine the quality of the relationship of the child in the family (Kornitzer, 1968) as the most suitable measure of a satisfactory adoption.

MATERIAL

Epidemiological data were extracted from the files of six thousand individuals registered with the Division for the Intellectually Handicapped (D.I.H.) between the years of 1956 and 1976. One hundred and thirty-seven of those individuals had been surrendered for adoption and found to be intellectually handicapped or at risk. Ninety of the 137 were adopted and forty-seven fostered or institutionalised from birth when adoption proved unavailable because of an evident handicap. Eighty per cent of the total had a persisting marked intellectual handicap. The remaining 20 per cent were only moderately below average in intelligence, but had other defects of hearing, epilepsy and emotional balance which impaired their functioning. The year of birth of the subjects of the study ranged from 1940 to 1976. There were sixty-

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two females and seventy-five males. In 48 per cent of the total their disorder was attributed to genetic factors. All these people attended the clinic of D.I.H., part of a State Department historically derived from the Slow Learning Children's Group of Western Australia. Records have been maintained since 1956. The writer has been employed as a Medical Officer and later Senior Medical Officer with D.I.H. since its inception.

The sample was obtained from computer-held records with an additional search through the residential units of the D.I.H. and D.C.W. as some of the institutionalised children had not been coded as adopted or fostered. Intellectual handicap was classified according to the modified Heber medical classification (first two digits) and the associated defects of vision, hearing, seizure disorder and psychiatric impairment according to the Heber supplementary code. The international classification of mental retardation was used for coding levels of intelligence. The twenty-five cases who were found after referral to be "not mentally retarded" were included to provide an opportunity to follow children at risk of a genetic disorder that did not eventuate.

RECORDS

The assessment or rating of success in adoption was based on D.C.W. records which were made available for as many as could be located. The D.I.H. records were contained in the case notes. The information was obtained by multidisciplinary staff who had provided diagnosis and management over a period of time. This dated in each case from the time of referral till death or the present. The medical records consisted of family and pregnancy history neonatal condition, examination, investigations and summary with regular review reports. With few exceptions all the cases were seen and examined by the author (A.H.). A social record was kept by a social worker or welfare officer of the initial and subsequent interviews and home visits. The psychological reports were made by fully qualified staff using a standard psychological assessment with further observation in therapy units, day units or schools. Therapists added reports to the first assessment and kept ongoing records where indicated. Letters, school reports and case conferences all provided additional information and the total information available on each individual varied from minimal assessment material to almost daily details.

METHOD

This aimed at measuring the quality of the relationship of the child to the family, i.e. a successful adoption. Three members of the professional staff of D.I.H. rated each of the subjects according to the following set of criteria:

Category 1: Happy relations are positively shown. The child is developing to the best of his ability and is confident of his parents and himself.

Category 2: No real or definite problem apparent. The relationship is straightforward but without the warmth and understanding of Category 1.

Category 3: Problems that were well in hand or likely to work themselves out. Good adopters coping with difficult situations.

Category 4: Failed, that is, a failure in the relationship. Not based just upon difficulties but in a termination of the relationship (not necessarily the adoption). "It had ceased to fructify and withered away" (Kornitzer, 1968).

The question borne in mind by those rating relationships was: "Does the child belong? Does he occupy the position of a natural or lawful child?" One history of a breakdown in adoption and two or more foster breakdowns moved the ratings down one figure (e.g. from two to three). A "deferred adoption" was defined as the type of care that was arranged when the infant was six months of age or older.

The raters

These people were selected for their qualifications and experience in the field of mental deficiency and for the individual professional approach each brought to the rating. They represented the three main disciplines considered essential for the management of intellectual and other handicap and included the writer (Senior Medical Officer), a clinical psychologist and an educationalist (whose role in D.I.H. was that of an administrative social worker). Each had worked for the D.I.H. for at least ten years.

