

AN EXPLORATORY STUDY
OF
THE ADOPTION OF INDIAN CHILDREN
IN MANITOBA

by
Josette Lukowycz

A Practicum
presented to the Faculty of Graduate Studies
in partial fulfillment of the requirement for the degree
Master of Social Work

University of Manitoba
Winnipeg, Manitoba
1985



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ABSTRACT

This study involves a review of information found in a sample of case files of Indian children adopted from within the Province of Manitoba. The information is examined for the purpose of conducting an exploratory study of the adoption of Indian children.

The study examines a random sample of 95 Indian adoption files housed in the Child and Family Support Branch of the Government of Manitoba. The information on these files have been submitted by the various agencies in Manitoba mandated to place Indian children for adoption. The files studied span approximately 35 years, from the early 1950's through 1984.

The coverage, quality, and potential usefulness of the data contained in the files is assessed. Information contained in adoption files is reviewed and implications are considered for future research. Propositions and recommendations regarding the effectiveness of the adoption of Indian children, and the direction of future research in this regard, are formulated.

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INTRODUCTION

In recent years the adoption of Indian children from Manitoba has become an issue of concern for the Indians, the government, and professionals and citizens in Manitoba. Therefore, in an attempt to clarify the situation the Government of Manitoba has encouraged research in the area of Indian adoption. It is hoped that the gathering of more information regarding the Indian adoption situation in Manitoba will facilitate the government's ability to implement practices and policies in adoption more in keeping with the present needs of Indian children in Manitoba. This practicum is one piece of that information-gathering process.

This practicum consists of an exploratory study of Indian adoptions in Manitoba utilizing the information which is submitted to the Provincial government regarding these adoptions. To this end the study consisted of examining a random sampling of 95 adoption files housed in the Child and Family Support Branch of the Manitoba Government. The information on these files has been submitted to the Department by the various agencies in Manitoba mandated to place Indian children for adoption. The purpose of this practicum is to examine the content of these completed adoption files in order to formulate some basic propositions and recommendations. These may then be used as a basis for further research, which in turn, may be utilized to formulate policies and practices regarding Indian adoptions.

My goals within this practicum are:

1. to develop a greater expertise in the formulation and utilization of research and analysis procedures.
2. to gain a better understanding of the basic skills needed to conduct an exploratory study in the field of Child Welfare, with a specific focus on Indian adoptions.
3. to put forth propositions and recommendations pertaining to the status of Indian adoptions in Manitoba for the purposes of contributing to further research in this area.
4. to contribute to the knowledge base regarding the status of Indian adoptions in Manitoba.
5. to gain more theoretical knowledge in the area of adoption, and in particular, transracial adoption.

Chapter 1

LITERATURE REVIEW

Introduction.

In keeping with the practicum objectives set out in the first chapter, this literature review will focus on three broad areas of study: 1)Adoption, 2)Transracial Adoption, and 3)Adoption of Indian children in Canada, and more specifically, in Manitoba, by non-Indian families. Within these three broad areas the focus is further narrowed to highlight those particular aspects which provide:

- 1) a preliminary understanding of the potential effects of transracial adoption on Indian children;
- 2) an analysis of the data gathered in this practicum to provide guidelines for its use in the empirical study of these potential effects; and
- 3) a formulation of questions and propositions for further research in the area of transracial adoption of Indian children.

This study assumes that there is a definite need for further research in the adoption of Indian children by non-Indian families. A brief overview of the events over the past several years should serve as ample justification.

Much of the impetus in the trend toward increasing transracial adoptions can be traced to World War II. The war left behind a large number of orphans, many of them of mixed or non-Caucasian origin. Moved by the plight of these children many families in North America volunteered to give these children a home. Once it had become established that adopting a child of another race from another country was both politically and socially acceptable, it was only a short step to accepting the adoption of children of another race from within North America. This change in societal attitudes during the 1950's and 1960's, coupled with the decreasing availability of white babies, and the increasing availability of non-white children for adoption, meant that transracial adoption flourished. These children were, for the most part,

Indian and Black children.

This trend continued until the 1970's when the number of transracial adoptions began to decline. This decrease coincided with the strong racial pride movement developing in the Indian and Black communities. Indian and Black leaders began vocalizing their concerns regarding the effects of transracial adoptions not only on the children but, on the Indian and/or Black community as a whole; the expression 'cultural genocide' first came into being during this period. Cultural genocide was specifically mentioned in 1972, when Black Social Workers, at the National Association of Black Workers conference, voiced their fears that if the adoption of black children by white families was allowed to continue without interruption there would soon be few children left who would keep Black cultural traditions alive (Jones & Else 1979:374). Transracial adoption carried with it the fear of assimilation into the dominant culture, thus depleting the future cultural resources of the child. Cultural genocide would be the inevitable result.

Indians all over North America strongly upheld this viewpoint. Their children were also being adopted by white families in what they saw as terrifying numbers. To them, transracial adoption was yet another means, along with economic poverty, transmittable diseases, and lack of political and social power, by which the dominant white society was attempting to bring about the demise of the Indians. Indian leaders all over Canada, and their supporters, asked for a review of Indian adoptions in Canada.

The province of Manitoba was no exception. Statistics for Manitoba show that in 1976-1977:

In Manitoba, where native people account for approximately 12% of the provincial population, native children represent approximately 60% of the total number of children in care (Hudson and McKenzie 1981:63).

A review of the data on Indian Adoption in Manitoba four years later yielded similar results:

...48.7 percent of all children in Manitoba placed for adoption in 1981 were Indian or Metis. That figure is much higher than the proportion of Native children in other provinces (Johnston 1983:42).

The Indian leaders' concern that Indian children were being separated from their families was combined with the concern that these children were also being separated from their community, from their province, and finally from their

country. Critics of transracial adoption voiced their fear that what they considered to be the traumatic effects of removing the child from familiar surroundings and placing him/her into an alien environment would be compounded by the detrimental effects of placing an Indian child into a white adoptive family. Both situations seemed to be occurring with a frequency which caused alarm within the Indian community (Ryant 1984; Byler 1977; Johnson 1981; Mindell & Gurwitt 1977). This alarm was particularly strong in Manitoba where:

Until 1982, Manitoba was the only jurisdiction in Canada that still placed significant numbers of Native children in the United States (Johnston 1983:42).

As statistics of this kind started to become common knowledge, Manitoba Indians, as well as the Manitoba government, began to question the long-term effects of Manitoba's adoption policy for Indian children.

Manitoba Indians have not waited until such a time as studies of the long-term effects were conducted: they feared that waiting would cause them to lose many more children. Therefore, they began taking steps to gain some control over the situation. In the 1970's, many Indian Reserves in Manitoba petitioned for and received permission to establish Child Welfare Prevention programs staffed in part by Indian workers. The Manitoba Indian Child Welfare Sub-Committee also was formed during this time. In 1980, the Manitoba Tripartite Committee, made up of representatives of the Manitoba Indian Brotherhood, the Province, the Department of Indian Affairs and, the Department of National Health and Welfare, released a report suggesting alternative ways of delivering Child Welfare services to Indians in Manitoba. The Four Nations Confederacy, feeling that the proposed alternatives "did not ensure the implementation of an Indian planned and controlled service delivery system", (Seidl 1983) submitted their own report. The result was that, in January, 1981, the Four Nations Confederacy entered into an agreement with the Department of Indian Affairs which provided funding for an initial orientation phase of a Native-run Child and Family Services. Following this, in July, 1981, the Dakota-Ojibway Child and Family Services mandated by the province to provide all Child Welfare Services -- except adoption -- to the eight Reserves within the Tribal Council. In February, 1982, the Tripartite Agreement between Canada, Manitoba, and the Manitoba Indian Child Welfare Services was signed. This agreement finalized all provisions for the delivering of Child Welfare Services and Family and Juvenile Probation Services by Indian-run agencies to twenty-five participating Reserves (Seidl 1983). Later that year, in 1982, agreements were also signed providing Indian-run Child Welfare Services to the Southeast, Interlake, and West Region Tribal Councils.

Adoptions in General.

One of the assumptions of this practicum is that in order to understand the effects of transracial adoptions on Indian children, it is first necessary to understand the general effects of adoption on all children. Only by looking at the similarities within both types of adoption and isolating the differences are we able to formulate some propositions regarding the effects of transracial adoption on Indian children.

The dearth of longitudinal studies has been one of the major difficulties in obtaining concrete, substantial evidence of the long-term effects of adoption on children. The studies that were conducted between the years 1940-1960 followed children for relatively short periods of time after adoption: anywhere from a few months to a year. These studies also focused largely on children of pre-school to beginning-school age: these children, besides being too young as yet to have had many life experiences, were also too young to be interviewed. Consequently, much of the verbal data about their behaviour and feelings was captured through interviews with the adoptive parents. Most of these studies focused on the psychological, intellectual, and mental development of the child, through a series of developmental tests. The child's successful adaptation to the adoptive environment was measured through comparisons with biological children raised within biological families. A major drawback in these studies is that they do not define what they mean by 'success'. As a result, the reader has no way of knowing precisely what the studies are measuring as 'success' and whether or not there is any agreement on what constitutes 'success' in the field of adoption.

These studies also appear largely to ignore the unique nature of the adoptive families, although it would seem that failure to do so could potentially skew the results. It was not until 1964, with the publishing of David Kirk's study, Shared Fate, that this uniqueness was finally recognized and incorporated into further studies:

Kirk's work represents one of the few attempts to develop a theory about the adoptive family as one having special dynamics that set it apart from the biological family (Fanahel 1966:122).

Kirk's theories regarding the adopted family will be referred to throughout this literature review. His theories have found widespread support among many of the leading researchers in the field of adoption and have influenced much of the

literature about adoption that has been written since Kirk's publication.

Kirk, and many of those who followed him, recognized that although the adoptive family had unique qualities which set it apart from the biological family, this factor in itself could not be said to be the sole determining factor behind the success or failure of the adoption. In their longitudinal study of emotional, social and academic functioning of adopted children, Elonen and Schwartz found that:

In essence, this investigation indicates that adoptive children do not have additional emotional and social problems, just because they are adopted, but rather that they have severer problems if vital situations bring a reaction of fear and anxiety from significant adults in their environment (Elonen & Schwartz 1969:78).

If any one factor can be pinpointed as having a large influence on the success or failure of the adoption placement, it would appear to be communication. Jaffee and Fanshel (1970) studied the effects of other variables such as socioeconomic status of adoptive parents, education of adoptive parents, sex of adoptive children, age of children at time of adoption, and employment status of adoptive mothers, in order to gauge the weight of their influence on the adoption situation. Much to their surprise, they found that these variables had limited or no relation to the subsequent life adjustment of the adoptive child. The only variable that appeared to have some significant influence was 'communication'. Within the adoption framework, good communication becomes synonymous with the term 'acknowledgement-of-difference' (Kirk 1964).

In his studies on adoption, David Kirk begins from the premise that North American society places a much greater value on biological parenting than on adoption (Kirk 1964). There is a certain kind of aura, a certain kind of enchantment that has developed around the whole process of creating a family. It begins with courting, which then leads to marriage, which finally culminates in the bearing of a child: the obligation to transmit the family blood lines to another generation has been fulfilled. The role of biological parenting is one which most North Americans have been socialized to accept without question. We are taught to believe that we will become 'real' mothers and fathers through biological reproduction. None of us are socialized to conceive of ourselves as 'adoptive' mothers and fathers. What happens, however, when the script is suddenly changed?

When in the midst of a performance, there occurs an unexpected event which threatens to disrupt

things, it takes especially alert and inventive actors to keep the action going (Kirk 1964:16).

The 'unexpected event' to which Kirk is referring to is a couple's realization that they are unable to have their own biological children. As in a play, the couple turns to the other 'actors' in their environment to provide them with cues as to how to keep going and in what direction. These supporting actors, and the audience, are their own parents, their friends, their neighbours, and the social workers who provide them with the messages on how to proceed with the new script they are faced with: 'adoption' (Kirk 1964).

According to Kirk, the manner in which the couple the others in their immediate environment perceive adoption has long-lasting consequences in terms of the positive life-adjustment of the adopted child. Kirk believes that the couple can choose to go with one of two options, either of which can have a great influence on the success of the adoption. One of their choices is to go the route of 'rejection-of-difference'; the other choice is 'acknowledgement-of-difference'.

'Rejection-of-difference' constitutes a denial, a blocking of the concept of adoption. It is the ultimate step taken in the parents' efforts to simulate the biological family and to deny the child any identity other than the one they are giving him. It is the rejection of the child's biological parents, culture and heritage. The social work profession, more often in the past than in the present, unconsciously accepts the 'rejection-of-difference' concept. The adoptive parents are told to treat the child as their own. Little or no information is provided to the adoptive parents regarding the child's biological past. New birth certificates are issued which make no reference to the fact that the child was adopted. 'Rejection-of-difference' emphasizes the non-existence of any part of the child prior to his becoming a member of the adoptive family.

Rejection-of-difference does not eliminate revelation. At some point in the child's early life the adoptive parents will tell the him that he is adopted but they will attempt to downplay or avoid discussion of the adoption. They will emphasize to the child that he is 'their child', no different than if he was born to them. They will subtly imply that adoption was only a means by which the child entered their family but after that process was concluded, adoption no longer played any part in their lives, and nor should it for the child. Basically, they are saying that the subject is closed from the point of revelation on.

Vera Fahlberg, a leading authority on children in foster care and adoption, states that:

"It is difficult to grow up as a psychologically healthy adult if one is denied access to his past" (Fahlberg 1979B:45).

