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Critical Disability Studies: Theory and Practice

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A Critical Look at “Special Needs” Adoption

Introduction: The Business of Adoption

This project serves as a capstone for Professor Kristin Lindgren’s course, *Critical Disability Studies: Theory and Practice*. As a class this semester we have explored various aspects of disability studies and related topics such as: history of disability studies, the language surrounding disability, disability cultures, and different intersections of disability with society, race, gender and age. During the course, I became interested in how disability plays a role in adoption, which led me to this final project.

Adoption is a beautiful and unique way to grow a family, however, it is an unusual process in that prospective adoptive parents actively choose a child that they are willing to bring into their home. In many ways, the adoption process is very bureaucratic and operates as a business. I will try to open with this analogy to unpack some of the factors that influence this process, however, I find this analogy uncomfortable since it is a very reduced version of what adoption actually looks like. In a scheme that equates the process of adoption to a business value chain, the children who wait are the goods, the prospective parents are the consumers, and the adoption agencies can be considered distributors or providers. This process is driven by adoption agencies who actively try to portray children in the most marketable form and persuade prospective parents that they are fully capable of providing the care that is needed in order to give the children who wait the best chance of finding their forever home. Marketing also plays a large

role in this process; many agencies create online catalogs or host open houses that that their consumers can come and view the children. Children who have been placed permanently can also be returned in a process called “disruption” if the family feels that the child is no longer suitable for their families. However, we are not strictly talking about the supply and demand process of inanimate and commodity goods. Rather, these are children who are vulnerable, hurt, and are very much in need of a family that has extra resources and love to give. In saying so, adoption is therefore not just a cut and dry, predictable economics model. There is significant room for persuasion, biases, and prejudice to influence decisions as well as containing inexplicable moments of attachment where prospective parents describe “love at first sight” upon seeing pictures or profiles of potential children to adopt. Ultimately, adoption is not able to be reduced to such simple measures. It, however, offers a unique experience to analyze active selection and preferences that are made in the characteristics and qualities of children that are worth rearing.

To help unpack how disability and special needs play into adoption, this project will first look at the hindrances that are placed socially on children who wait for permanent homes, which is heavily influenced by prior social discourses regarding disability and worth. Then, a historical perspective of special needs and disability in adoption will highlight the growth in awareness and opportunity that has already occurred within the field. Additionally, a critical look at the relationship between children labeled as requiring special needs and their adoption agencies reveals that much of this model hinges on individuals’ beliefs and prior experience with disabled people.

What is a “Special Needs” Adoption

When I first started this project, I noticed that the phrase “special needs adoption” was widely used and referenced. I assumed that the label of special needs was directly linked to disability and was simply a more polite and socially accepted way of describing an impaired child. I was very surprised to find out that special needs adoption and the umbrella term “special needs” is actually used to describe a variety of adoption situations and only a subset considered of these children are considered to be physically, mentally, cognitively, or emotionally disabled. Throughout this project I use the term “special needs” to reference the spectrum of needs that these children have but “special needs and disability” to talk specifically about children what are labeled as requiring special needs due to a physical, mental, cognitive, or emotional disability. The use of the word “disability” or “disabled” is used with the intention of acknowledgment that a disability arises mostly externally and is not within the control of the child, but rather is socially enforced by prejudice, discrimination, and inaccessibility (Bunt, 2014; Crow, 1996). Additionally, the term “impairment” is used only to refer to the biological aspects of the child’s condition (Bunt, 2014; Crow, 1996).

Thus so, special needs requirements in adoption is applied to cases where children with certain characteristics have difficulties being placed into permanent homes (McKenzie, 1993; Rosenthal, 1993). These children are often regarded as being more difficult to initially place in adoptive homes and it is often expected and assumed that they will continuously pose unique challenges to the adoptive parents and family (McKenzie, 1993). Due to this belief, it is highly suggestible that, in these cases, prospective adoptive parents and the children are offered additional specialized education, psychological, and medical services (McKenzie, 1993).