Assessment of ratings

Ratings were ordinal; that is ordered but not on a fixed scale. The Kendall tau correlation coefficient was chosen to test for the significance of correlations. The Kendall rank correlation coefficient (Kendall's tau) was chosen to test for the significance of the correlation between pairs of raters. The agreement between each pair of raters was significant at the 0.001 level. Sixty of the relationships were placed in the same category by all three raters—forty-five adopted and eighteen not adopted. Sixty-four were identically rated by two raters with the third disagreeing by one category level—forty-one adopted and twenty-five not adopted, while in seven cases where one rater disagreed there were two levels of difference in assigned category. All raters disagreed in six children.

Different methods of combining the ratings

The ten relationship ratings were produced by summing the Categories 1, 2, 3 and 4 depicting degrees of relationship. When certain variables were tested against the overall relationship rating the effect was not clear. Table 1 shows how ten relationship ratings were therefore subdivided into three adoption relationship classes: "good", "problems" and "bad". Table 2 summarises the interaction between relationship, expressed as the sum of three rated values, and intelligence. Validity needs to be considered on non-statistical grounds; the basic material in the case notes was accurate and the people concerned were well qualified to assess it. The size of the "good" group was attributed to the calibre of the adoptive and foster families and possibly to the services provided. It was inevitable that many children with a definite handicap did have problems in maintaining a belonging relationship. The "problems" group was therefore the largest. The "bad" group provided very important information on those characteristics of the child which lead to failure in adoption or foster placement.

Table 1
Rating (sum of 3) versus intellectual level summed rating score

<i>Intellectual level</i>	"GOOD"			"PROBLEMS"				"BAD"		
	3	4	5	6	7	8	9	10	11	12
Not mentally retarded	3	2	4	4		9	1			2
Borderline	2	3	6	10	1	5	7	1	1	4
Mild	5	5	5	3	5	5	2	2	1	
Moderate	4	1	3	2	2	3	1	2	3	6
Severe	1			2						2
Profound		1					1		1	3
Total	15	12	18	21	8	22	12	5	7	17

Kendall's correlation coefficient = 0.12.

(Significant at $\alpha = 0.05$).

Note: This table shows the effect of testing intellectual level against the rating and how the ten ratings can be subdivided into three classes.

Table 2
Rating class versus intellectual level (IQ)

<i>Intellectual level (IQ)</i>	<i>Rated "Good"</i>	<i>Number Relationship "Problems"</i>	<i>"Bad"</i>
Not mentally retarded	9	14	2
Borderline	11	23	6
Mild	15	15	3
Moderate	8	8	11
Severe	1	2	3
Profound	1	1	4
Total	45	63	29=137

The correlation between the intellectual level and the relationship was significant.

Kendall's correlation coefficient $\tau = 0.16$, $P < 0.01$

Statistical tests used

The Kendall tau was used as a measure of correlation between the variables, ordinal and dichotomous. A significance of 0.05 was accepted throughout. In addition to the analysis of single variables a Multiple Regression Analysis (dummy variable technique, with the three adoptive relationship classes as the dependent variable) was used (Harlap, Stenhouse and Davies, 1973). We have thus examined the relationship of personal variables to adoptive relationship class, in their own right and in relationship to each other, to give a measure of the ultimate contribution each has made to the adoptive relationship class achieved.

Table 3
Variables which were significantly related to adoptive relationship class

<i>"Adopted"</i> Group N = 90	<i>"Not adopted"</i> Group N = 47	<i>Entire</i> N = 137
Age at registration		
— Year of registration		Year of registration (1 tail)
Year of birth		Year of birth (1 tail)
Family history (1 tail)		
Convulsive disorder		Genetic MD
Psychiatric impairment		Convulsive disorder Psychiatric impairment
	City-country	City-country
	IQ	IQ
Institutionalisation	Institutionalisation	Institutionalisation
Congenital anomaly (1 tail)		
Convulsive disorder and special sensory defect or motor dysfunction		
Convulsive disorder, special sensory motor dysfunction, or psychiatric impairment		Convulsive disorder, special sensory motor dysfunction, or psychiatric impairment
Genetic		Genetic

Knowledge of family history and a country location improved the adoptive relationship class: other listed variables had the opposite effect.