Fahlberg, Kirk, and others believe that if a child has knowledge of his past, of his biological parents, of his cultural status, he is equipped psychologically to incorporate this knowledge into his present life, thus meshing the two parts into a more complete whole. They believe that a child needs memories from the past, in whatever form they are provided. This knowledge gives him a sense of identity, a sense of continuity, a sense of self. If a child can be helped to understand the circumstances which led up to his adoption, he may then be better able to learn to trust others, to believe that he does have some control over the rest of his life, and to feel that he does have many positive choices he can still make. Open and honest communication -- both between the social worker and the adoptive parents, and between the adoptive parents and the child -- is the key factor in making this happen. The kind of communication that is needed to create a positive environment for the child is available through the concept of 'acknowledgement-of-difference' (Kirk 1964).

Acknowledgement-of-difference means that the adoptive parents are able to be open, honest, and comfortable about the adoption and are able to communicate this to the child. They are the ones who are more likely to make the adoption public knowledge by sending out adoption notices, and celebrating the occasion with family and friends. The issue of adoption is openly discussed with the child, whenever the child desires it. Explanations are given to the child regarding his cultural and racial background if the adoptive parents have the information. Attempts are made to introduce the child to aspects of his cultural heritage. Discussions regarding the biological parents are freely entered into and the adoptive parents show little or no signs of feeling threatened in their own role as parents. The child is able to discuss his thoughts and feelings around both sets of parents as though they both belong to his present, which in reality, they do. Thus the child is able to better integrate all of the pieces into one, continuous whole.

Since many of the children involved in transracial adoption are in the older-than-infant stage, it is necessary to comment on some adoption issues specific to older children. The older the child, the more memories, experiences, strengths, and weaknesses he brings with him. Consequently, it is of even greater importance that acknowledgement-of-difference be practiced by the adoptive parents. Trying to ignore and resist any discussion of the past is detrimental to the child. The older child enters the

adoptive home with a variety of feelings such as guilt, anger, self-blame, denial, fear, mistrust, inadequacy, and powerlessness. Until this excess baggage is brought out into the open, dealt with, and allowed to become part of the child's past in an acceptable sense, the adoptive child, and the adoptive family, will find that successful integration of the child into the family will be much more tenuous:

The older the child, the older the emotional problems which result from such pathogenic experiences, and the more resistive such problems are to change (Kadushin 1970:4).

There is no denying that resolving issues in older-children adoptions are more difficult and take longer. But as Fahlberg(1979), Kadushin(1970), Jewett(1978), and Gill(1978) point out, it is by no means an impossible task. It requires a specific set of skills and knowledge as well as a great deal of patience and understanding. A major piece in beginning to work out the adoption of older children is to communicate to the child the reason why he had to leave his biological family. The child needs to know the truth in order to understand that, although this relationship did not work out, it does not mean that he will never be able sustain a longlasting relationship. He needs to know that he is not to blame for his removal from his family of origin.

Once this has been accomplished, he then needs to be given permission to grieve. He needs to know that he will not be punished if he cries for the family he left behind. He also needs to know that his adoptive family will not feel angered or threatened if he displays emotion openly. This grieving is part of the leave-taking process the child must go through: he must be able to say goodbye to his biological family, either symbolically or in reality, in order to be free to move on.

In whichever way possible, it is extremely desirable to involve the biological family in this process.

Telling the child that the parents know this is a good choice for him, or would be happy to know that he was with this new family, makes it easier for the child to accept the new situation (Jewett 1982:17).

This helps the child to deal with some of his feelings of disloyalty to his family of origin and it frees him to give of himself to his adoptive family.

When discussing the issues relevant to the adoptive child and how they can be best dealt with in order to make the adoptive home a more nurturing place for everyone -- especially the child -- one must not forget the role of the

social work agency involved. In many cases, the social worker is the major, if not the sole, link the child has between his biological family and his adoptive family. The social worker holds of much information about the child's past. The worker is often the only person who has been involved with the child on a long-term, consistent basis prior to the adoption. In some cases, if the worker had worked with the biological family for a long period of time before the adoption of the child, that worker has come to be regarded by the family and the child as a member of the family. Therefore, the worker can play key role in easing the transition of the child from one family to another.

Part of her (the social worker's) importance is to help the children better understand their past so they can move on to another family, and part is as someone who knows about these children and their past and still likes and respects them (Jewett 1978:76).

In essence, the social worker has become a part of this child's family, or families. This, then, brings into focus the question of when an agency's involvement in the process of adoption should cease. At present, it has been common practice to break off contact with the adoptive family once the adoption is finalized. The rationale behind this is that the adoptive family must be, and desires to be, treated just like any other family. This is a prime example of 'rejection-of-difference'. There is little overt acknowledgement of the ongoing differences and difficulties which are unique in the adoptive family.

Initially, it was first believed that it was the wish of the adoptive family to discontinue contact with the agency after the adoption was completed. It is now becoming clearer that it is more often the agency's discomfort which dictates this policy. More and more, people within the field of adoption are coming to believe that it is in the best interest of the child to maintain some continued contact with the adoptive family, however minimal. This approach is viewed as a prevention tactic. With ongoing contact, the worker may be able to diffuse adoption issues which have the potential of developing into long-term crises if not dealt with at the proper time:

We would suggest that agencies maintain contact with adoptive families for a much longer period than they now do by either of two methods:(1)by organizing developmental studies which call for annual interviews with adoptive families along the lines taken in the research reported here, or,(2)by organizing their contacts around non-research enterprises in which adoptive couples are invited to

come separately or in groups to share with the agency staff their experiences over the preceding year. We recognize the possibility that for some families the continued presence of the agency in their lives would be seen as too great an intrusion and would be too anxiety-provoking for them to tolerate. We believe, however, that such reaction would not be the predominant one (Jaffee & Fanshel 1970:315).

Transracial Adoptions.

Surprisingly the literature on transracial adoption tends to focus on different issues than the literature on adoptions in general. Whereas the latter concentrated on developmental issues and issues of adaptation, the former focuses more on issues of racial identity and studying the characteristics of white applicants who were willing to adopt other-race children.

The literature on transracial adoptions tends to give superficial treatment to issues related specifically to adoption such as the child's need for biological information, his need to grieve, and his need to link past with present in order to establish a cohesive future. Instead it tends to focus more on the issue of race and the effect this issue has on the child, the adoptive family, and their respective communities. The effect of transracial adoption on the biological family is rarely mentioned. The literature on transracial adoption appears to place more emphasis on global issues than did the literature on adoptions in general. The emphasis tends to be as much on the community from whence the child came and went as on the child himself.

The controversy and politics of transracial adoption often overshadow its more intimate aspects (Ladner 1977:25).

As Owen Gill and Barbara Jackson (1983) report re: the adoption of black children into white families in England, the studies which had preceded them indicated that the results of these adoptions were positive or, at the least, had no definable negative results. Gill and Jackson's own findings concluded that the children studied tended to identify with the white race much more than with their own race, but that their techniques of coping with difficulties seemed to be so well-developed and stable that they would be able to resolve the identity issues that arose, at least for the time being (1983:103). These researchers did admit, however, that there was no evidence to show how these same children would relate to the black community once they reached adulthood (1983:131).

This was only one of the many questions left unanswered. Therefore, although at the time of the study, transracial adoption appeared to have a positive outcome, its continued success tends to remain an unknown. The major reason for this lack of knowledge is the same reason as that for adoptions in general: the lack of longitudinal studies. Joyce Ladner succinctly states the dilemma created by this gap:

As a rule, the patterns of interaction and interpersonal relationships within the immediate family are generally good. Since the children are still very young, one cannot predict with certainty if this pattern will remain the same as they grow into adolescence and adulthood (Ladner 1977:38).

There is, therefore, a need for continued studies in the area of transracial adoption to better determine its present state of affairs and where it should go to in the future. In order to do this we need to begin by examining the history of transracial adoption.

Transracial and transcultural adoptions have always existed (Jones & Else 1979:373).

Although transracial adoptions have always existed in various cultures at various times, it was not until the 1950's that transracial adoptions became prominent in North America. One of the motivating forces behind this change was World War II and its aftermath. As the atrocities of the Holocaust became known there was a renewed emphasis on democratic equality. This, combined with the knowledge that there were hundreds of other-race children in foreign countries left orphaned by the war, made transracial adoption both politically and socially acceptable. As the availability of these transcultural adoptions decreased, families who wanted to adopt children began looking closer to home. The 1960's saw a marked increase in the adoption of Black and Indian children by white families (Grow and Smith 1971).

With the increase of transracial adoptive parents, these parents came to recognize the need to form a cohesive group to provide support to each other as well as to lobby for support from the larger community. One of the earliest and most well-known of these organizations is the Open Door Society, chartered in 1962, whose aims were:

Its stated aims are: "To encourage the general acceptance, throughout the community, of children of minority races or mixed background, to promote the legal adoption of such children by parents of any race, and in this connection to work as closely as possible with official adoption agencies. (Mitchell 1969:619).

The purpose of this group was publicly put forth at the First International Conference on Transracial Adoption held in Montreal in 1969. It very quickly became apparent that not everyone was in agreement with the philosophy espoused by groups like the Open Door Society. At a very different kind of conference held in 1972, the National Association of Black Social Workers:

issued a statement opposing transracial adoption because of fears of cultural 'genocide' on the one hand and concern for the child's identity on the other hand (Jones & Else 1979:374).

This viewpoint was echoed by the North American Indians who:

issued a statement that labeled transracial adoption 'genocide' and accused white society of seeking to deny the Indians their future by taking away their children (Jones & Else 1979:374).

The reduction of transracial adoption during the 1970's-80's was due in large part to this initial opposition and a growing fear on the part of both Blacks and Indians that transracial adoption, if allowed to continue, would prove irrevocably detrimental to their race and their culture.

An examination of the arguments for and against transracial adoption reveals that both sides agree with the same basic values and premises, but they differ in the interpretation and prioritization of these values. For example, the pro and anti factions agree both that providing a child with his own parent(s) is ultimately in the best interest of the child. But while they agree in principle, they disagree in methodology.

The pro-transracial adoption people believe that other-race parents are definitely preferable to no parents at all. They also believe that the key to a successful adoption outcome is how well the parents function in their role as parents: if the parents are able to provide continuity of caring, strength of family, and pride in the individual as a person as well as a member of a race then a transracially-adopted child has as good a chance of becoming a strong, stable adult as any other child. Pro-transracial arguments also tend to lean much more in favour of the 'rejection-of-difference' concept. 'Rejection-of-difference' is viewed as a positive step in maximizing a person's self-worth as an individual:

He finds his uniqueness by separating himself from his biological background as a distinct person, not by identifying with it (Hagen 1970:27).

Equality for all mankind, rather than assimilation, is purported to be the goal of those who accrue to the 'rejection-of-difference' idea:

It is more creative to develop a concept of family that permits a man of one race to call a boy of another his son than it is to live in our traditional assumptions that people belong with their own kind (Hagen 1971:57).

As previously noted, the anti-transracial adoption people also hold that it is in the best interest of the child to be raised by parent(s), but not to the point where any materially-adequate and appropriately-caring home is better than no home at all. Edmond Jones echoed the sentiments of many Black, Indian, and White opponents of transracial adoption when he said:

I do not deny the importance of love and security of home life for every youngster in foster care or preadoptive or adoptive placement. However, I cannot believe that ANY home for the black child is the solution to the problem (Jones 1972:157).

A primary reason for taking this particular stance is this group's belief that a child cannot develop an adequate feeling of self-worth without first developing a strong understanding of his own race and cultural identity and that this understanding must come through experience rather than empathy. It is believed that no matter how well-meaning white parents are, they cannot ever truly hope to pass on the real essence of what it means to be Black or Indian:

The transracially adopted child has been regarded as the victim of improper socialization. Critics caution that the child will become marginal to both the black and the white worlds, because he or she will not have been adequately prepared to function in either (Ladner 1977:81).

White adoptive parents who attempt to instill some racial and cultural pride into their adopted children are considered less of a threat than those who actively follow a rejection-of-difference path with their child. It is felt that the latter method not only confuses the adopted child's self-image, but also has a greater potential of fostering a negative self-image and self-worth (Ladner 1977:81; Sandness 1975:461; Jones 1972). On a larger scale 'rejection-of-difference' is perceived as means by which the dominant culture strives to demean the collective self-image of the minority race. It is seen as a clear-cut message that the minority race is unable, and therefore does not have the right, to care for their own children (Ladner 1977). The issue for the minority race, and in particular, its leadership, becomes one of pride, not only of the past but of the present, and also the future. This can add a political dimension to what was initially perceived as simple child welfare dilemma. Both aspects of the situation are connected by fear, primarily the fear of 'cultural genocide'.

The phrase 'cultural genocide' translates into the very real fear that the continued removal of their children, away from the care and control of the Black or Indian community, will not only erode the community's ability to maintain its physical growth of the community but also its

cultural/spiritual dimension. Without children to pass on the traditional values and beliefs it is feared that the Black and Indian people's uniqueness will eventually fade and become integrated into the white ruling society (Jones & Else 1979; Ladner 1977; Sandness 1975).

Coupled with this fear is the resentment that transracial adoption is being touted as a beneficial aid to Black or/Indian children when, in fact, its real purpose is "to satisfy the frustrated parental desires of childless whites" (Sandness 1975:462). The anti-transracial adoption groups agree with adoption agencies in their assessment that there are too many children for the too few available same-race adoptive homes. But they feel that the agencies have been extremely lax in their attempts to recruit same-race homes, preferring to deal with the large number of white adoptive homes readily available:

When reviewing the literature on adoption, one is struck by the extent to which economic terminology is used to discuss many of the issues. For example, the terms SUPPLY and DEMAND are often employed. There is a real sense in which adoptions do work under market conditions and in which children are in exchange items (Ryant 1984:176).