While classification and characterization of what entails a “special needs” varies greatly between country, province, and region, children labeled as requiring special needs encompasses a large spectrum of musts that are strikingly different than what is traditionally found in disability studies. The cohort of children labeled as requiring special needs includes older children, children of color, children with physical, mental, cognitive, or emotional disabilities, and children who expect to be adopted as a part of an entire sibling group (McKenzie, 1993). While traditional disability study perspectives would tend to focus on just the population of children with physical, mental, cognitive, or emotional disabilities, it becomes increasingly important to recognize that all of these factors contribute to an imposed handicap on the children who wait for permanent homes. In situations where potential adoptees are diagnosed with physical, mental, cognitive, or emotional disabilities, there is high chance that they intersect with race and age biases. For example, children of color are often vastly overrepresented in statistics regarding children who wait. Children of color are also known to wait longer than their Caucasian counterparts for adoption into a permanent home (McKenzie, 1993). In 1985, it was estimated that 35,000 children with severe physical and cognitive disabilities were awaiting placement into a permanent home and over half of this amount were children of color (McKenzie, 1993). Additionally, a study performed by Spaulding for Children showed that over a two year period of adoptions more than half of the children had current or previous psychiatric placements in a psychiatric ward (McKenzie, 1993). Of these cases, 90% were African-American children, of which, 70% of them were boys over the age of ten (McKenzie, 1993). Curiously, the disruption rate of these adoptions was only 10%, which the study attributed to have adequate support systems for both the child and the adoptive parents post-placement (McKenzie, 1993).

Societal View of Disabled Children in Adoption

To understand the nuances and intersectionality of disability and special needs into adoption, there has to be considerable acknowledgment of the broader context of disability and society (Bunt, 2014). Generally, the non-disabled population often implicitly believe that disabled people, or those that require special needs, are fundamentally flawed (Bunt, 2014). This idea is often perpetuated by the negative representation of disabled people by the medical model of disability (Bunt, 2014). This model, which fixates on the impairment limitations of disabled people, leaves little room for the character, potential, and acknowledgment of livelihood of the disabled person (Bunt, 2014). As long as the medical model of disability is socially favored, the limited assumptions underlying the medical model will remain dominant enough to make children who wait for permanent homes even more susceptible to discrimination (Bunt, 2014).

As a potential adopter of a child that has either special needs or a disability, it is incredibly important to have an understanding of the social construct that disabled children exist within (Bunt, 2014). Under this framework, disabled children are especially vulnerable to valued norms and behaviors that society often perpetuates (Bunt, 2014). This is most often seen when an adopter is made aware of disability or need that creates an impairment that is subsequently attached to a child's identity. An uneducated or ill-informed adopter now has the opportunity to wrongfully characterize the disabled child (Bunt, 2014). This dissonance is mostly influenced by priorly ingrained social discourses, which are often continuations of inaccurate and misleading representations of the actual impairment that is experienced by the child (Bunt, 2014).

History of Special Needs & Disability in Adoption.

The history of adoption is laden with an idyllic representation, image, and expectation of children that are determined to be worth rearing (Bunt, 2014). Due to this, a disabled child or

child that is labeled as requiring special needs is often biased against in the selective adoptive process (Bunt, 2014). Studies in the United Kingdom have shown that at least some motivation behind adoption was not to provide a permanent home to waiting children but rather “to seek out a child that most reflected their personal characteristics”, and because of this selection, disabled children are doubtful matches (Bunt, 2014). Those who accept this reality for disabled children continue the cultural and social discourse which normalizes the idea that special needs and disabled children are not worthy of adoption, and that anything better than substandard conditions cannot be expected for them (Bunt, 2014; Oswin, 1978).

Spurred by the “psychological model” for abuse and neglect, considerable concern for the psychological well-being of children that were growing up in the foster care system started as early as the 1950s, prompted change within the adoptive and foster placement communities (McKenzie, 1993). In the mid-1960s, there was a realization that the number of children that were being displaced from their homes was steadily increasing, creating an even greater need for reformation of the process. Slowly, stronger efforts to find placements for children that were considered “hard-to-place” manifested, giving them opportunities to find real, supportive homes as opposed to growing up in state run facilities before aging out (McKenzie, 1993). This was a radical idea and greatly challenged views that were perpetuated by the eugenics movement of this time, especially pushing up against the idea that only physically and mentally sound, young Caucasian children were worthy enough for adoption. This was followed up with the founding of the Adoption Resource Exchange of North America (ARENA) in 1968 and the Council on Adoptable Children in Ann Arbor, which later became the North American Council on Adoptable Children (NACAC) (McKenzie, 1993; NACAC, 2017; Herman, 2012). These organizations were

built to serve parents and prospective parents of special-needs adopted children (McKenzie, 1993).