RESULTS AND DISCUSSION

All available reliable material that may have influenced the relationship of the child to the family was examined. Those variables which were significantly related to the adoptive relationship class are set out in Table 3. Non-significant variables are set out in Table 4 and the results of the multiple variable regression analysis in Table 5. These three tables are analysed simultaneously. Knowledge by the adoptive parents of the family history of the child improved the family situation: other listed variables including increasing age and decreasing intellectual level had the opposite effect. Country children appeared to fare better than city children, but when the multiple variable regression was invoked this city/country difference disappeared (Table 4).

Behaviour disorder

The Heber supplementary variable "psychiatric impairment" (a term used to describe reactive, neurotic or psychotic behaviour) was significantly correlated with relationship class in the adopted and the entire group and in all groups using the multiple variable regression analysis. This variable made the adoptive outcome worse, which was to be expected, as bad behaviour does not accord well with family life.

Table 4
Variables which were not significantly related to adoptive relationship class

<i>"Adopted"</i>	<i>"Not adopted"</i>	<i>"Entire"</i>
	Age at registration	Age at registration
	Year of registration	
	Year of birth	
	Family history	Family history
Sex	Sex	Sex
Genetic MD	Genetic MD	
	Convulsive disorder	
Special senses	Special senses	Special senses
Motor dysfunction	Motor dysfunction	Motor dysfunction
	Psychiatric impairment	
City-country		
IQ		
	Congenital anomaly	Congenital anomaly
	Convulsive disorder,	Convulsive disorder,
	special sensory or	special sensory or
	motor dysfunction	motor dysfunction
	Convulsive disorder,	
	special sensory, motor	
	dysfunction or	
	psychiatric impairment	
Age placed	Age placed	Age placed (including only those who have been placed)
Cause known/unknown	Cause known/unknown	Cause known/unknown

Note: If a variable only appears in one or two columns, then it is significantly related in the other column/s.

Table 5
Significant variables using a multiple variable regression analysis
Total = 14

<i>All</i>	<i>A. "Adopted Group"</i>		<i>B. "Entire Group"</i>	
	<i>Excluding not mentally retarded</i>	<i>All</i>	<i>All</i>	<i>Excluding not mentally retarded</i>
New Australians	New Australians		New Australians	New Australians
Genetic	Genetic		Genetic	
Psychiatric impairment	Psychiatric impairment		Psychiatric impairment	Psychiatric impairment
Year of birth	Year of birth			
Borderline		Borderline		
Severe		Severe		
Profound		Profound		Profound

Note: New Australians were more successfully adopted; all other variables listed had a negative effect.

The significance of the combined correlation of convulsive disorder, sensory handicap, motor dysfunction and psychiatric impairment was dependent on the behaviour variable which was the most significantly correlated in all groups.

Age

The year of birth strongly correlated to age of registration and year of registration, as would be expected. The multiple regression analysis showed that the age of the child rather than the length of time, under the care of D.I.H. was the significant variable. These trends are consistent with the interpretation that more problems emerged as they grew older rather than the longer we knew them the more existing problems we were likely to recognise. Table 6 illustrates the negative effect of year of birth on adoptive relationship class—the older the child the worse the class. Adoption problems increased with age of the child. This Table also shows that more cases were referred to D.I.H. during the primary school years than earlier or later. As intellectually handicapped persons get older their independence may not increase. The parents themselves grow older and yet still retain their dependent retarded offspring, while the normal siblings grow up and leave home. Menstruation is hard to manage and delinquency may become apparent. Many of these retarded adults do not, themselves, have the rewards of independent employment, marriage and child-bearing. With sexual maturation the possibility of transmission of inherited disorders arises.

