Policies and Procedures in Placement of Children for Adoption

Joseph E. Ritter

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were not carried out in Catholic Hospitals and such women not only bore one child but some of them bore several children. Because of this, the Boston Lying-In group was studying the question. They took in all the indigent pregnant women in the metropolitan area of Boston. Their conclusion demonstrated that the mortality rate on well cared for and well treated cardiac pregnant women was very little higher than that of the normal women.

Even more striking than this is the history of the advanced therapy of pregnant tuberculous patients, especially those with far advanced pulmonary tuberculosis. In the early part of the century, it was the commonly accepted practice outside the Catholic hospitals to do a therapeutic abortion on these patients. Since this procedure is frowned on by our hospitals, we were able to demonstrate that during the course of the pregnancy these women improved as the time advanced. It was after the delivery that these patients went bad. So, it was natural to reason why this took place. These women demonstrated to us that the diaphragm rises as the uterus enlarges and at approximately eight months it reaches its highest point which, correlated with the chest x-rays, showed the tuberculosis to be improving. After delivery, the diaphragm dropped and the disease advanced rapidly. Now, this demonstrated that a high diaphragm permitting only a small excursion of the lung was desirable in the treatment of tuberculosis. So, what have we today? A surgical operation designed to raise the diaphragm to keep the movement of the lung at the minimum. So again, we poor mortals learn something new from the ways of the great Designer.

William P. Chester, M.D.

35 members of the Bronx Guild made a 3-day retreat in March of last year their activity report indicates. There were also three Communion Breakfasts, one in March, a second in May and the third in October. At the last one a bronze plaque was presented to the Moderator, Rev. Ignatius Cox, S.J., upon his completion of fifty years in the priesthood.

To the Clergy and Religious of the Archdiocese, the Most Reverend Joseph E. Bitter, Archbishop of St. Louis, addressed the following:

"The placement of a child in a home for adoption is a very serious matter involving thoughtful regard for the child's entire future, including his religious, social and emotional well-being. It requires knowledge of these factors as well as of legal and medical considerations as each affects the child, the natural parents and the adoptive parents and necessitates planning by a recognized child placing agency. It cannot be provided by an individual or group of individuals not subject to proper safeguards no matter how well intentioned or sympathetic they may be.

The Catholic Charities of St. Louis is prepared to help in any case involving placement of Catholic children for adoption and is the agency of the Archdiocese designated by me for this work.

The clergy in parishes and the religious in hospitals and other institutions should not participate in placement of children for adoption unless the plan is being made by a recognized child placing agency. It is my hope that Catholic members of the medical and legal professions will follow this same policy."

The editors of LINACRE QUARTERLY publish here a statement of the policies and procedures of the Catholic Charities of St. Louis prepared by the Committee on the Adoption of Children for the information of those who in any way might be connected with such placement. In general, the same procedures apply in a great many communities and it is thought the subject would be of general interest to all readers of this journal.

POLICIES AND PROCEDURES IN PLACEMENT OF CHILDREN FOR ADOPTION

The placement of a child in a home for adoption is one of the most important and delicate functions of any social agency operating in the field of child welfare. The fact that this premise is recognized by agencies of good standards is attested to by the amount of thought, care, time and money that is invested in this aspect of child care. When the agency is a Catholic one, the feeling of responsibility in this matter is intensified by the realization that in placing the child, it is assuming the great responsibility of determining not only the kind of natural care that the child will receive but also the kind of preparation he will be given for his eternal life.

The Catholic Charities of St. Louis is conscious of this responsibility and through its board, staff, and adoption committee has developed its policies regarding adoption so that its moral obligation to its wards and...
their potential adoptive parents may be discharged in a way conducive to their temporal and spiritual welfare.

**Policies...**

**Application Requirements**

1. **Religion:** Catholic Charities accepts applications only from families in which both husband and wife are practical Catholics. This fact must be attested to in writing by their present pastor or by a priest expressly delegated by him to act in his name in regard to a specific application. Applications are not accepted from families of mixed religion because the agency, as guardian of a child dependent on it for protection of his interest, feels morally obligated to place the child in the environment in which his Catholic upbringing can be assured. A child has by virtue of his baptism acquired obligations and duties which he must be helped to meet. It is the conviction of the agency that he can best be given this help in a thoroughly Catholic setting and that, in the event of the death of one adoptive parent, the Catholicity of the surviving parent will safeguard the child's religion.

2. **Attitudes and relationship of adoptive parents:** Although specific requirements in this area are difficult to set down, the attitudes and relationship of the prospective adoptive parents are considered to be of basic importance in the study of the application. The husband-wife relationship must be a happy one in order to provide the background for a happy life for the child. The prospective adoptive parents should be mature people and sufficiently flexible that they will be able to adjust to the great change a child will make in their way of living. Both must really want a child, and their reasons for wanting him must be wholesome. They must want an adopted child, and must be willing to accept the fact that he is adopted and must be able to help the child grow up knowing he is adopted.

3. **Residence:** Applications are generally accepted from families who reside within the Archdiocese of St. Louis. Whenever exceptions are made, regarding residence, they are based on the fact that the child's security in an adoptive home requires his placement in another diocese. Such placements would be effected only with the approval and cooperation of the diocesan agency in the other diocese and with the knowledge and consent of the proper State agencies.