Soon, groups that were aimed at creating specialized adoptions agencies and organizations were formed. In 1968, the Spaulding for Children and Homes for Black Children in Detroit were founded to push back on the idea that African-American infants were not desirable for adoption and would inevitably end up as long term residents of the foster care system. This agency was instrumental in showing that African-American families do come forward to adopt when a community-based agency makes these options available (McKenzie, 1993). With the rise of the popular opinion in that children are adoptable regardless of age, race, disability in the 1970s, there was a decline in support for transracial adoption. This facilitated that formation of groups that promoted, educated, and informed minority communities on their place in the formal adoption or foster care system (McKenzie, 1993). The Michigan Department of Social Services, in combination with Spaulding for Children, ultimately believed that ‘children who wait’ are adoptable regardless of age, race, and disability, and that most adults who are seeking to adopt are appropriate candidates for children with special needs as long as necessary supports and education to them are available (McKenzie, 1993)

Special Needs & Disability in Adoption Agencies

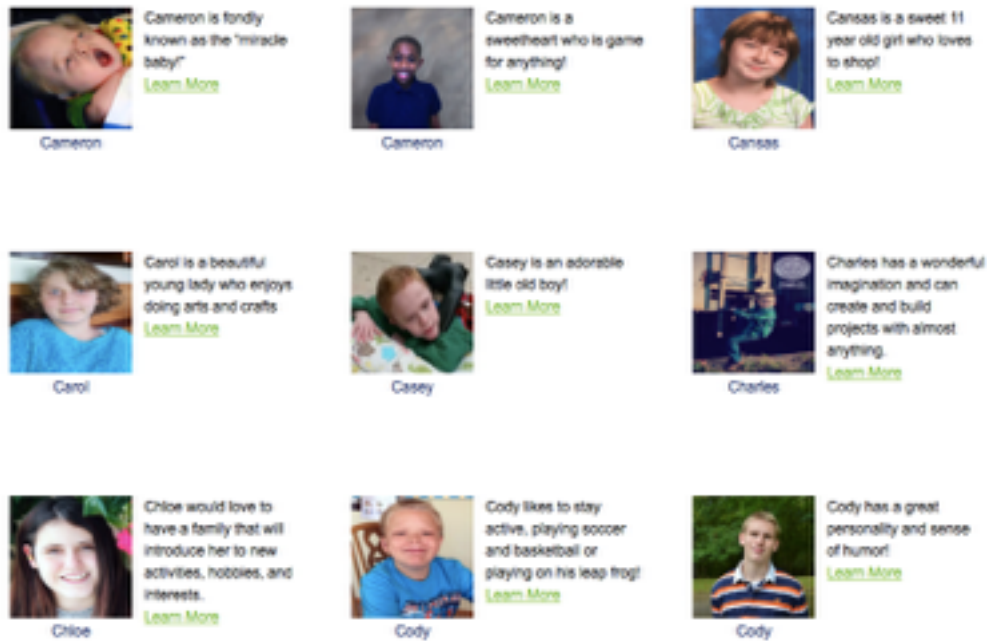
Agencies that specialize in special needs or disability adoptions often develop a detailed child’s profile. This allows them to have a living document through which they may introduce a child to a potential adopter. Such agencies are expected to operate at a level that promotes the most adoptions of desirable children to adopting families, so, in order to do so, social workers hope to “impart a favourable impression of the child to the adopters, while paradoxically ensuring that they are displaying an accurate, not disingenuous, representation” (Bunt, 2014;

Cousins, 2006). This proves to be rather difficult since these adoption agencies must give accurate insight into the personality and character of each child while also fully informing potential adopters of child's existing conditions as well as future, potential conditions (Bunt, 2014). These adoptee children profiles have often been described as "a bizarre catalogue where the items on view are human beings" (Palmer, 2009). In these catalogs, which are sometimes made available online, provide short histories and summaries of the adoptee child. Intrinsic qualities of the children are argued to be lost and missed by trite, generic, and loose "buzzwords" that are associated with childhood, such as 'energetic', 'bubbly', 'curious', or 'affectionate' (Bunt, 2014; Cousins 2008).