Knowledge of the family history and genetic disorders

From Table 7 it can be seen that knowledge of the family history significantly improved the relationship class in the adopted group, whereas it was seen in Tables 3 and 5 that genetic disorders had the opposite effect. However, a genetic disorder was more likely to be diagnosed if a family history was available. This gives strength to the view that knowledge of an inherited disorder did not, at least, harm the adoptive relationship. It suggested that a genetic disorder has a particularly bad effect if it is unexpected; knowing about it lessens the effect.

The relationship of family history and congenital anomaly to deferral of adoption

The risk of a genetic disorder evident in the family history helped to determine the initial placement of the infant, whether it was adoption, foster care or institutionalisation. My paediatric experience has been that the presence of a congenital anomaly or a syndrome, such as Down syndrome, in the infant also alters the form of care made available to the infant. Table 8 depicts the relationship of family history and congenital anomaly to deferral of adoption and shows that both of these factors were likely to cause deferral, at least initially. The outcome in terms of institutionalisation was then examined. A harmful effect was measured by percentage of cases with a full family history receiving institutional care in the D.I.H. sample. In Table 9, which refers to the adopted and not adopted groups only, the relation of the family history to institutionalisation shows that a full family history was negatively correlated to institutionalisation in the "adopted" and "not adopted" groups. There was therefore

Table 6
Year of birth showing class. Breakdown of entire sample = 137

<i>Year of birth</i>	<i>Adoptive relationship category</i>					
	<i>Good</i>	<i>%</i>	<i>Problems</i>		<i>Bad</i>	<i>%</i>
1940-44	—		—		1	
1945-49	2	50	2	50	—	0
1950-54	—		4	67	2	33
1955-59	5	21	13	54	6	25
1960-64	12	32	18	49	7	19
1965-69	17	38	20	45	7	16
1970-74	9	45	5	25	6	30
1975-76	—		1	100	—	

Significant correlation
 + 0.029 1 tail test.

ADOPTED

<i>Adopted</i>	<i>Good</i>	<i>%</i>	<i>Problems</i>		<i>Bad</i>	<i>%</i>
1940-44	0	0	0	0	1	100
1945-49	1	50	1	50	0	0
1950-54	0	0	3	71	1	25
1955-59	3	16	12	63	4	21
1960-64	9	32	16	57	3	11
1965-69	11	41	14	52	2	7
1970-74	6	37	3	33	0	0

NOT ADOPTED

<i>Adopted</i>	<i>Good</i>	<i>%</i>	<i>Problems</i>		<i>Bad</i>	<i>%</i>
1940-44	—		—		—	
1945-49	1	50	1	50	0	10
1950-54	0	0	1	50	1	50
1955-59	2	40	1	20	2	40
1960-64	3	33	2	22	4	44
1965-69	6	35	6	35	5	29
1970-74	3	27	2	18	6	64
1975-76	0	100	1	0	0	0

Table 7
Family history showing class

<i>ENTIRE GROUP</i>	<i>Family history</i>					
<i>Family history</i>	<i>Good</i>	<i>%</i>	<i>Problem</i>		<i>Bad</i>	<i>%</i>
None	14	28	27	54	9	18
Little	20	32	26	42	16	26
Full	11	44	10	40	4	16

Not significantly correlated.
 P < 0.151 1 tail test.

Table 7 (contd.)

ADOPTED GROUP						
<i>Family history</i>	<i>Good</i>	<i>%</i>	<i>Problems</i>	<i>%</i>	<i>Bad</i>	<i>%</i>
None	11	26	26	61	5	12
Little	14	37	18	47	6	16
Full	5	50	5	50	—	0

Significantly correlated.
 P < 0.035 1 tail test.