Another perceived obstacle to the recruitment of same-race homes is the criteria used to judge the appropriateness of potential adoptive homes. It is argued that the standards which adoption are white standards and are not necessarily transferrable to Black or Indian homes, nor should they be. Definitions of family makeup, adequate income, methods of child raising, and appropriately-nurturing environments differ greatly among cultures and it is felt that these differences must be taken into consideration when studying adoptive homes of other races.

Since some of this controversy stems from the lack of any real or substantiated long-term information, it remains largely unresolved. Nonetheless, many of the misunderstandings could be alleviated by a greater understanding of some of the particular issues, specifically those pertaining to Indians.

Transracial Adoption of Indian Children.

It is a well documented fact that the predominantly white North American culture is focused around the 'nuclear' family which by definition is made up of a mother, father and child(ren). The extended family plays a part in this existing structure, but only on a more peripheral level. The expectation is that decision-making and life maintenance functions are conducted primarily within the parameters of the nuclear family. Provision of material necessities, child-rearing functions, and family rules and regulations are the exclusive roles of the parents within the nuclear family. They may receive advice or assistance from the extended family or friends, but the primary responsibility for final decisions rests with the parents.

The traditional Indian family differs from the North American Caucasian family in a variety of ways. Some of the difficulties existing in the area of Indian adoptions in particular, and Child Welfare in general, can be attributed to the lack of awareness -- or failure to take into consideration -- the more fundamental differences inherent in the Indian family. This should become abundantly clear as we review some of the information which has been documented concerning the makeup, roles, functions, of the Indian family and of the members within it.

Indian family systems are extended networks which characteristically include several households. An Indian family, therefore, is an active kinship system inclusive of parents, children, aunts, uncles, cousins, and grandparents (Red Horse 1980:462).

A variety of phrases have been used to describe the Indian family from 'structurally open networks' (Red Horse 1978:68) to 'holistic and interdependent' (Byler 1977:3; Wilkinson 1980:453). It is considered open in the sense that a large number and wide variety of individuals fall under the heading of family member. They range anywhere from great-grandparents to close family friends. All have specific roles, functions, and responsibilities toward other members within that family and are expected to fulfill them without question. The key factor here is identity rather than blood. Through long standing interaction with each other, certain individuals form attachments which carry with them the same responsibility as those people who have been born into that family. They become a holistic, interdependent, cohesive unit, sharing equally in the duties, decision-making processes, and various other functions necessary to maintain the family's stability and growth. This interdependence extends beyond the boundaries of

the loosely-defined immediate family and into the community where not only do individual family members share responsibility for each other, but families share responsibility for other families. The tribe is considered a 'family' with individual families becoming 'members' of the greater 'family'. All have certain duties and obligations to each other which are binding (Wilkinson 1980:451; Johnston 1983:70). This interdependence is one which is highly valued in Indian tradition. One of the major points of conflict and misunderstanding between Indians and Whites when it comes to dealing with the adoption of Indian children.

Traditional Child-rearing Practices in the Indian Family.

The traditional Indian family was seen as the vehicle by which individual gained his identity and the self-confidence which would see him through his adulthood. His whole sense of being stemmed from the values, the traditions, the beliefs he learned as a small child within the womb of his family which, as previously indicated, encompassed a great number of people. The family was the seed from which that person grew not just as an individual, but as an Indian individual.

It (the Indian family) serves as a repository for value orientations that guide human behavior, as a transactional milieu for life span socialization, and as a basic catalyst for cultural revitalization (Red Horse 1980:462).

The number of people who were considered to have responsibility for the care of the children were equal to all of the people who were in one way or another identified as members of the smaller system of family, as well as the larger system of 'family'. The child's mother and father were only one small piece of the child's "caretaking hierarchy" (Red Horse 1978). At the head of the list of child's caretakers were the grandparents who retained "official and symbolic leadership in family communities" (Red Horse 1978:69). As elders of the family, their wisdom and learning in the realm of childrearing was always taken account of and heeded. Since the parents of the child were often required to be absent from the home during the day in order to fulfill the demands of their economic roles and duties within the community, the grandparents would have full charge of the child. Their role was primarily one of education: they taught the child the finer points of self-discipline as well as the various values and traditions which were practiced by their people. Consequently, the grandparents were the primary individuals responsible for the child's spiritual and emotional growth.

Another little-known but also major caretaker of the child is the child's 'namesake'. It was expected that frequent and regular contact between that person and the child would be maintained. The role of the namesake was to act primarily as a role-model to the child, demonstrating by personal example the appropriate manner for the child to act (Red Horse 1980:465). Even more important, however, was the role the namesake took on when illness or hard times befell the parents. During these times, if direct family members were not appropriate or not available, it was the duty of the namesake to take full or partial care of the child until such time as the parents were able to regain the ability to care for the child.

Namesakes provide what professionals define as "substitute services" if parents become incapacitated. Unlike similar religions and rituals, namesakes become the same as parents in the network structure (Red Horse 1978:71).

A third group who were also responsible for overseeing the care of the child was the child's extended family which encompassed a vast network of people from immediate aunts, uncles, and cousins to close family friends. Their role was similar to that of the namesakes in that they contributed to the educational care of the child and provided substitute physical care in time of need. The choice of caretaker for the child would usually be dictated by the circumstances of the particular situation.

The last major group of caretakers was the community itself, also designated as the child's greater 'family'. Therefore, the community was fully expected to play a significant role in the provision of his spiritual, emotional and intellectual education. When the parents, for whatever reasons, were unable to assume primary care for the child, it was the responsibility of the community to coordinate the provision of replacement caretakers.

Before the conquest of the Indian people by the white man, there were wide variations among the tribes of different regions, but in general, Indian children who lacked parental care were cared for by the extended family, the clan, or the tribe. Responsibility and care for children were shared and multiple rather than biologically fixated (Miller, Hoffman, & Turner 1980:468).

Two interesting points arise from this portion of the literature. Firstly, it appears that the Indian child was in little danger of being left a homeless orphan. If one level of care failed, another was waiting to take its place. Secondly, certain elements which are considered essential to

present-day adoptions were totally unknown in traditional Indian communities. In the type of traditional adoptions practiced by the Indians, "custom adoptions", the child was adopted by someone known to the family. Maintaining confidentiality as to the identity of his natural parents or his home community was a totally foreign concept. Although both of these points underline a significant departure from the way adoptions are handled today, they are much more in keeping with what befits an Indian child and, therefore, should be given proper consideration (Johnson 1981:439; Johnston 1983:720).

Just as the definition of who is ultimately responsible for the care of the child is different in the Indian culture than in the white culture, so too, is the manner in which each culture defines proper methods of childrearing. In the white culture the child is much more dependent, much more controlled by his parents, and much more sheltered from sharing in difficulties to do with economic maintenance of the family. The parents make decisions without consulting the child. Should illness occur to the mother another adult is brought in to assist in the care of the household. The child is allowed very little involvement in major decisions regarding the continued maintenance of stability in the home (Hilary 1972:27). An attempt is made to shield the child from the difficulties which may be occurring within the home.

The literature related to the childrearing practices of the Indian family state that Indian children are viewed much more as autonomous beings than are white children. From the time they become mobile, Indian children are given much more freedom to explore on their own. At a much younger age than white children Indian children, are expected to take part in the physical and emotional care of the home. If the mother becomes ill, it is often expected that the older children will look after the younger siblings. What constitutes 'old enough to look after children' is not always agreed upon between Indians and Whites. (Hilary 1972; Fulton 1972)

Discipline of an Indian child is seen to occur in more subtle ways than within the White system. The Indian child interacts with the Indian adult more often on a non-verbal level, learning through observation rather than through words.

Physical discipline of children is traditionally not practiced within the Indian culture. Rather, Indian children experience discipline through social sanction. If the child is guilty of a wrongful act the adult will discipline the child by withdrawing his attention and affection for a period of time until it is felt that the child has been properly chastized. It has been written that white people, observing this form of discipline without being aware of the dynamics

behind such a method, tend to conclude that the discipline of Indian children is lax (Wax & Thomas 1978; Atteneave 1977; Johnston 1983; Red Horse 1978; Byler 1977).

In reviewing the literature on child-rearing practices in both Indian and White cultures, the reader is able to draw two conclusions. Firstly, that both cultures give clear indications of loving, caring, and respecting their children. Secondly, that there is no right or wrong way of raising children, there is only the way that is felt to be most appropriate within that particular culture at that particular time. All parents of all races and cultures raise their children with the goal of teaching their children to survive. The skills needed to survive in this present-day North American culture can be seen to be different for an Indian child than for a white child due to various factors such environment, racial acceptance, economic mobility, commonality of lifestyle and so on:

Thus one might suggest that in both cultures parents and elders subject infants and children to an intensive and careful training, but that they use very different methods and emphasize very different skills (Byler 1977:3).

The Disintegration of the Indian Way of Life.

It is obvious from the literature that children held a very special place in the traditional Indian family and in the traditional Indian way of life. They were cared for, respected, nourished, educated, and perceived as the means through by the Indian culture would continue from one generation to the next. They were seen as a link between the past and the future. If this is so then does it not seem strange that as of 1980:

...status Indian children were represented in the child welfare system at approximately four and a half times the rate for all children in Canada (Johnston 1983:57).

This statistic does not make much sense in light of what we know of the Indian family and the relationship which exists between the Indian child and his community. We can then only come to the conclusion that other factors existed, and possibly still do exist, which contributed to the separation of Indian children from their family of origin and also contributed to their dispersion to other families, mainly Caucasian, throughout North America.

One major factor which is attributed to be a leading cause in the breakdown of Indian families is the generally low economic status of the Indian adult. It is a well-known fact that Indians adults are, on the whole, a much more impoverished people than their white counterparts.

In 1971, the average annual income of all native people was \$2,976, compared with a national average of \$5,033. More than one-third of the native population received no income at all. In 1972-73, more than half of the on-reserve population was dependent on welfare (Ryant 1984:169).

Poverty, or rather, the results of poverty, undermine much of the ability of many Indian families to maintain a positive sense of growth, stability, and self-worth in our society. Some of the more obvious results of poverty are substandard housing, poor health, alcoholism, and lifestyles which revolve around abuse of oneself and others. Some of the other consequences of poverty are not so obvious but much more damaging. Constant and unalleviated poverty, with its corresponding subsequent inability to provide adequately for one's family, can lead to a feeling of helplessness, powerlessness, loss of self-esteem, and loss of self-confidence. (Byler 1977; Johnson 1981; Johnston 1983; Miller, Hoffmann & Turner 1980; Ryant 1984).

Parents who fear they may lose their children may have their self-confidence so undermined that their ability to function successfully as parents is impaired, with the result that they lose their children (Byler 1977:8).

Judged by white standards of what is appropriate for a family in terms of physical and material goods, as well as what are the appropriate methods of child caring, the Indian family is often found wanting. This can lead to differences of opinion as to whether or not the Indian child should remain with his family of origin. From the statistics available on Native children in care it appears that the option of removing the child from the family is often the one chosen (Johnson 1981:438). At this point it is not for us to judge whether these decisions were right or wrong at the time. It is enough to say that the Indian people now feel that other options must be considered in order to enable the Indian child to remain with his family and/or his cultural community. The Indian people feel that only by retaining the child will they be able to maintain their cultural traditions. The question, however, remains: What were some of the factors which led up to this present situation?

Issues, Policies, and Practices regarding Indians in Canada.

In terms of the present status of the Indian people, the view most favoured by the current literature is best introduced by H. Philip Hepworth: "the disadvantaged status of native people is not of their own making" (Hepworth 1980:121). Pete Hudson and Brad McKenzie expand on this statement through their theory of colonialism and its inherent negative balance of relationships between one people and another. They maintain that white people, keeping to the true definition of colonialism, successfully worked at making the Indians dependent on them in order to extract benefits for themselves (Hudson & McKenzie 1981:65). This system of interaction began from the moment the white people landed on the shores of North America. Being a more and materially advanced people than the Indians, the white people were thus more skillful at imposing their will and their needs over those of the Indian people. Having once established this system of dependency, both the White and the Indian people felt it was necessary to maintain this hierarchical arrangement for fear of otherwise suffering great losses on both sides. The present-day plight of the North-American Indian is attributed to the continued practice of colonialism. Hudson and McKenzie, supported by Patrick Johnston, maintain that the Child Welfare system as it pertains to the Indian people is a continued form of colonialism. Since this theory is stated or implied in much of the literature this theory deserves closer examination. One way of doing so is to look at the specific attributes of colonialism and see what, if any, relationship exists between them and the Child Welfare system as it relates to North American Indians.

The first attribute of colonialism is stated as "...the ultimate power and decision-making ability is vested in the dominant group" (Johnston 1983:79). Through the use of such vehicles as the British North America Act and the Reserve System, the white people of Canada have set themselves up as protectors of and providers for the Indian people once the latter had been stripped of their ability to provide for themselves. The irony of this, however, is that when it is time to act, factions within the white society compete with each other in being the first to disavow responsibility. This becomes apparent when discussing who is responsible for administering Child Welfare Services to Indians on Reserves:

In general, the major barrier has been the unwillingness of provincial and municipal governments to provide services or spend monies on a minority group regarded as the exclusive

responsibility of the federal government (Hepworth 1980:111).

While the provinces are in agreement that the financing of services on reserves is a federal responsibility, Section 88 of the Indian Act does not clarify the financial obligations of the federal government to provinces that extend their services (Johnston 1983:5).