Pictured on the next page is an excerpt from a catalog of waiting children on a special needs adoption website (Adopt America Network: Helping Children with Special Needs, 2017). This picture shows a good example of what a majority of these sites contain, which includes a picture of the child, usually taken with care, as well as a short description of their personality. While most of these words may apply, it is hard to get a holistic understanding of the child's personality when buzzwords such as "sweet", "sweetheart", "beautiful", and "adorable" are used (Adopt America Network: Helping Children with Special Needs, 2017). It is also noticeable that there are different points to emphasis depending on the gender of the child. For example, for most young adoptee boys, their athletic ability, ability to work with their hands, and level of aggression is usually mentioned. For young adoptee girls, their personality, temperament, and sweetness is usually one of the first points to be made.

In order to protect the integrity and dignity of the children who wait, some argue that there should only be limited information concerning a child's special need, condition, or disability in their public profile. This safeguards the child's right to privacy while also allowing

for interested adopters to view specific profiles with the intention of being provided a more detailed disclosure of the child's health status at a later date in the placement process (Bunt, 2014; Argent 2003).



Below is an excerpt from a special needs adoption site that provides more lengthy written descriptions along with one or two photos of the children. This organization is known as Reece's Rainbow and aims to "advocate and find families for orphans with Down syndrome and other special needs by raising funds for adoption grants and promoting awareness through an online community, media communications, and other events" (Reece's Rainbow, 2017):

"The boy knows his name and he knows also the names of other children and teachers, but, for example, on a logical question "What is your name?" he often responds with the last word of the question: "Name". The boy recognizes some animals, he may show them in a book, may show signs of an object or phenomenon, for example, that the flower smells, injury hurts and need to be blown at to ease the pain. Notices minor

consequences – for example, understands that pressing one button on a musical toy can start the others, but the boy lacks understanding to put together even a simple puzzle. The boy likes everything related to sound and light signals – both objects and events, he can observe or operate them enthusiastically for a long time, but by jamming in the process” (Reece's Rainbow, 2017).

This excerpt stuck out to me as one of the most interesting because it contains many minute details about the day to day life of this unnamed boy. In some ways, its more descriptive than just using trite buzzwords, however, it is also very critical of things that this boy can and cannot do. It seems to focus on more apparent deficits in the child’s processing, including little to no information on his character or essence as a person other than his disability. In this situation, I think that these specific examples of his impairments would be better kept undisclosed and only revealed to very serious potential adopters.

Unfortunately, it has also been often observed that adoption agencies have limited real-knowledge of the individual children that are placed on their lists (Bunt, 2014; Cousins 2006). In other cases, scanty knowledge of the child’s impairments and how it pertains to them results in limited and inaccurate representation of the child as a whole and places emphasis on the disability and impairment (Bunt, 2014; Aldgate, 2001). Adoption agencies that really wish to provide by the best placement for these children, taking into account both their impairment and essence, should constantly remind themselves, coworkers, staff, and potential adoptive parents that the disabled child is “essentially, first and foremost, a child with their own unique character and personality” (Bunt, 2014). By allowing for a young child’s true self to shine through, an agency that provides these services will surely be supporting a strong advocacy message for disabled children and the families that they will soon belong to.

Adoption Agency and Adopter Relations: Role of the Adopter in Special Needs & Disability Placements

Starting or adding to a family by means of adoption is a very time-intensive, laborious, and possibly expensive process. When looking for potential children to adopt, families consider many aspects of their own life as well as the life of the child in question. Many potential parents may contemplate their ability to care for an adopted child. In situations that involve special needs and disability in adoptions, prospective parents may worry over whether or not they would be an appropriate match for a disabled child (Bunt, 2014). Due to the high stakes of some placements, adoption processes are strictly governed by interactions between the adopters, the adoption agency, the child's local authority and the adoption panel (Bunt, 2014). However, the potential adopters play the most crucial roles in these models.