NOT ADOPTED GROUP						
<i>Family history</i>	<i>Good</i>	<i>%</i>	<i>Problem</i>	<i>%</i>	<i>Bad</i>	<i>%</i>
None	3	37	1	12	4	50
Little	6	25	8	33	10	42
Full	6	40	5	33	4	27

Not significantly correlated.
 P < 0.105 1 tail test.

Table 8
Relationship of family history and congenital anomaly to deferral of adoption

	<i>Originally adopted</i>	<i>Originally deferred</i>	<i>Total</i>
<i>Family History</i>			
None	38	12	50
Little	29	33	62
Full	6	19	25
Total	73	64	137
$\tau = 0.3636$ Sig. correlated. P < 0.0001 2-tail test.			
Congenital anomaly	11 (15.1%)	26 (40.6%)	37 (27%)
No congenital anomaly	62	38	100
Total	73	64	137
$\chi = 10.04$ Sig. correlated. P = 0.002 2-tail test.			

These show that family history and congenital anomaly are both likely to lead to deferral.

Table 9

Relationships of family history and congenital anomaly to institutionalisation

		<i>Institutionalised</i>	
		<i>No. of cases/ total group</i>	<i>%</i>
<i>(a) Relationship of family history to institutionalisation</i>			
Adopted group	Full family history	0/10	0
	Little family history	4/38	10.5
	No family history	9/42	21.4
Not adopted group	Full family history	4/15	26.7
	Little family history	9/24	37.5
	No family history	5/8	62.5
Entire group	Full family history	4/25	16
	Little family history	13/62	21
	No family history	14/50	28
Correlations	Adopted = -0.1963	Sig. P < 0.008	2-tail
	Not adopted = -0.21949	Sig. P < 0.030	2-tail
	Entire = -0.10106	P < 0.040	not sig.
<i>(b) Relationship of congenital anomaly to institutionalisation</i>			
Adopted group	With congenital anomaly	0/14	0
	Without congenital anomaly	13/76	17.1
Not adopted group	With congenital anomaly	8/23	34.8
	Without congenital anomaly	10/24	41.7
Entire group	With congenital anomaly	8/37	21.6
	Without congenital anomaly	23/100	23
Adopted = -0.1764		Sig. P < 0.014	2-tail
		(No c.a. = instit.)	
Not adopted	Not sig.	P < 0.104	2-tail
Entire	Not sig.	P < 0.202	2-tail

These show that cases with a fuller family history were less likely to be institutionalised. Congenital anomaly was not significantly related to institutionalisation.

no reason to believe that a full knowledge of the family history led to institutionalisation for a significant number of subjects. Likewise, congenital anomaly was significantly correlated in a negative fashion to institutionalisation in the "adopted" group where, surprisingly, none of the fourteen children concerned became institutionalised.

Intellectual level (Tables 10 and 11)

Intelligence was a significant variable in the entire samples. In the multiple variable regressional analysis each level of intelligence—"borderline", "mild", "moderate", "severe" and "profound"—was treated separately. Not only were the "severe" and "profound" categories found to have a negative effect on the adoptive relationship but a "borderline" level of intelligence was also associated with a poor outcome. Borderline intelligence was positively correlated with psychiatric impairment or difficult behaviour. Almost 70 per cent of adopted children had problems attributed to this variable.

Table 10

IQ showing class

ENTIRE GROUP	<i>Good</i>		<i>Problems</i>		<i>Bad</i>	
		%		%		%
N.M.R.	9	36	14	56	2	8
Borderline	11	27	23	57	6	15
Mild	15	45	15	45	3	10
Moderate	8	30	8	30	11	41
Severe	1	17	2	33	3	50
Profound	1	17	1	17	4	67

Significantly correlated.
 P < 0.006 2-tail test.