4. **Citizenship:** Adoptive applicants must be citizens of the United States by birth or naturalization.

5. **Age:** The age limitation of couples seeking to adopt infants is forty years for the woman and forty-five years for the man.

For children over the age of infancy older adoptive parents are considered.

6. **Health:** Both prospective adoptive parents must be in good health. Current physical examinations, including chest x-rays and blood tests are required. The possibility of the prospective adoptive parents having own children should be explored.

7. **Housing:** Home environment should be of a level that is conducive to wholesome family life and health. The present housing shortage has necessitated flexibility in this area. Homes may be owned or rented.

8. **Economic status:** The adoptive applicants must be able to maintain a reasonable standard of living, to rear and educate the child adequately, and to provide a reasonable degree of security.

**Procedures...**

Because of the great number of families asking to adopt a child and the comparatively few children available, the adoption process is apt to be disappointingly slow. Adoptive parents will tell you that the end result is worth the long wait and the sincerity of their statement is proven by the many adoptive parents who, having completed their first adoption, wish to make a second application.

The Catholic Charities is interested in placing children who are available for adoption in suitable homes. The children who are available may be of any age and race; they may have physical problems which can be corrected, or physical handicaps which can not be eliminated. Except for children with special needs, the Catholic Charities considers applications in the chronological order in which the families come to the agency. The waiting period depends on many variable factors, such as the number of children available, the number of applicants, and the number who may withdraw their names. These things cannot be foreseen, so it is not possible to say exactly how many months the process will require.

1. In order to be listed and thereby considered in turn as potential adoptive parents, a couple must write a letter stating their interest in adopting a child and giving such information about themselves as their ages, nationality, and their preference as to the age and sex of an adopted child. They must also ask their pastor to write a letter of recommendation for them indicating that both husband and wife are practical Catholics. The inquiry is listed by the agency on the date on which the second of these two letters is received. A letter of acknowledgment giving the date of listing is sent to the applicants.

2. When the Catholic Charities is ready to consider applications from families whose inquiries were listed as of a particular date, a letter is
written to the family inviting them to arrange an appointment for an interview.

3. An office interview with husband and wife together is arranged and if it is agreed to proceed with the study, the couple is asked to fill out a formal application.

4. After the application has been received a study of the home is made by a caseworker to determine the suitability of the home for a child.

The study involves home visits and office interviews with the husband and wife separately and together, and collateral visits to references, close relatives, pastor and physician. A complete medical report including chest x-rays and blood tests must be submitted by the physician. The study also takes into account the age, background, nationality, racial characteristics, employment, financial resources, physical and emotional traits of the prospective adoptive parents, what they hope for in the way of age, sex and potentialities of an adopted child. As far as is possible, these factors are taken into consideration later when a particular child is recommended for them.

5. When all the information is available, the caseworker submits for action a report written to the Catholic Charities Committee on Adoption of Children. The Adoption Committee is composed of representatives of the clergy and religious, of the medical and legal professions, and of board and staff members.

6. The Committee, having also received complete information regarding the background, physical and mental development, appearance, nationality and legal status of children available for adoption, makes recommendations regarding the placement of a particular child in a particular home. The recommendation is based on similarities in the backgrounds of the child and the family and general suitability of the placement from the standpoint of age, sex, personality and intelligence of the child, and the prospective adoptive parents' interest.

7. Applicants are notified of the action of the Committee and arrangements are made to discuss with them the history of the child recommended for them.

8. This information being acceptable to the applicants, arrangements are made for the couple to visit with the child. If they are favorably impressed and desire to accept the child, arrangements for placement are initiated. Prior to placement, further visits may be arranged, depending upon the ease with which the child can accept his transfer to a new setting.

9. At the time of placement a written medical history of the child is given to the adoptive parents.

10. The applicants' pastor is notified of the placement.

11. At the time of placement, applicants are asked to sign "Conditions for Placement," a brief agreement setting forth the relationship between adoptive family, child and agency during the probationary period.

12. The probationary period continues for at least one year. This is an agency policy and includes the nine months probationary period required by the laws of Missouri.

13. At the end of the probationary period, the situation is reviewed and an oral report is made to the Adoption Committee which may either agree to the filing of a petition for adoption or request further information or an extension of the probationary period before final legal action is taken.

14. If the Committee authorizes the filing of the petition for adoption, the adoptive parents are notified and they then retain their own attorney to handle the legal aspects of the situation. The agency furnishes to the attorney such information as is necessary for the petition. After reviewing and approving the petition in the form in which it is to be filed, the agency gives its written consent to the adoption and provides the court with a written report of the study of the home, the child's background and the adjustment of the child and family to each other.

15. The adoption hearing is held in a court of competent jurisdiction. When the adoption is granted the court arranges for the revision of the child's birth record at the Bureau of Vital Statistics.

16. A revised certificate of baptism is given to the adoptive parents.

17. The adoptive parents' pastor is notified by letter of the completion of the adoption.

The Catholic Physicians' Guild of Wilmington, Delaware was the first professional organization in that state to endorse new adoption laws last summer revising those effective since 1935. In essence they conform to the above. The Guild felt that it was sound community planning to protect children and parents in the ways enumerated.