The potential adopters essentially use prior knowledge and rationale to either accept or reject certain discourses on disability, or a need, in a child who waits (Bunt, 2014). Since this is the case, their ability to make these decisions relies heavily on their level of familiarity with disability issues (Bunt, 2014). If potential adoptive parents are unfamiliar with certain disability issues, they are more likely to exhibit dominant negative messages about disability and its influence on the character of the child (Bunt, 2014). The overall response, willingness, and prospect of adopting a disabled child is therefore thought to be contingent on the adopter's exposure to disability issues, prior contact with disabled persons, and a view on disabled life that deviates from the social norm of the medical model of disability (Bunt, 2014).

An example of this comes from adoptive cases where a child's profile provides either clear and explicit details on a physical disability versus implicit guesses at a potential invisible disability (Bunt, 2014; Cousins, 2006). Such is the case in infant adoptions where certain

heredity risks passed to children who were born to families with a history of poor mental health can, which, in some cases, be relatively small; it has been found that children of this cohort are often more difficult to place in homes than physically disabled children (Bunt, 2014; Cousins, 2006). This is believed to be the case since impairments of physically disabled children are easier to convey and explain to perspective adoptive parents. These types disabilities are also believed to be easier to accept since their visual representation, allowing for quicker conceptualization (Bunt, 2014; Kingston 2007). On the other hand, a child that currently has an invisible impairment or could potentially develop an invisible impairment (such as a mental or cognitive impairment based on provided family history) is overall less likely to be considered by perspective adoptive parents because of the “unknown” nature of their impairment (Bunt, 2014).

It cannot be assumed that adopters who lack a clear idea of the child they would like to adopt are also open to special need adoptions. This is precisely why it is incredibly important for adoption agencies and social works to work tirelessly to help educate prospective parents about a disabled child’s needs in a respectful and appropriate way (Bunt, 2014). However, some prospective parents are all ready very motivated and intent on adopting a child with special needs. Studies performed on the persons who consider special needs adoption are motivated to start and complete this process by a strong sense of altruism (Bunt, 2014; Argent 1998). Altruistic and selfless intents in these types of adoptions are often tricky. Some may judge these “good-doer” parents with having actual selfish motivations, however, it is important to recognize that a large majority of these families who decide to adopt children with special needs do so with benevolent, faith, and kindness and provide homes for these children to grow and prosper.

Adopters of children with quite severe impairments are heavily attracted to providing constant care (Bunt, 2014; Macaskill 1985). Among these adoptive parents, it is not uncommon

for them to have already lost a previous child due to other serious illnesses (Bunt, 2014; Macaskill 1985). This seems to motivate them to adopt a child that would require a similar level of care to fill a void from the passing of their previously medically-dependent child (Bunt, 2014; Macaskill 1985).

Future Directions

There is a great need for current, up-to-date research on the process of adoption placements for disabled children. Empirical data that measures and accounts for the wider context of societal change, growth of the family, changes in adoption policy and practice, and the hopeful change in attitudes towards disabled people over time (Bunt, 2014). However, there is a current deficit in recent research-based publications that focus on the rate of adoption without disruption for disabled children. Any current published work is based on anecdotal experiences usually written informally on blogs or agencies online (Bunt, 2014). Additionally, more work on information and policy needs to be developed on not only adoptee children with disabilities but also prospective parents with disabilities who wish to adopt either disabled or non-disabled children. It is believed that prospective disabled adoptive parents are less likely to be approved to adopt children and are often faced with unfair assessments compared to non-disabled prospective parents (Bunt, 2014; Cousins 2006). This type of attitude is a perpetuation of the idea that disabled people lack the skills needed to be functional, supportive, and capable parents (Bunt, 2014; Cousins 2006).