ADOPTED	<i>Good</i>		<i>Problems</i>		<i>Bad</i>	
		%		%		%
N.M.R.	7	52	13	59	2	9
Borderline	9	26	22	63	4	11
Mild	9	45	10	50	1	5
Moderate	5	50	3	30	2	20
Severe	0		1	50	1	50
Profound	0		0		1	100

NOT ADOPTED	<i>Good</i>		<i>Problems</i>		<i>Bad</i>	
		%		%		%
N.M.R.	2	67	1	33	0	
Borderline	2	40	1	20	2	40
Mild	6	46	4	38	2	15
Moderate	3	18	5	29	9	5
Severe	1	25	1	25	2	50
Profound	1	20	1	20	3	60

Table 11
Psychiatric impairment relative to class

<i>Psychiatric impairment</i>	<i>Good</i>		CLASS <i>Problems</i>		<i>Bad</i>		<i>Total No.</i>
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	
<i>Entire group</i>							
Absent	37	45.1	29	35.4	16	19.1	82
Present	8	14.5	34	61.8	13	23.6	55
Totals	45		63		29		137
Sig. correlated. $P < 0.001$ 2-tail test							
<i>Adopted group</i>							
Absent	24	53.3	18	40.1	3	5.7	45
Present	6	13.3	31	68.9	8	17.8	45
Totals	30		49		11		90
Sig. correlated. $P < 0.001$ 2-tail test							
<i>Not adopted group</i>							
Absent	13	35.1	11	29.7	13	35.1	37
Present	2	20	3	30	5	50	10
Totals	15		14		18		47
Not sig. correlated. $P < 0.172$ 2-tail test.							

The adopted group were particularly prone to show behaviour difficulties which lead to a very high percentage of problems.

Harper and Williams (1967) noted in their series that adoptive parents comprised a middle-class group, whereas only 4 per cent of the natural parents of the adopted children fell into class 2, 28.5 per cent into classes 3 and 4 and 19 per cent into classes 5 and 6. When this difference is taken in conjunction with the correlation between intelligence, social class and occupation of biological and adoptive parents (Humphry and Ounsted, 1963), it has great significance relative to our case studies where a disparity between the adoptive families intelligence and that of the adoptee was frequently found. When a child of borderline intelligence was expected to fit into a family of above-average intellect problems arose due to different interests and daily pastimes and accounted for the phenomenon that some children of borderline or even normal intelligence with few associated defects were very often unsatisfactory or even failed "bad adoptions". Clarke and Clarke (1974) have shown that borderline and below average parents on the whole have children who are similar and who therefore fit well into their own family intellectual milieu. The two findings, that fostered children seldom exhibited severely maladjusted behaviour and that mild and moderate retardation was not significantly deleterious, supported the idea that

it was the marginal difference in intelligence between the biological and the adoptive family that caused the greatest misfit, particularly when it was not fully recognised. The children often appeared naughty when they are really acting according to their mental rather than their calculated age. This led to rejection which in turn worsened the behaviour and so the cycle of misunderstanding continued. The foster families had an alternative option and would cease to foster before this degree of disturbance was reached.

Table 12, which compares the level of intelligence of the adoption sample to that of the total D.I.H. file, shows that there were significantly more borderline and non-retarded people in the adopted individuals compared to the remainder of the six thousand. This suggests that the below average children were recognisably abnormal to their above-average "intellectual" parents. These parents sought help with their management wherever it was available, even at an agency for the intellectually handicapped. This further suggests that this agency had staff and facilities that were not available elsewhere.

Table 12
Comparison of intellectual level in adoption sample and D.I.H. total file

<i>IQ</i>	<i>Total file</i>	<i>%</i>	<i>Surrendered</i>	<i>%</i>
Not mentally retarded	635	11	24	17
Borderline	1049	19	41	30
Mild	1567	28	33	24
Moderate	1352	24	27	20
Severe	705	12	6	5
Profound	356	6	6	4
	5664	100	137	100

Unknown = 60 cases.