As a result some reserves did not receive Child Welfare services except in crisis situations which were considered life and death (Hepworth 1980). By the time the situation had reached this point, there were very few options left in terms of resolution. Therefore, it appears that the typical chain of events was: a crisis occurred; child welfare services were called in; no other immediate option presented itself except to place that child in care; the factors which precipitated the crisis were not adequately dealt with and the parent was found unable to resume care of the child within a set limit of time; the child was found in need of more permanent, stable care and was placed for adoption, more often than not in a white adoptive home. Statistics appear to indicate that this method of intervention was much more the norm than the exception when dealing with Indian families:

.96 percent of all children in Canada were in the care of child welfare authorities in 1980... 4.6 percent of all status children were in care (Johnston 1983:57).

The overriding problem appears to be that final decision-making powers have ultimately rested with the dominant white group. The Indian people have two strikes against them when it comes to decision-making within the child welfare system. Not only are they considered a minority power due to their racial status, they are also considered a minority power because of their status as biological parents.

In most cases groups representing the adoptive parents have more political power and a more respected status in the community than do the generally deprived, often minority group, biological parents (Kadushin 1984:8).

Within a system such as colonialism, the minority group comes to feel that no matter what they do or say the odds are against them.

The second attribute of colonialism is that:

the practices, customs and traditions of the subordinate group are devalued (Johnston 1983:79).

We have already looked at some of the practices, customs and traditions of the Indian family and seen how they do differ from the white culture. We have also touched briefly on the fact that these differences are not always understood nor are they accepted by the said dominant white culture. This situation, combined with the fact that the existing Child Welfare system is said to be patterned solely after the beliefs of the white system, may very easily lead to misunderstandings and misinterpretation of events:

Social workers that are ignorant of Indian cultural values and social norms have too often made inappropriate decisions, discovering neglect and abandonment where none exists. The context and the dynamics of the Indian family have largely been misunderstood. An Indian child may have large numbers of relatives who are considered close, responsible members of the family. Social workers, unaware of the ways of Indian family life, view leaving the child with persons outside the nuclear family as neglect, grounds for terminating parental rights (Miller, Hoffman & Turner 1980:469).

Whether the reader believes as these authors do, that the child welfare system has treated the Indians badly due to ignorance and stupidity, or like Mckenzie and Hudson, (1981) that the child welfare system has intentionally imposed their values over those of Indians, the results remain the same. A proportionately larger number of Indian children were taken into care and placed for adoption than their white counterparts during a similar period of time.

Other evidence that is cited to show that the Indian way of life is devalued by the white social services is the fact that Indian children who are placed for adoption are very rarely placed in Indian adoptive homes.

Most native children who are adopted are placed with white families. In 1975-76, 311 of 406 (76.6 per cent) status-Indian children were adopted by white families. Whilst we do not have data for nonstatus children, there is no reason to believe that the practice of transracial adoption is different for these children (Ryant 1984:170).

The social services argue that there are not enough Indian adoptive homes available. The Indian people do not disagree with this argument but they say that this is the fault of the white people. If adoptive homes are judged by white standards which is said to emphasize material wealth and the nuclear family structure, then very few Indian families are able to qualify. Knowledge of the adoption criteria has dissuaded

many Indian people from even attempting to apply for adoption (Bergman 1977; Blanchard 1977; Mindell & Gurwitt 1977; Ryant 1984).

The Indian people argue that not only is there very little attempt made to allow Indian children to be raised within their own culture but in the case of Canadian Indian children, there is very little insistence that the child be raised in his own territory.

Interestingly, many of the children are placed with white American families-which gives rise to yet another complaint-the denial of the right of children to live in their native land (Ryant 1984:171).

This second attribute of colonialism, more than any other attribute, gives rise to the accusation that the white people, using the child welfare system as a tool, are actively seeking the cultural genocide of the Indian people. The Indians view the process, as it exists now, in the following light: the white people see the native environment as an unhealthy one in which to raise children; the children are removed and placed in more acceptable white homes where they are taught to follow white standards; the children are then lost to the Indian community and are no longer an avenue through which the Indian culture, values, traditions, and standards can be propagated.

The third attribute of colonialism, which is also believed to be connected with cultural genocide, is:

...an interactive feature of a colonial relationship conditions both the colonizer and the colonized to think and behave in certain ways. Often, the response of the colonized will reinforce the negative image of them held by members of the dominant group (Johnston 1983:79).

When a minority group is generally viewed as worthless, unable to adequately provide for themselves according to the standards set by the dominant group, and unable to abide by the 'law of the land' as determined by those in power, a vicious cycle is created. The minority group, unable to understand the new ways and unable to seek solace in the old ways, begins to view itself as powerless. A feeling of powerlessness carries with it feelings of shame, guilt, fear, worthlessness, confusion, and pain. This often gets expressed in ways such as alcoholism, violence, and suicide. These expressions of despair are interpreted by many in the child welfare system as an 'inability to cope'; by extension, individuals who are unable to cope are obviously unable to provide adequate care for their children. Therefore, children are removed from their apparently unhealthy environments and

placed, more often than not, with white families who are regarded as more stable and nurturing than the child's biological family. And what of the biological family?

Unfortunately for many Indian parents and relatives the long experience of disservice left open wounds of hurt and anger that eventually consumed them. Many gave up hope and incorporated the sentence of worthlessness that was handed down by the court (Blanchard 1977:60).

Feelings of powerlessness, shame, guilt, fear, worthlessness, confusion, and pain are reinforced. Without adequate services and supports, these parents continue to remain in the same debilitating circumstances which prompted the involvement of the child welfare services in the first place. The vicious cycle remains unbroken. The parents continue to be seen as unable to improve their situation enough to meet child welfare standards and therefore the child welfare authorities feel the need to remain involved, not only with the first child but also with his siblings, and those to come. The family is stigmatized.

For the Indian child who has been adopted into a white home, the negative way in which the majority of society view the Indian people, including possibly his adoptive parents, can produce a somewhat confused self-image within the child. 'Rejection-of-difference' may not only be put forth by the child's adoptive family, but it may be actively practiced by the child himself. The child may disavow any feelings of belonging to that group of people considered worthless, lazy, alcoholic, and yet, he is unable to deny the bond that is created by his physical appearance. The child is caught in limbo. He feels lost in the white world, in the Indian world, and most important of all, he feels lost in himself. His identity remains nebulous and undefined (Johnston 1983:60). If he has not had a chance to resolve these issues by the time he reaches adulthood, the confusion, anger, and frustration he carries with him may manifest themselves through behaviour which is viewed as deviant by the society at large. Throughout his adult life, he continues to be caught in two worlds, functioning marginally in both.

The Indian people maintain that this loss of the child's identity is the crux of cultural genocide. Since the child no longer feels part of the Indian community, he cannot relate to its traditions, values, and beliefs, and therefore cannot incorporate them in any way within himself in order to pass them on to his children. The Indian people feel that it is by adopting Indian children into their society that the white society is attempting to achieve the assimilation of the Indian race (Hudson & McKenzie 1981).

We have seen that much of the current literature focusing on transracial adoption of Indian children tends to lean toward the Indian point of view, that the adoption of Indian children by white families is seen as destructive not only to the child but also to the Indian community in general. Now let us briefly examine the few research efforts regarding the adoption of Indian children by white families and let us see if they also tend to concur with this viewpoint.

Research in Transracial Adoption of Indian Children.

Research in the area of transracial adoption of Indian children has much in common with research in the area of adoption or transracial adoption in general:

1. there is a limited number of research studies done in this field and even fewer number of longitudinal studies completed. There is little in the way of information concerning the effects of transracial Indian/white adoptions on Indian children once they reach adolescence, early adulthood, or the middle years.
2. there are very few studies which focus on or utilize the children's own responses or reactions to the adoption situation. Their experiences are usually verbalized by a third-party, most often their adoptive parents., or are written up as observations made by the researcher and/or his assistants.
3. most of the studies tend to ignore the child's biological family and background or, if it is mentioned, it is more in passing than as an important item in the study.
4. although many Indian children tend to be adopted at a later age, there is little discussion on the special difficulties inherent in older-children adoptions and how these difficulties may or may not be compounded by the transracial aspect of the adoption.
5. many of the studies focus most of their research on the adoptive parents, and more specifically, on the socioeconomic and demographic attributes of the adoptive family.
6. in none of the studies are the terms of reference clearly defined. For example, what is meant by 'a successful adoption' or, what is meant by 'a well-adjusted child' is never clearly stated.

By way of summary it is fair to say that much of the information regarding adoptions, transracial adoptions, and adoption of Indian children by white families is based on short-term, limited-focus studies, using statistics, opinions, and eyewitness accounts rather than longitudinal, detailed, scientifically-gathered material. Joseph Ryant best describes the present state of research in these areas of adoption:

We do not know of any outcome study that follows a cohort of transracially adopted children long enough to establish whether or not what is feared may happen does in fact occur. This is surely an area that merits immediate research, so that future policies may take account of any risks that may be demonstrated (Ryant 1984:175).

Although we have stated that research in all areas of adoption has not been satisfactory, this is not to say that some insight cannot be gained from what has been done up to date. If these studies are not able to provide us with as much information as we would like they, at least provide us with knowledge of the gaps of information that do exist and in what direction we should be looking to fill those gaps.

One of the earliest and most comprehensive and informative research studies done in this specific area of adoption is one entitled Far From the Reservation: The Transracial Adoption of American Indian Children conducted by David Fanshel in 1972. It is a descriptive study which can be considered longitudinal in that the research is conducted on a regular, structured basis with 97 families over a five-year period, beginning from the placement of the Indian child within the white adoptive home. The parents of these families were interviewed individually or as a couple once every year for five years. The interviews focused on the socioeconomic and demographic background of the adoptive parents; the child's adjustment to the home in terms of behaviour development, health, social adjustment, peer relationships; and the reaction of the adoptive parent's extended family and community. One chapter provided a descriptive analysis of the child's biological background. The final results of this study were summarized as follows:

...more than 50 percent of the children are performing extremely well in all spheres of life and another 25 percent are performing in a way that makes the outlook of their future adjustment very hopeful. Only ten percent of the children were showing problems which made their outlook guarded and only one child was seen as performing at such a low level that the future looks very dim (Fanshel 1972:323).

Interestingly enough this study's limitations and gaps in knowledge are in some ways more useful than the information it supplies. Although it is a longitudinal study, the children were still very young (pre-adolescent) at the termination of the study. How they would cope with issues arising from their transracial adoption situation once they reached adolescence was as yet undetermined, although Fanshel does offer this comment:

It is to be expected that as our Indian adoptees get older, the prevalence of problems will increase (Fanshel 1972:323).

It is obvious that a longitudinal study that is able to follow the adopted child from placement through to adolescence and early adulthood is needed. The information gathered from such a study would then need to be compared with information gathered from a control group of non-adopted children from similar socioeconomic and demographic backgrounds. It may then be possible to apply some kind of measurement of success to transracial adoptions of Indian children.

Fanshel found that two variables which were worthwhile examining were the socioeconomic status of the adoptive parents and the age of the children at time of adoption. A significant correlation was found between the socioeconomic status of the adoptive families and the rating of child adjustment. "The high status families had children who were showing poorer adjustment..." (Fanshel 1972:328).

In terms of the 'age' variable, Fanshel found that there was a significant association between the age at which the child was adopted and his subsequent adjustment. Fanshel's study tends to support the theory that early placements are generally in the best interests of the child (Fanshel 1972:332).

Fanshel's concluding remarks are significant. To paraphrase,, he states that as far as this study is concerned, it supports the view that the adoption of Indian children by white families appears to hold a minimum of risk to the child in terms of his physical and emotional well-being. What needs to be remembered is that the child has not reached an age, at termination of this study, where he is forced to face and deal with a variety of difficulties that may arise. He also states that transracial adoptions are most beneficial to the adoptive parents themselves (Fanshel 1972:339). But of even more significant than these two previous statements is Fanshel's overall summation. He states that:

It is my belief that only the Indian people have the right to determine whether their children can be

placed in white homes (Fanshel 1972:341).

Race becomes a leading variable in Ann Beuf's study entitled Red Children in White America (1977). This study was of a short-term duration (summer and fall) and focused on preschool children, ages 3 to 5. The number of cases was 229. One of the major tools used in this study were dolls and picture cards depicting different races. Ann Beuf found that:

Race is an important variable. Native American youngsters are much more likely than whites to select dolls of the opposite race for positive stereotypes... (Beuf 1977:71).

She also found that the older the children were, the more readily they tended to favor white dolls. She theorized that they had begun to develop a more refined understanding of the fact that within the social hierarchy which surrounded them whites had more power and privileges (Beuf 1977:73). She then suggested that they were also able to understand the reverse of this concept: that the Indian people -- their people -- were on a lower rung of the ladder of power and privilege. "Self-identification and stereotype are highly correlated..." (Beuf 1977:77). Once again the reader must be cognizant of this study's limitations when analyzing the results. The reader should keep in mind the study's relatively short time frame, the age of the children, and the fact that much of the data was gathered through testing and observation rather than first-hand information given by the child.

Another study conducted in that same year has a different twist. Joseph Westermeyer's study The Ravage of Indian Families in Crisis deals with Indian adoptions at the pre-adoption stage. It is a study of 8 Indian families and the circumstances which led up to their children being placed for adoption. In all eight families the parents were between the ages of 20 to 43 years old. The major problem they all had in common was an interpersonal problem between husband and wife. In addition, other problems identified were drinking, alcoholism, and depression. Requests for help were initiated by the clients themselves. Westermeyer describes the social service intervention as follows:

The children were summarily taken by the institutions in every one of these cases and placed in white foster homes. In no case was a homemaker placed with the family. Mental health consultation or opinion was not sought, nor was an evaluation of the parental alcoholism problem obtained in any of these cases (Westermeyer 1977:49).