A look into how disability changes across region, socio-economic class, country, and culture would also significantly advance the understanding of attitudes of disability in adoption. For example, the differences in what qualifies as a disability is largely associated with culture and social discourse that is often variable across the globe. This could potentially be significant

in international adoptions since a child registered as requiring special needs in one country may not qualify as a disability in another. For example, being a boy that is available for adoption in China, Russia, or other countries is considered a special need on the basis that prospective adoptive parents are more likely to internationally adopt girls as opposed to boys (Love Without Boundaries: Adopt Special Needs, 2017).

Conclusions & Reflections

Throughout this project I learned quite a lot about the adoption process, attitudes towards adoptee children, and the several socially intersections that can occur. One of the greatest things that I have learned was the distinction and variation in how special need adoptions differ from adopting a child with a disability. This has a profound impact on how I think of the adoption process, as something that is connected and is important to discussions for the disability community, but also slightly redefines the word “disability” in the context of adoption. I was really surprised to learn that older children, sibling groups, and minority children are all factors that hinder these children in adoption. It has really opened my eyes to the process of adoption and how it is fundamentally rooted in a purposeful, eugenic-like selection. Ultimately, I hope that I have conveyed how social rhetoric and discourse on disability greatly impacts the lives of hundreds of thousands of children around the world who are waiting for their permanent homes. I hope that I have shown that the attitudes of both the prospective adoptive parents, agency workers, social workers, and individuals that work with these children on a day-to-day basis are their greatest advocate and why it is important that they have a firm and sound understanding of the child’s character that is separate from their impairment. And lastly, I hope that I have inspired some to either think more critically about the adoption system, what it means to be classified as a special need, or to continue this very interesting project in directions that it deserves to go in.

References

- Adopt America Network: Helping Children with Special Needs. (n.d.). Retrieved May 11, 2017, from <http://www.adoptamericanetwork.org/>
- Aldgate, J. (2001). *The children act now: Messages from research*. London, UK: Department of Health.
- Argent, H. (1998). *Whatever happened to Adam: Stories of disabled people who were adopted or fostered*. London, UK: British Agency of Adoption and Fostering.
- Argent, H. (2003). *Models of adoption support: What works and what doesn't*. London, UK: British Association of Fostering and Adoption.
- Bunt, S. (2014). A framework for the analysis of the social processes in the adoption of disabled children. *Journal of Social Work*, 14(5), 524–541. <https://doi.org/10.1177/1468017313478901>
- Cousins, J. (2006). *Every child is special: Placing disabled children for permanence*. London, UK: British Agency of Adoption and Fostering.
- Cousins, J. (2008). *Finding families: Ten top tips*. London, UK: British Agency of Adoption and Fostering.
- Crow, L. (1996). Including all of our lives: Renewing the social model of disability. In C. Barnes & G. Mercer (Eds), *Exploring the divide: Illness and disability* (pp. 55–73). Leeds, UK: The Disability Press.
- Herman, E. (2012, February 24). *Special Needs Adoptions*. Retrieved May 11, 2017, from <http://darkwing.uoregon.edu/~adoption/topics/specialneeds.html>
- Kingston, A. (2007). *Mothering special needs: A different maternal journey*. London, UK: Jessica Kingsley Publishers.
- Love Without Boundaries: Adopt Special Needs. (n.d.). Retrieved May 11, 2017, from <http://www.adoptspecialneeds.org/special-needs/>
- Macaskill, C. (1985). *Against all odds: Adopting mentally handicapped children*. London, UK: British Agency of Adoption and Fostering.
- McKenzie, J. K. (1993). Adoption of children with special needs. *The Future of Children*, 3(1), 62–76.
- NACAC... because every child has the right to a permanent, nurturing, and culturally sensitive family. (n.d.). Retrieved May 11, 2017, from <http://www.nacac.org/about/about.html>
- Oswin, M. (1978). *Children living in long stay hospitals*. London, UK: Spastics International Medical Publications.
- Palmer, I. (2009). *What to expect when you're adopting*. London, UK: Vermilion.
- Rosenthal, J. A. (1993). Outcomes of Adoption of Children with Special Needs. Source: *The Future of Children Adoption* (Spring, 3(1), 77–88. Retrieved from <http://www.jstor.org/stable/1602403>
- Reece's Rainbow. (2017, March 30). Retrieved May 11, 2017, from <http://reecesrainbow.org/category/waitingchildren/other-angel-boys>