Epilepsy

Fits were found to occur more frequently in the severely and profoundly retarded. The effect of epilepsy is demonstrated in Table 13. This may have been one reason why the severely and profoundly retarded children rated poorly using the multiple variable regression analysis. A number of the non-mentally retarded who also rated poorly were epileptic. Not all possible variables were tested. Some, like age placed, were not of interest, while others, like the Heber aetiological subgroups, were too scarce to make testing worthwhile. Another variable found to be significant was whether or not the person was a New Australian. Twenty-one cases were adopted in other countries or other States and these New Australians rated better. The reason for this could only be speculated upon as we had little real evidence. The rather large number of such cases could indicate that adoptive parents wish to live where the child's past is unknown and biological parents are unlikely to be encountered, and that where this is possible the relationship improves.

Table 13
Convulsive disorder showing class

ENTIRE GROUP							
<i>Convulsive disorder</i>	<i>Good</i>	%	<i>Problems</i>	%	<i>Bad</i>	%	<i>Row total</i>
Absent	39	35.8	49	45	21	19.3	109
Present	6	21.4	14	50	8	28.6	28
Column total	45	32.8	63	46.0	29	21.1	137
							100%

Significantly correlated.
 $P < 0.30$ 2-tail test.

ADOPTED GROUP							
<i>Convulsive disorder</i>	<i>Good</i>	%	<i>Problems</i>	%	<i>Bad</i>	%	<i>Row total</i>
Absent	27	38.6	37	52.9	6	8.6	70
Present	3	15	12	60	5	25	20
Column total	30	33.3	49	54.4	11	12.2	90
							100%

Significantly correlated.
 $P < 0.002$ 2-tail test.

NOT ADOPTED GROUP							
<i>Convulsive disorder</i>	<i>Good</i>	%	<i>Problems</i>	%	<i>Bad</i>	%	<i>Row total</i>
Absent	12	30.8	12	30.8	15	38.5	39
Present	3	37.5	2	25	3	37.5	8
Column total	15	31.9	14	29.8	18	38.3	47
							100%

Not significantly correlated.
 $P < 0.756$ 2-tail test.

Conclusion

An analogy may be drawn between the results presented here and a dynamic chemical reaction. The intellectually handicapped adoptee was the equivalent of the substrate and the product was the level of belonging shown by the adoption relationship outcome. Knowledge of the medical family history and the provision of advice, support and facilities were both the equivalent of coenzymes acting on the substrate to increase the quality of bonding achieved, while a number of other

factors, such as genetic disorders, epilepsy and severe or borderline intelligence with its associated difficult behaviour, acted in the opposite direction. It is commonly held not only by adoptive parents but also by the community that adoption achieves a perfect baby for a couple—"the blue ribbon baby"—and that only with such a child will the adoption outcome be a happy one. We have shown that it is only when adoptive parents are initially given the genetic background of the adoptee and continuing support and services that the adoption of a handicapped child is likely to have a satisfactory outcome as measured by the family relationships.

SUMMARY

The current shortage of babies for adoption has led increasingly to the adoption of infants with evident or likely handicaps. An analysis of 137 infants surrendered for adoption over a period of thirty years who suffered from some degree of intellectual handicap provides information on the outcome of this type of adoption. An objective rating scale was used to examine the relationship of the child in the adoptive family (or in the foster family if this was the alternative to adoption). It was shown that a third of the adoptees had a good or belonging relationship in the family. In less than a quarter the relationship had failed badly. The remainder had problems which were being handled in a satisfactory manner, considering the difficulty of the situation.

The measured variables which worsened the outcome were a severe or profound degree of retardation, the presence of a genetic disorder in the child, increasing age and difficult behaviour, particularly when a child of borderline or dull normal intelligence was placed with an "intellectual" family.

The knowledge of the natural parents family medical history, even in the presence of a genetic disorder, favoured the adoptive relationship. The presence of a congenital anomaly in the child led to deferral of adoption but did not increase the likelihood of institutionalisation in this series. All these families required continuation of advice and support and suitable facilities for the care and education of the child.

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