Westermeyer theorizes that in most of these cases a positive change could have occurred had some support services been put

into place immediately. Instead, the option favoured was an authoritarian, police style of intervention: the social institutions had ultimately failed (Westermeyer 1977:54). The follow-up to this study showed that in the end, four of these parents managed to regain custody of their children. This seemed to have assisted them in developing a more positive self-image and thus enabled them to cope more adequately with their life situation. The message in this study appears to be that, in many cases, adoption may not have been necessary if other options had been considered and other support services had been put in place. The tone of reproach and bitterness inherent in this study is mirrored in much of the literature written by the opponents of transracial adoption for Indian children.

In keeping with the idea of other alternatives, Carolyn Atteneave cites an example of 33 children who were left orphaned by a rash of suicides. All but one child were placed with friends or relatives within their Indian community. Documentation showed that the child who was placed outside of the community was the only one who became involved in serious delinquencies (Atteneave 1977:30-31). Although Atteneave's point is well-taken, the reader must wonder why this one child was unable to be placed in his community and if this factor had any bearing on the subsequent results.

A final study that needs to be mentioned is that done by Judge E.C. Kimelman in 1984. It is a report rather than a research study, consisting of information gathered from a review of 54 adoption files representing 93 Indian children. A major limitation of this study is that the file information available was non-standardized due to the use of widely differing recording formats by each worker. Therefore, the information was left open to subjective interpretation by the researcher. Its limitations, however, are also its strengths. It is through this study that it is possible to piece together some of the gaps and get a sense of some of the questions that need to be looked at. For example, some important questions the report identified were: what reasons were cited for placing children in the United States? What attempts had been made to contact extended family/community for assistance with the child? What were the pre/post intervention plans for the family and the child? What were the circumstances which prompted the child coming into care and what, if anything, was done to try and alleviate those circumstances? What was the policy for the recruitment of Indian adoptive homes?

Recommendations Regarding Transracial Adoption of Indian Children.

The recommendations throughout the literature on adoption of Indian children by are all consistent with David Fanshel's statement that, despite what any research reveals as to the success or non-success of these types of adoption, in the final analysis, it should be left to the Indians to decide on the future of their children (Fanshel 1972:341). Two recommendations which follow from this statements are that: 1) the decision-making process regarding child-related issues should be done in conjunction with the Indian people, 2) the Indians' choice of options in terms of services and resources available to them should be enlarged in order to facilitate and make more realistic their ability to make decisions regarding the welfare of Indian children and families.

The literature also recommends certain steps and procedures which should be considered in order to make these changes possible. Following is a summary of these recommendations :

1) A thorough examination of the United States Indian Child Welfare Act (instituted as of November 8, 1978) should be made for the purpose of reviewing what, if any, policies can be adapted for use in Canada. Some specific issues which could be looked at are:

- Indian tribes having jurisdiction over all child welfare matters pertaining to Indian children and families.
- Indian tribal courts having jurisdiction and authority over the custody of children on and off Reserves.
- Indian families having priority as adoption applicants in instances where the adoptee was an Indian child. Only after all other possible options exhausted should consideration be given to placing an Indian child in a non-Indian environment. (Johnson 1981; Johnston 1983; Miller, Hoffman & Turner 1980).

Some difficulty may be encountered in trying to adapt all or part of the United States document due to the fact that "Canada has never formally acknowledged the sovereignty of Indian tribes" (Johnston 1983:90). Therefore the balance of bargaining power may be somewhat different than that in the United States.

2) The traditional Indian method of adoption called

'custom adoption' needs to be looked at as a possible option.

Historically, it was common in Inuit and Indian societies for a child who was orphaned or abandoned to be taken in and raised by a relative - a practice called custom adoption" (Johnston 1983:71).

It was felt that it was in the child's best interest to remain within his community, to be raised by relatives or friends who were known to him and who knew him. They could provide him with the necessary links between his past and his present. Secrecy, or as the present system defines it, confidentiality, was unknown in Indian adoptions (Johnson 1981:439). Since everyone within their community was considered interdependent and responsible for each other there was no need for confidentiality in regards to who were the child's biological parents.

3) Child Welfare workers working with Indian children, wherever possible, should be Indian. The rationale for this is that they may be better able to understand and utilize Indian history, tradition, and its inherent healing skills in order to provide the most holistic form of service. It is felt that in this way the definitions of adequate care, neglect, abuse, and so on, will be culturally appropriate and that the service given will be culturally relevant (Hepworth 1980:121; Red Horse, Lewis, Feit & Decker 1978:71).

4) That the criteria used to evaluate the suitability of Indian adoptive homes be set by Indian standards. This would take into account the belief in the interdependency of the community and the importance of the extended family and friends as viable adoptive home resources. It is strongly recommended that the material wealth of the adoptive family be of lowest priority. Rather the family should be judged on its commitment to the child and its ability to provide him with the love, caring, and nurturing (Bergman 1977:35).

5) The child's band and/or community should be notified of the child's impending court hearing and that the band and/or community be involved in all aspects of the child's proceedings, including future planning for the child (Mckenzie & Hudson 1982:11; Kimelman 1984:81).

6) The recruitment of Indian adoptive homes needs to become a priority.

In summary, there are potentially more adoptive homes available in the native community than have been recognized thus far. However, there are no

general policies to encourage native couples to adopt, to modify professional practices where appropriate so that native families can adopt more easily, or to use devices such as subsidy to mitigate the financial difficulties that adoption may incur. Until these steps are more vigorously considered and implemented, one may question adoptive placements of Indian children in white homes, not because they are wrong in principle, but because they may be unnecessary (Ryant 1984:179).

7) The involvement of the Indian people on all levels of the child welfare system dealing with Indian children is important (The Tripartite Agreement).

8) Policies and programs geared to alleviate the poor economic and health situation of the Indian population need to be instituted. Only in this way can the system benefit the greatest number of Indian children (Ryant 1984:176).

Summary of Literature Review.

Child welfare, as it relates to Indians in Canada, and specifically to Manitoba, has become a prominent issue. When the focus is narrowed down to the transracial adoption of Indian children, issues are even more keenly felt.

These issues go beyond the needs of the Indian child. They include the needs of larger groupings of people. Firstly, there are the Indian people themselves whose primary fear about transracial adoption is that it promotes 'cultural genocide'; the steady erosion of the traditional Indian community and its subsequent assimilation into the white society. A subsidiary fear is that the Indian people are powerless to stop the erosion. Secondly, there are the adoptive parents, many of whom are of Caucasian origin, who are caught between their own needs and the needs of the children, and between the political and social support from their own people and condemnation from the Indians and other minority groups. Thirdly, there are the biological parents, who seem to have been given a very small role to play in the whole proceedings. In the literature and in the research, they are rarely mentioned. Fourthly, there are the adopted Indian children themselves. In the literature pertaining to adoption in general the focus is on the adoptive child's emotional and developmental adjustments to the new situation. In the literature pertaining to transracial adoption the focus is much more on the emotional and developmental adjustments of the Indian and white community.

Finally, there are the Federal and Provincial Governments, who have the responsibility to clarify the issues, trying to answer the question of who has jurisdiction it to provide Child Welfare services to the Indian people.

Throughout this literature review there have been two points which have been consistently outstanding. The first point is that the lack of knowledge regarding the effects of adoption, and especially, transracial adoption is apparent. The number of longitudinal studies conducted in any area of adoption is practically non-existent. Those which do exist do not follow the adoptive child into the adolescent and early adult stages, where the effects of the adoption on the child would most likely manifest themselves. The second point, is that the Indian people should be included in all Child Welfare decision-making and service-delivery responsibilities to Indian families and their children.

This literature review has been a means of following some of the developments leading up to the present controversy surrounding the transracial adoption of Indian children in Manitoba. It is the intention of this practicum to utilize the information from this literature review, as well as the information from the analysis of a random sampling of Provincial Indian adoption files, to assist in generating propositions and recommendations for further research.

Chapter 2

METHODOLOGY

The Setting.

In September, 1983 an arrangement was made between the School of Social Work, University of Manitoba, and the Manitoba Child and Family Support Branch, whereby I would conduct a preliminary, exploratory study on Indian adoptions in Manitoba. The purpose of this study was to generate information and propositions which would provide direction for future, more indepth research, in this field.

Once this agreement had been reached an advisory committee was struck consisting of two people from the School of Social Work, Dr. Barry Trute and Professor Addie Penner, and one person from the Manitoba Child and Family Support Branch, Mr. Ernie Hasiuk, Program Executive of the Adoptions and Field Services Branch.

The next step was to define the specific parameters of the practicum, as well as the objectives of the study. Given that the request for research on Indian adoptions, and the information itself, were lodged in the Child and Family Support Branch office, it was determined that my practicum should be attached to this department. With this decision made, we were then able to define a starting point for the information-gathering process. It was decided that the initial source of information would be lists distributed from the Department of Indian Affairs in Ottawa which consisted of statistical information on all Treaty Indian children placed for adoption from Manitoba. These lists were compiled from information found in the approximately 935 Native Adoption files housed at the agency. They would be examined for their usefulness in setting up a more elaborate, comprehensive, system of data-gathering.

The Research Process.

Entering the System.

Following the preliminary discussions it was necessary to formalize commitments, as well as to clarify certain procedural issues, specifically those dealing with access to information and confidentiality. A verbal contract was established between the department and the committee whereby, (a) the Ottawa lists would be made available to me for immediate perusal, and (b) I would be given clearance to gain access to the actual adoption files. The difficulty lay in the fact that, according to the Manitoba Child Welfare Act, Section 92(1):

All records and documents in the office of a child caring agency related to the granting of an order of adoption shall be confidential and following the granting of the order shall be maintained in a separate file and secured in a safe depository by the child caring agency.

The issue of confidentiality is more strongly guarded in the area of adoption than in any other area of child welfare. Child Welfare files, in general, are carefully locked away, but they are still accessible to child welfare workers, even if they have been closed for many years. In the case of adoption files, however, once they are closed they are 'sealed' and are not available to any worker without special permission from the Director. It is stated in the Manitoba Child Welfare Act that the Child Welfare Director does have the right to authorize the release of identifying information in extraordinary circumstances (Section 94(3)). These circumstances are not clearly defined and appear to be at the discretion of the Director. It was agreed that the appropriate avenue by which I could gain access to the file information would be explored. In the meantime, I was to proceed with work on the preliminary data compiled from the Ottawa lists.

The Analysis of Basic, Preliminary Data.

The information from the the Ottawa lists was entered into the University of Manitoba's computer system. Identifying information such as the names of the adoptive parents and their home addresses had been removed from the lists prior to my viewing them. The remaining information, which had been extracted from 935 Native adoption files registered at the agency, included variables such as: the case file numbers, the adopted child's Indian Band number, family number, religion, date, month and year of birth, sex, and, the age at which the child was adopted.

The results were disappointing. Initial analysis focused on the age and year of adoption of each child. The computer printout revealed that 111 children had been adopted over the age of 18. The results were questionable in that these figures were far greater than had been expected. It did not seem to make sense that so many children had been adopted after the age of 18. In re-examining the lists it was discovered that the lists contained the age of the child at the time the list had been made, and not the age of the child at the time of his adoption, as had been previously assumed. The overall conclusion was that these lists did not yield much useable data. It was now necessary to go directly to the Adoption files for information.

The Initial Data-Gathering Process.

At the end of March 1984, the Committee reconvened to discuss which approach to take in the gathering and processing of data for the final analysis. It was decided to begin by reviewing a number of adoption files, randomly selected, in order to develop a sense of the amount and type of information available. The variables selected from this sample would form the basis of a questionnaire to be applied to all subsequent files, thus ensuring consistent information-gathering. Upon completion, a larger, final, file sample would be randomly selected.

In early April 1984 permission was granted to begin a preliminary overview of the information which existed in the adoption files. Dr. Trute and I reviewed the first six randomly selected files in order to begin compiling meaningful

and useable variables. This operation was conducted by both of us as a means of ensuring increased accuracy and consistency in the selection and scoring of variables. Because the information had never been used for research purposes it was not clear how some of the open-ended variables could be converted to measurable forms. The two important tasks were first, to clearly identify each piece of information that was recorded, and second, to insure that it could be coded in a consistent manner.

I then compiled the first draft of a questionnaire with data gathered from the six initial files. The criteria used for the selection of variables were that: (1) they consistently appeared in all or the majority of files; and (2) they were deemed, judging by the literature and my own experience, to have importance to, and/or major impact on, the potential outcome of the adoption. For example, it is known that the age at which the child was adopted is thought to be a possible determining factor in adoption outcomes, although the extent of its importance continues to be highly debated (Fanshel 1966; Jaffee & Fanshel 1970; Elonen & Schwartz 1969; Jewett 1978; Fahlberg 1979; Kadushin 1970). It was felt necessary, therefore, to include any categories relating to age, including the age of the child at time of first apprehension, the age of the child at time of adoption finalization, and so on.

Once the first draft of the questionnaire had been completed, it was requested that six more files be randomly selected out of the pool of 935 files. The questionnaire was tested on these files. Some minor revisions needed to be made. These revisions took the form of deletions of data that were not available on most of the files; additions of a few variables considered important, but overlooked in the first round; and a reshaping of the of the questionnaire format.

Of interest at this stage was the development of a suspicion, which would later be borne out in the final analysis, that, in several of the categories, there would be a difficulty in obtaining a general consistency of information. The twelve files scanned thus far showed a wide discrepancy in the information available within each file. This did create a degree of anxiety concerning whether there would be an adequate amount of data to fulfill the requirements of the study.

It was decided that the second draft of the questionnaire would be tested on a further sample of 14 cases using simple random sampling. This was done for the purpose of estimating the reliability of the questionnaire through repeated use. If the questionnaire gathered the data in each file in a consistent and accurate manner throughout then the questionnaire could be viewed as reliable.

Permission for complete access was granted at the end of May 1984, with the stipulation that identifying information be disguised through generalizations. For example, all areas would be defined in terms of broader regions rather than specific towns and cities. For purposes of this practicum, the provincially designated Regional boundaries were used.

It was now possible to continue on to the next step. This step consisted of completing questionnaires on 14 more practice files to test the revised questionnaire. Upon completion of this process it was found that, with one minor addition, the questionnaire did in fact meet the necessary requirements. It adequately captured all the data deemed important, and it provided a clear indication of the consistency or inconsistency of information content within files (Appendix A).

Final Data-gathering Process.

At the beginning of June 1984 I was ready to commence the final step in the data-gathering process. This meant that a system of file-selection had to be developed. For our purposes, selection was made by a systematic sampling method. Given that there were approximately 950 Native Adoption files, we used a sampling ratio of 1/10, giving us a final sample of 95 files. An additional five numbers were selected to be used as substitutes in case some files were found missing out of the original 95.

The next two weeks were spent filling out the questionnaires. In those cases where one file contained more than one child (sibling adoptions), a simple random selection was used to pick which child would be selected for information-gathering. In one or two cases the files were 'same family' files where the siblings had been adopted at different times and/or the recording had been done separately.

These files were considered separate and individual files and they were treated as such, with one questionnaire being filled out on each. One file number corresponded to a file where the adoptive parents were well-known to the public. This file was classified as high-priority confidential and was sealed to all, including me. A few files could not be located due to a discrepancy between the numbers on the Ottawa lists and the agency's own file numbers. The extra five numbers, which had been selected for emergency purposes, were eventually utilized. In the final count 95 files were reviewed and 95 questionnaires were completed. Data gathering was completed and the categorizing and coding of variables could begin.

The Categorization and Codification of Variables.

Categorizing and coding of the data became a multifaceted process. Some of the variables were simple and straightforward, needing only to be number-coded for the computer. These included the variables of sex, age, citizenship, race, where the categories were obvious and few. Some of the variables were in categories which needed to be redefined for purposes of confidentiality. This information was, for the most part, close-ended, and thus fairly simple to code. For example, the variable 'area' was differentiated by Provincial regions. The towns and cities specified in the files were classified under the appropriate regions, thus ensuring that the file remained non-identifiable. Other variables were redefined for purposes of greater understanding and simplification. One such variable was 'Occupation'. This variable was broken down into smaller categories, using the 1980 Standard Occupational Classifications as a guide. This meant a person who had recorded their occupation as 'pediatric nurse' would be coded under the category 'Occupations in Medicine and Health'.

Difficulties in forming categories arose when it came time to code the open-ended questions. Each variable had a multitude of attributes attached to it. Of necessity, these attributes had to be clustered into smaller, more meaningful categories in order to be able to code them in a way which would be consistent and understandable. The procedure used was to review all 95 questionnaires and to make note of every different attribute written for each variable. Each separate attribute was recorded on an individual index card. These

were then grouped into more distinct categories. Professor Addie Penner was involved in this process. Her extensive knowledge of the adoption field was invaluable in forming the appropriate categories. It was also then possible to establish a criterion-based validity because of Professor Penner's status as a recognized expert in the field of adoption.

The final step of this particular phase consisted of compiling a codebook (Appendix B) which, upon its completion, would serve as the guide for the final, technical phase - the computer analysis phase.

The Computer Analysis Procedure.

Upon completion of the codebook all the variables, their categories, and the number assigned to each, were transcribed in writing, onto Fortran Coding Sheets. The format used was that prescribed by the Statistical Package for Social Sciences (SPSS). The written material was then entered into the computer at the University of Manitoba.

At this point I proceeded to run some frequencies tables. The computer printout displayed errors which could only have occurred due to faulty key-punching and so the next immediate task was to clean the data. Once this had been accomplished I was able to enter into the next phase of this practicum, the analysis of the data.

The Process of Analysis.

Descriptive analyses are utilized within this practicum. When each variable studied is found to have no more than 50% of its data missing, it is possible to create tentative descriptive analyses. However, in those cases where the data is found to be between 30% to 50% missing suggestive analyses is offered. Although the quantity of data in these cases is insufficient to derive accurate descriptions, there is still enough information available to suggest propositions which can be further explored.

The Description of the Information Source.

The adoption files used in the gathering of data span approximately thirty-five years, from the early 1950's through 1984. These adoption files deal exclusively with the adoption of Indian children born within Manitoba. The files come from both provincial and private social service agencies mandated to provide child welfare services, including adoptions. It is the practice in Manitoba that when an adoption is completed by any agency within the province, that agency forwards copies of information pertaining to the adoption to the Manitoba Child and Family Support Branch. There is a minimum requirement of information and legal documents which need to be submitted to this provincial department. Any additional information submitted above and beyond this requirement is left for each individual agency to determine. This accounts for the diversity in the quantity and quality of information found in the files.

One of the reasons why these files offer limited data is that these were the 'adoptive parents' files, not the 'adopted child' or the 'biological family' files. In the latter two files it is expected that a more complete history of the child and his biological family can be found, although Judge Kimelman's report tends to shed some doubt on the overall availability and clarity of information found in these sources as well (Kimelman 1984: 54,55,58).

It is necessary to note a few miscellaneous factors which influenced the data gathering and data analysis for this study. The first factor involves 'successfully completed' adoptions. The information is concentrated on one specific point in time, when the adoption process has been formally completed. Very little information concerning pre-adoption or post-adoption involvement is included in the files. The files focus basically on statistical information describing the personal and financial characteristics of the adoptive parents and the demographic background of the adopted child.

A second factor to keep in mind, and one which proved to be a difficulty experienced by Judge Kimelman (1984:56) as well as in this study, is that very few file recordings terminated with any identification of the source of the information. It was difficult, in most cases, to assess if the person who made the observation and the person who recorded the observation were one and same. Was it first-hand information or hearsay? Was one worker working on the adoption case consistently or were there a variety of workers involved, each with a different point of view? Did the information regarding the biological mother come from the mother herself, from the social worker's observations, or from a totally different source? Due to the lack of any consistent identification process utilized at the important data collection points it is difficult to assess the reliability of the information. This lack also makes it difficult to trace the source of the information if a researcher needs to substantiate the reliability of the data.

A third factor which presented difficulties is the lack of any standardized format for documenting data pertaining to each adoption. There were content and format differences between agencies as well as within agencies. These differences were further enlarged by the changes in adoption practices and policies over time. Information which was considered important to record differed during the thirty-five years encompassed by the study. Some data was consistently gathered but this was a rare occurrence. It would be fair to say that this factor, above all, created the most difficulty and generated the most concern, throughout this study.

And yet, despite the limitations placed on the study by the quantity of data available, it seemed that there was enough data to be able to conduct a descriptive analysis of certain specific variables relating to the adoption of Indian children in Manitoba. This information could provide a starting point on which to base further research in this field.

Chapter 3

Results and Discussion.

The Case Characteristics.

Single versus Sibling Adoptions.

The number of adoptions which were recorded as either single or sibling adoptions were reviewed. The results of this study show that 76.8% of the adoptions were reported to be single, non-sibling adoptions whereas 23.2% of the adoptions included two or more children from the same family.

Due to the vagueness of the file recording the accuracy of the numbers of single-child adoptions is questionable. It is possible that other children from the same family were in care at the same time, pending adoption in the same or other agencies, but were not recorded on this file.

Some questions to be considered for future research are:

How many of these children are 'only' children?

Under what circumstances are 'only' children apprehended?

At what stage is a decision made to apprehend more than one child out of one family at the same time?

Table I: Single Adoptions Compared to Sibling Adoptions.

Number of Children Placed	Frequency	Valid Percent	Cumulative Percent
One child	73	76.8	76.8
Two children	18	18.9	95.8
Three children	2	2.1	97.9
Four children	2	2.1	100.0
Total	95	100.0	

Non-Voluntary Apprehensions Compared to Voluntary Relinquishments.

Approximately 79.8% of the cases were recorded as having entered the system through non-voluntary means, commonly termed as 'apprehension'. Only 20.2% of the cases gave a clear indication that the parent(s) wished to voluntarily relinquish their child.

This information regarding non-voluntary relinquishments needs to be qualified somewhat in that, in some cases, the parent(s) may have expressed a desire to relinquish their child, but the relinquishment is processed through the court system rather than by signed agreements between the parent(s) and the social service agency. In these instances the cases would be recorded in the file as apprehensions. Even if a few more cases are transferred from apprehension to voluntary status, it seems that a large number of children did not enter the system through a 'voluntary' decision by their parents. Unfortunately, due to the sparsity of information available in the files it is difficult to assess the rationale behind the children being placed for adoption. We can only make some vague inferences based on the few adjectives and one-word explanations used to describe the biological parent(s), but even these are extremely limited and vary from file to file.

The primary questions which arise from this section are:

What were the circumstances which precipitated the child being taken into care and placed for adoption?

Were there social and/or financial resources that could have affected relinquishment?

Table II: The Number of Non-Voluntary Apprehensions Compared to the Number of Voluntary Relinquishments.

	Value	Frequency	Valid Percent	Cumulative Percent
Non-voluntary apprehensions	0	71	79.8	79.8
Voluntary relinquishments	1	18	20.2	100.0
Missing data	9	6	missing	
Total		95	100.0	

Placements Prior to Final Adoption.

From the time the child was first apprehended to the time the child was placed in his adoptive home this study indicates that 43.5% of the children had been placed in more than one home prior to the adoption placement. It should be noted that this refers to all placements of the child prior to adoption, including those which may have occurred between stays with his biological family. Of these 43.5% children, 12.9% of them had 4 or more placements prior to adoption.

The impact of multiple placements on children is not clear. Some adoption studies have begun to question the belief that the child will be negatively affected if moved several times prior to adoption. For example, in their study, How They Fared in Adoption: a Follow-up Study, Jaffee and Fanshel state that:

"Our data revealed that the number of temporary placements experienced by the adoptees prior to their adoption seemed to bear very little relationship to their subsequent life adjustment" (1970:253).

As well, studies by Leon Yarrow and J. Richard Wittenborn (Maas 1966) raise some doubts as to the negative effects of institutional care prior to adoption. However, few studies have followed the children into late adolescence or early adulthood in order to observe the results of multiple placements during these crucial life stages.

Whether or not previous placements have a detrimental effect on the child does not negate the fact that, wherever possible, consistency and stability are always the preferred options. Therefore, further research should be directed toward the following questions:

What are the factors which lead to multiple placements and how can these be reduced?

Does placing the child with extended family and/or in the same community decrease the number of placement breakdowns?

What are the actual costs to the child who is required to move several times previous to being placed in his final adoption home?

Table III: Placements Prior to Final Adoption.

Number of Placements	Frequency	Valid Percent	Cumulative Percent
0	12	19.4	19.4
1	23	37.1	56.5
2	10	16.1	72.6
3	9	14.5	87.1
4	2	3.2	90.3
5	5	8.1	98.4
8	1	1.6	100.0
9	33	missing	
Total	95	100.0	

The Adopted Child.

The Sex of the Adopted Child.

17.8% more males were placed for adoption than females.

In and of itself, the variable 'sex of the adopted child' is not considered tied to the child's success in later life adjustments. When 'sex' is controlled for in various studies of adoption outcomes both the male and female children seem to fare similarly (Fanshel 1972; Jaffee and Fanshel 1970).

The important questions that then remain are:

Why is it that more males than females are placed for adoption?

Are there special resources that could affect the relinquishment of male children?

Table IV: The Sex of the Adopted Child.

	Value	Frequency	Valid Percent	Cumulative Percent
Female	0	39	41.1	41.1
Male	1	56	58.9	100.0
	Total	95	100.0	

The Year of Birth of the Adopted Child.

In terms of Indian adoptions in Manitoba 1970 represents the highest number of children born (10.5%) who were subsequently placed for adoption. Overall, the years 1968 (7.4%), 1970 (10.5%), 1971 (7.4%), and 1975 (7.4%) had the largest number of births of Indian children who eventually went for adoption.

The question arising from this section is:

What, if any, were the particular political, legal, economic, and social factors occurring during these years which may have influenced the number of Indian children born at that time to be later placed for adoption?

What were the particular policies and practices in the child welfare system which could have accounted for these high numbers?

Table V: The Year of Birth of the Adopted Child.

Year of Birth	Frequency	Valid Percent	Cumulative Percent
56	1	1.1	1.1
58	1	1.1	2.1
59	1	1.1	3.2
61	2	2.1	5.3
62	2	2.1	7.4
63	2	2.1	9.5
64	3	3.2	12.6
65	6	6.3	18.9
66	4	4.2	23.2
67	6	6.3	29.5
68	7	7.4	36.8
69	5	5.3	42.1
70	10	10.5	52.6
71	7	7.4	60.0
72	5	5.3	65.3
73	5	5.3	70.5
74	4	4.2	74.7
75	7	7.4	82.1
76	3	3.2	85.3
77	6	6.3	91.6
78	4	4.2	95.8
79	2	2.1	97.9
80	2	2.1	100.0
Total	95	100.0	

The Year of Apprehension of the Adopted Child.

The years 1970 (10.9%), 1971 (12.5%), 1974 (10.9%), and 1975 (10.9%) saw the highest number of apprehensions of Indian children into the child welfare system.

These findings are consistent with the data related to the years in which a large number of the adopted children were born. The early to mid 1970's appear to have been significant years in terms of native adoptions in Manitoba.

Given this information the questions which come to mind are:

What were the child welfare policies and practices during those years?

Were there more, or less, child welfare services on Indian Reserves during that time?

Table VI: The Year of Apprehension of the Child.

Year of Apprehension	Frequency	Valid Percent	Cumulative Percent
56	1	1.6	1.6
61	1	1.6	3.1
65	2	3.1	6.3
67	2	3.1	9.4
68	4	6.3	15.6
69	4	6.3	21.9
70	7	10.9	32.8
71	8	12.5	45.3
72	3	4.7	50.0
73	6	9.4	59.4
74	7	10.9	70.3
75	7	10.9	81.3
76	2	3.1	84.4
77	2	3.1	87.5
78	3	4.7	92.2
79	2	3.1	95.3
80	3	4.7	100.0
99	31	missing	
Total	95	100.0	

The Age of the Child at the Time of Adoption Placement.

Only 10.6% of the Indian children placed for adoption were 1 year old or less. 54.3% of the children were between the ages of 2 and 6 and 33% were between the ages of 7 and 13. A total of 87.3% of Indian children were placed for adoption between the ages of 2 and 12. 2.1% of the children were 13 years of age and over.

This differs from the general adoption patterns in Canada in which the higher percentage of adoptions tended, until recently, to occur under the age of 1 (Hepworth 1980:141). The majority of evidence tends to lean toward the premise that there is a correlation between age and adoption outcome; that the older the child is at the time of adoption, the more likelihood there is of difficulties occurring within the adoptive situation (Kadushin 1970, Fanshel 1972, Kimelman 1984). The older child is more likely to have had a lengthier exposure to trauma in his home and personal life, more memories of his biological family, more exposure to Indian culture, and is therefore more likely to have problems with, and increased resistance to change (Fanshel 1972, Kimelman 1984, Kadushin 1970). The older child also has more to work through in terms of loss, separation, loyalty, trust, self-esteem and self-worth (Falhberg 1979, Gill 1978, Jewett 1978, Jewett 1982, Kadushin 1970). Given the high percentage of older Indian children adoptions the age factor is of importance for future research.

Two questions which stem from this section are:

Why are Indian children coming into care at an older age than other children?

What, if any, are the cultural, economic, and societal factors which create these differences?

Table VII: The Age of the Child at the Time of the Adoption Placement.

Age of Child	Frequency	Valid Percent	Cumulative Percent
0-1 Years	10	10.6	10.6
2-6 Years	51	54.3	64.9
7-12 Years	31	33.0	97.9
13+ Years	2	2.1	100.0
	1	missing	
Total	95	100.0	

Age and Sex of Child at the Time of Adoption Placement.

Throughout the various age ranges, male children were in the higher percentage rate of completed adoptions than female children, with the exception of the age range of 13 years and over. This range contains only female adopted children.

The questions which may need to be asked here are:

What resources are available for male Indian children after the age of 13?

Is there a need for extra effort to be made to ensure that these boys have permanent and stable homes prior to their adolescence?

Table VIII: Age and Sex of the Child at the Time of the Adoption Placement.

Age of Child	Female	Male	Valid Percent	Cumulative Percent
0-1 Years	3	7	10.6	10.6
2-6 Years	20	31	54.3	64.9
7-12 Years	13	18	33.0	97.9
13+ Years	2	0	2.1	100.0
Valid Percent	40.4	59.6	100.0	
Missing	1	Total	95	

Age and Area of Placement of Adopted Child.

35.6% of the Indian children placed for adoption were placed in the United States. Of these children 32.3% were between the ages of 2 and 6 years old. The largest grouping of children to go to the United States for adoption were between 7 to 12 years old (58%).

Since it was policy in Manitoba that only 'special needs' children, for whom no homes were available in Canada, were sent to the United States, the questions that then come to mind are:

What were the criteria used to define 'special needs' children?

What were the actual numbers of Caucasian and Indian adoptive homes available in Manitoba? In Canada?

Table IX: Age and Area of Placement of the Adopted Child.

Age (in Years)	Winnipeg	Manitoba	United States	Canada	Valid Percent	Cumulative Percent
0-1	3	4	1	1	10.3	10.3
2-6	9	17	10	10	52.9	63.2
7-12	2	7	18	3	34.5	97.7
13+	0	0	2	0	2.3	100.0
Valid Percent	16.1	32.2	35.6	16.1	100.0	
Missing		8		Total	95	

Span of Time between the Apprehension and the Adoption of the Child.

This study shows that 73.4% of the children were placed for adoption within 4 years of their first apprehension.

According to Hepworth (1980:118), and Hudson and McKenzie (1981:64), once an Indian child is taken into care he has much less of a chance of returning home than does a white child. And, according to Alfred Kadushin, it is in the best interest of the child to avoid any and all unnecessary delays in planning for the permanent care of the child, including adoption (1980:4). However, he qualifies this statement by saying "that adoption is not appropriate unless all efforts have been made to salvage his family for the child" (1980:3).

The questions that need to be asked are:

What factors, if any, contribute to the fact that an Indian child has less of a chance of returning home after being taken into care than does a white child?

What happened during the four year period that might have helped the family re-establish itself?

Table X: The Span of Time Between the Apprehension and the Adoption of the Child.

Number of Years	Number of Children	Valid Percent	Cumulative Percent
1	8	12.5	12.5
2	13	20.3	32.8
3	13	20.3	53.1
4	13	20.3	73.4
5	6	9.4	82.8
6	2	3.1	85.9
7	4	6.2	92.1
8	1	1.6	93.7
9	1	1.6	95.3
11	3	4.7	100.0
	1	missing	
Total	95	100.0	

Span of Time between the Adoption Placement and the Adoption Finalization.

73.4% of the adoptions were finalized within one year of their placement. This is in keeping with the Manitoba Child Welfare Act (section 99, subsection 6) which states that an order of adoption can be made 6 months after the child is placed. (Previous to the 1970's the probation period prior to adoption finalization was 1 year.) The placing agency can make the decision to recommend adoption finalization sooner or later than the designated 6 months if they provide justifiable reasons for doing so.

Once the decision is made to place the child for adoption it is alleged to be in the child's best interest to eliminate delay between the time the child is initially placed in the adoptive home and the time when the adoption is finalized, with the understanding that the adoptive child and family have received adequate follow-up and there are no questions concerning the appropriateness of the adoptive home. As Philip Hepworth (1980:137) states, the disadvantage of a shorter probation period is that the social worker's input into the adoptive family is terminated at that time. It is now beginning to be recognized that the adoptive family has special needs which differ from the needs of the biological family and may therefore require continued input and follow-up services after the adoption has been finalized. Agencies are gradually being pushed to offer these ongoing post-adoptive services (Jewett 1978, Lawder 1970, Jaffee and Fanshel 1970, Hepworth 1980, Kimelman 1984).

The one question which arises from this section is:

Is there a need for future research to focus on developing an evaluation process whereby the effects of post-adoption services on adoption outcomes can be assessed?

Table XI: The Span of Time Between the Adoption Placement and the Adoption Finalization.

Number of Years	Number of Children	Valid Percent	Cumulative Percent
6 (months)	5	7.8	7.8
1	47	73.4	81.2
2	10	15.6	96.8
3	1	1.6	98.4
4	1	1.6	100.0
	31	missing	
Total	95	100.0	

The Place of Birth of the Adopted Child.

A large proportion (37%) of the Indian children placed for adoption were born in Winnipeg. When these figures are compared with the biological mothers' birthplaces the results are that 59.5% of the children were born away from the mother's birthplace. Furthermore, although 40.5% of the children were born in the mother's birthplace, only 11.1% of the mothers still lived there at the time of adoption.

It is interesting to note that the Westman region comes second to Winnipeg, and far outstrips the other rural regions, in terms of the number of Indian children born there who were placed for adoption.

This data raises several questions:

What are the factors which influence the degree of movement away from the mothers' birthplaces?

What does this movement away from the Reserves mean in terms of extended family supports to the mother and child?

What factors, if any, differentiate one region from another region, in terms of influencing the number of Indian children who are placed for adoption?

Table XII: The Place of Birth of the Adopted Child.

Region	Frequency	Valid Percent	Cumulative Percent
Winnipeg	34	37.0	37.0
Parklands	6	6.5	43.5
Interlake	2	2.2	45.7
Westman	19	20.7	66.3
Eastman	9	9.8	76.1
Norman	6	6.5	82.6
Thompson	7	7.6	90.2
Central	9	9.8	100.0
	3	missing	
Total	95		

Table XIII: A Comparison of the Biological Mothers' Regions of Birth to the Childrens' Regions of Birth.

Region	No. of Mothers	Valid Percent	Cum. Percent	No. of Children	Valid Percent	Cum. Percent
Winnipeg	1	2.7	2.7	18	48.7	48.7
Parkland	4	10.9	13.6	1	2.7	51.4
Interlake	5	13.5	27.1	2	5.4	56.8
Westman	5	13.5	40.6	4	10.8	67.6
Eastman	12	32.4	73.0	3	8.1	75.7
Norman	1	2.7	75.7	2	5.4	81.1
Thompson	5	13.5	89.2	4	10.8	91.9
Central	2	5.4	94.6	3	8.1	100.0
Minnesota	1	2.7	97.3	0	0.0	0.0
Saskatchewan	1	2.7	100.0	0	0.0	0.0
Missing	58			58		
Total	95			95		

Table XIV: A Comparison of the Biological Mothers' Regions of Birth to the Biological Mothers' Regions of Residence.

Region	Number Resident	Valid Percent	Cum. Percent	Number Born in Region	Valid Percent	Cum. Percent
Winnipeg	11	61.1	61.1	1	5.6	5.6
Parkland	0	0.0	0.0	3	16.6	22.2
Interlake	1	5.6	66.7	2	11.1	33.3
Westman	1	5.6	72.3	2	11.1	44.4
Eastman	1	5.6	77.9	6	33.3	77.7
Norman	0	0.0	0.0	1	5.6	83.3
Thompson	3	16.5	94.4	2	11.1	94.0
Central	1	5.6	100.0	0	0.0	0.0
Minnesota	0	0.0	0.0	1	5.6	100.0
Missing	77			77		
Total	95			95		

The Adoption Placement Agencies.

The data from the variable 'placing agency' indicates that 74.7% of the adoption cases originated from private Children's Aid agencies.

It is for this reason that the adoption files examined for the purposes of this study contain only skeletal information. The principal adoption file, with all the pertinent information, is kept in the private agencies. For any future, indepth, adoption research to be adequately conducted it is vital that access to private agency adoption files be granted.

Some questions which flow from this information are:

Why do most of the Indian adoption cases originate from private agencies?

Who had jurisdiction over providing child welfare services to the Reserves?

Was there a difference in the substance and level of services provide by the private agencies versus the provincial agencies?

Table XV: Frequency of Adoptions Per Adoption Placement Agency.

Agency	Frequency	Valid Percent	Cumulative Percent
CAS of Eastern Manitoba	12	12.6	12.6
CAS of Western Manitoba	22	23.2	35.8
CAS of Central Manitoba	10	10.5	46.3
CAS of Winnipeg	27	28.4	74.7
HSD of Winnipeg	2	2.1	76.8
HSD of Parklands	5	5.3	82.1
HSD of Interlake	5	5.3	87.4
HSD of Eastman	1	1.1	88.4
HSD of Norman	5	5.3	93.7
HSD of Thompson	6	6.3	100.0
Total	95	100.0	

NOTE: CAS = Children's Aid Society - Private Agencies.
HSD = Health and Social Development - Provincial Agencies.

The Region Where the Child was Placed for Adoption.

It was found that 48.7% of the children placed for adoption were placed outside of Manitoba, 18.1% in Canada and 30.6% in the United States. The placements outside of Manitoba were made primarily by rural agencies. The Westman and Central agencies placed the largest proportion of children in the United States.

At this point Alfred Kadushin's statement comes to mind:

"That the first, best place for the child is with his own family, in his own community, in his own country; that adoption is not appropriate unless all efforts have been made to salvage his family for the child" (1984:3).

Two questions which perhaps may be asked in future research are:

What specific criteria dictated the choice of adoption placements of these Indian children?

Why was one area of placement favoured over another?

Table XVI: A Comparison of the Regions of Origin of the Children to the Areas into Which the Children Were Placed.

Areas into Which the Children Were Placed

Region of Origin	Winnipeg	Manitoba	United States	Canada	Valid Percent	Cum. Percent
Winnipeg	11	3	3	4	29.2	29.2
Parkland	0	3	3	1	9.6	38.8
Interlake	0	0	0	1	1.4	40.2
Westman	0	5	6	2	18.2	58.4
Eastman	1	4	4	1	13.9	72.3
Norman	0	5	0	0	6.9	79.2
Thompson	0	1	2	2	6.9	86.1
Central	0	4	4	2	13.9	100.0
Valid %	16.7	34.7	30.6	18.0	100.0	
Cum. %	16.7	51.4	82.0	100.0		
Missing	23					
Total	95					

The Religion of the Adopted Child.

This study found that 71.6% of the children were reported to be 'religiously free'.

These findings are consistent with Hepworth statements that:

The stated preferences of natural parents do not always reflect their own religion but are more often a realistic assessment of the prospects for their child being placed for adoption; this practice was probably most frequent when the over-all number of adoption applicants fell short of the supply of children for adoption and when applicants of a particular religion were known to be in short supply (198:156).

Stating that a child was 'religiously free' could serve to speed up the adoption process for the child, especially during those years when the adoption policy stated that a criteria of matching the child with his adoptive parents was that of religion.

Future research may wish to examine:

What consideration is given to Indian children who have been brought up in, or wish to pursue, traditional forms of Indian religion?

Table XVII: The Religion of The Adopted Child.

Religion	Frequency	Valid Percent	Cumulative Percent
Religiously Free	48	71.6	71.6
Roman Catholic	7	10.4	82.1
Protestant	10	14.9	97.0
Anglican	1	1.5	98.5
Presbyterian	1	1.5	100.0
	28	missing	
Total	95	100.0	

Post-Adoptive Data on the Child.

The Homestudy of the Adoptive Home.

Recording of pre and post adoption visits by the child welfare workers to the adoptive home varied from no recorded visits to 1-4 recorded visits.

Being fully cognizant of the importance of adoption followup to the child and to the adoptive family, we assume that these visits were completed but not recorded on these particular files. It is likely that this information can be found in the child's adoption file which is housed with the placing agency.

Personality Characteristics and Attributes of the Adopted Child.

Very few of the personality traits and attributes were broken down into concrete, definable characteristics. The descriptions of the child in terms of his social, emotional, and physical state of being were of a general nature and indicated little regarding the child's past, and present, level and mode of functioning. We assume that the complete descriptions of the child are to be found in the child's file at each respective placing agency.

The Adoptive Mother.

The Age of the Adoptive Mother.

The study shows that 57.6% of the adoptive mothers were within the 26 to 35 age range.

This is the age range which appears to be the most similar to those biological parents who already have one or two children within their families. This is in keeping with the fact that at the time that these particular adoptions were completed most of the adoptive families already had one or more children, either born to them or previously adopted.

In some cases it is possible that the age of the adoptive applicants was used as one criterion on which to judge their eligibility. Jaffee and Fanshel found that 'age' was not necessarily a valid or useful adoption criterion.

...the age of the adoptive couple at the inception of the adoption was relatively insignificant for understanding the adopters' subsequent life adjustment (1970:258).

This is not to say that the age of the adoptive parents should not be taken into consideration. It could be included as one part of the total picture which would also place appropriate emphasis on the adoptive applicants' state of physical and mental health, their ability and willingness to parent, their previous relationship to the child, if any, etc.

Therefore, one question that may be asked when looking at Manitoba's Indian adoption policies is:

How much significance does the variable 'age' have in determining the eligibility of the adoptive applicants?

Table XVIII: The Age of the Adoptive Mothers.

Age (in Years)	Frequency	Valid Percent	Cumulative Percent
18-25	6	8.2	8.2
26-35	42	57.6	65.8
36-45	15	20.5	86.3
46-55	9	12.3	98.6
56+	1	1.4	100.0
	22	missing	
Total	95	100.0	

The Race of the Adoptive Mother.

In this study 87.7% of the adoptive mothers were Caucasian, 9.2% were Indian, and 3.1% were of other racial origins. The adoptive mothers belonging to the 9.2% category were all married to Caucasian males.

In this category 'other' is used to indicate non-Indian, non-Caucasian races such as Oriental or Black. The category 'Indian' includes all those people who indicated that they were either of pure-blood or of mixed-blood Indian origin.

Considering that much of the literature on adoption favours placing a child within an adoptive home of the same race whenever possible, (Fanshel 1972, Atteneave 1977, Blanchard 1977, Red Horse, Lewis, Feit and Decker 1978, Miller, Hoffman and Turner 1980, Hudson and McKenzie 1981, Grow and Shapiro 1975, Jones 1972), this raises several questions:

What efforts were made to find Indian adoptive homes?

If there were difficulties in finding appropriate Indian adoptive homes, what were the reasons behind these difficulties?

What, if anything, needs to be changed in Manitoba's recruitment policy regarding adoptive homes for Indian children?

Table XIX: The Race of the Adoptive Mothers.

Race	Frequency	Valid Percent	Cumulative Percent
Indian	6	9.2	6.3
Caucasian	57	87.7	96.9
Other	2	3.1	100.0
	30	missing	
Total	95	100.0	

The Religion of the Adopted Mother.

The three religions to which the greatest number of adoptive mothers belonged were: Protestant (32.4%), Roman Catholic (29.7%) and Anglican (6.8%). The other stated religions were Presbyterian, United, Lutheran, Methodist, Baptist, Mennonite, and Jewish. 5.4% stated that they were Christian and 1.4% stated that they were agnostic.

In his study, Far From the Reservation, Fanshel found that the adoptive family's religion appeared to be of minimal influence in the future adjustment of the adoptive family (1972:72). These findings seem to have been widely accepted. In Manitoba, as in various other regions, the variable 'religion' no longer appears to be a major factor in determining the appropriate adoptive placement for a child.

However, in reviewing the adoption of Indian children we may still need to give thought to:

What part does religion play in the life of an Indian family, of an Indian child?

Does religion need to be taken into consideration when determining the adoptive placement of an Indian child?

Table XX: The Religion of the Adoptive Mothers.

Religion	Frequency	Valid Percent	Cumulative Percent
Roman Catholic	22	29.7	29.7
Protestant	24	32.4	62.2
Anglican	5	6.8	68.9
Presbyterian	1	1.4	70.3
United	4	5.4	75.7
Lutheran	7	9.5	85.1
Methodist	2	2.7	87.8
Baptist	2	2.7	90.5
Mennonite	1	1.4	91.9
Christian	4	5.4	97.3
Agnostic	1	1.4	98.6
Jewish	1	1.4	100.0
	21	missing	
Total	95	100.0	

The Education of the Adoptive Mother.

44.8% of the adoptive mothers in this study have a 'senior high' level of education. An additional 49.3% of the adoptive mothers have some further education, either by way of university, technical, or business courses.

This is consistent with Joyce Ladner's study, supported by others such as Mitchell (1969), and Simon and Alstein (1977) wherein she states:

Several studies have examined the characteristics of those whites who choose to adopt across racial boundaries. The profile that emerges from those studies, including my own data, portrays a well-educated, economically successful, middle-class suburban American couple who already have children of their own (Ladner 1977:29).

Table XXI: The Education of the Adoptive Mothers.

Education	Frequency	Valid Percent	Cumulative Percent
Junior High	4	6.0	6.0
Senior High	30	44.8	50.7
Undergraduate	10	14.9	65.7
Masters	3	4.5	70.1
Doctorate	2	3.0	73.1
Business	2	3.0	76.1
College	4	6.0	82.1
Technical	12	17.9	100.0
	28	missing	
Total	95	100.0	

The Occupation and Income of the Adoptive Mothers.

56.2% of the adoptive mothers stated their occupation as 'housewives' and 81% of the adoptive mothers had no reported income. In most of the cases where the female applicant was still working it was indicated that she would quit work and stay home once the adoption placement occurred.

Further research is needed to ascertain:

Does the fact that a mother works outside of the home have any influence on the future life adjustment of the adopted child?

The Medical Status of the Adoptive Mother.

69.8% of the adopted mothers were reported to be in good health. The remaining 30.2% were reported as having a variety of common illnesses, with the greatest percentage being diabetes (7.9%) and obesity (3.2%). 1.6% reported mental health concerns and 1.6% stated that they had had an addiction problem in the past. In general, the health of the adoptive mothers ranged from good to fair.

The Adoptive Father.

Many of the variables describing the adoptive father are not included in this section in that they are shared by the adoptive mother and, therefore, have been previously analyzed. One example of this is the variable 'residence' which is shared by both of the parents.

The Age of the Adoptive Father.

The age range of the adoptive fathers closely matched those of the adoptive mothers, although the greater concentration of adoptive fathers were found in the 36 to 45 age range (54.7%) as opposed to the adoptive mothers who were more to be found in the 26 to 35 age range (57.5%).

The Race of the Adoptive Father.

92.4% of the adoptive fathers were Caucasian. 6.1% of them were of full or mix-blooded, Indian origin while 1.5% were of a race other than Indian or Caucasian. The adoptive fathers belonging to the 6.1% category were all married to Caucasian women.

A question which may be appropriate for future research to consider at this point is:

What are the positive benefits and/or negative effects of transracial adoption on Indian children?

Table XXII: The Race of the Adoptive Fathers.

Race	Frequency	Valid Percent	Cumulative Percent
Indian	4	6.1	6.1
Caucasian	61	92.4	98.5
Other	1	1.5	100.0
	29	missing	
Total	95	100.0	

The Education of the Adoptive Father.

The data concerning the adoptive fathers' education are fairly consistent with that of the adoptive mothers'; that is, 34.3% of the adoptive fathers had the equivalent of a senior high school education and 51.4% of them went on to pursue higher education.

Table XXIII: The Education of the Adoptive Fathers.

Education	Frequency	Valid Percent	Cumulative Percent
Elementary	1	1.4	1.4
Junior High	9	12.9	14.3
Senior High	24	34.3	48.6
Undergraduate	5	7.1	55.7
Masters	7	10.0	65.7
Doctorate	5	7.1	72.9
Business	4	5.7	78.6
College	6	8.6	87.1
Technical	9	12.9	100.0
	25	missing	
Total	95	100.0	

The Income and Occupation of the Adoptive Father.

The majority of the adoptive fathers were recorded as being in various types of 'white collar' jobs (64.4%). 27.5% were in manual labour occupations and the remaining 7.1% were in other types of employment. There were no adoptive fathers registered as unemployed.

In order to do an indepth analysis of the adoptive fathers' income it would be necessary to chart the average levels of income for each year. For the purposes of this study it is enough to take into account the high level of education recorded in order to suggest that the adoptive fathers' incomes can be judged to be in the middle to high income range.

The questions that arise here are one of definition:

How are 'the needs of the child' defined?

What kind and level of care would appropriately meet those needs?

Table XXIV: The Occupation of the Adoptive Fathers.

Occupation	Frequency	Valid Percent	Cumulative Percent
Architect/Engineer	5	6.4	6.4
Social Science	2	2.6	9.0
Religion	2	2.6	11.5
Teaching	10	12.8	24.4
Medicine	7	9.0	33.3
Artistic	1	1.3	34.6
Clerical	1	1.3	35.9
Sales	5	6.4	42.3
Service	1	1.3	43.6
Farming	8	10.3	53.8
Logging	1	1.3	55.1
Mining	2	2.6	57.7
Product Fabricate	4	5.1	62.8
Construction	13	16.7	79.5
Transport	3	3.8	83.3
Material Handle	1	1.3	84.6
Equipment Operate	2	2.6	87.2
Managerial	7	9.0	96.2
Student	1	1.3	97.4
Armed Forces	2	2.6	100.0
	17	missing	
Total	95	100.0	

The Adoptive Family.

The Race of the Adoptive Family.

9.2% of the adoptive mothers and 6.1% of the adoptive fathers indicated that they were of Indian origin. All were married to a Caucasian spouse. Therefore, at least 15.3% of the adoptive families in this study were biracial.

The Children within the Adoptive Family.

Only 16.8% of the total number of cases studied clearly indicated that there were no children born or adopted into the adoptive family prior to this adoption. It can be safely assumed, therefore, that the remaining adoptive families had at least one child previous to this adoption.

Jaffee and Fanshel found that:

Children who entered families containing one or more children tended to fare better than did adoptees placed in childless couples (1970:254).

Jaffee and Fanshel feel that this result is due to the fact that people with previous parenting experience would probably have "greater skill and less anxiety in the parent role" (1970:255). They would be better able to recognize, and cope with problems which could be attributed to developmental rather than adoption pressures.

Other People in the Adoptive Family.

Some of the adoptive families (15.9%) had people other than their children living in the home. Of these 8.8% were from the adoptive family's family of origin. These included parents, and brothers and sisters. 5.3% of the other people residing in the family were foster children and the remaining 1.8% were boarders. In general, the majority of adoptive families appeared to adhere to the nuclear family structure.

The Biological Parents.

The analysis of this section is extremely brief, not because it is considered of lesser importance, but rather because data pertaining to the biological parents are extremely sparse.

The Biological Mother.

The Age of the Biological Mother.

52.1% of the biological mothers are located within the 26 to 35 age range.

It is of interest to note that this corresponds closely to the age range in which the largest number of adoptive mothers are to be found.

Table XXV: The Age of the Biological Mothers.

Age (in Years)	Frequency	Valid Percent	Cumulative Percent
18-25	14	30.4	30.4
26-35	24	52.1	82.5
36-45	7	15.3	97.6
46-55	1	2.2	100.0
	49	missing	
Total	95	100.0	

The Race of the Biological Mother.

Only 1.8% of the biological mothers were Caucasian. The remaining mothers were of Indian descent.

The Religion of the Biological Mother.

38.7% of the biological mothers identified their religion as being Protestant. 35.5% stated that they were Roman Catholic and 16.1% stated that they were Anglican. The remaining religions stated were Presbyterian (3.2%), United (3.2%) and Pentecostal (3.2%).

The religions of the biological mothers closely parallel those of the adoptive mothers. This appears logical in view of the fact that for a number of years it was a requirement of the Manitoba Child Welfare Act that adoption agencies were to match the religion of the biological family to that of the adoptive family.

Table XXVI: The Religion of the Biological Mothers.

Religion	Frequency	Valid Percent	Cumulative Percent
Roman Catholic	11	35.5	35.5
Protestant	12	38.7	74.2
Anglican	5	16.1	90.3
Presbyterian	1	3.2	93.5
United	1	3.2	96.8
Pentecostal	1	3.2	100.0
	64	missing	
Total	95	100.0	

The Marital Status of the Biological Mother.

Although a high percentage of biological mothers were single at the time of adoption (55%) a significant number of biological mothers were married to, or living with, the child's father or another man at the time of adoption (28.3%).

This raises one question for future examination:

What part does the biological mother's male partner play in the adoption process?

Table XXVII: The Marital Status of the Biological Mothers.

Marital Status	Frequency	Valid Percent	Cumulative Percent
Single	33	55.0	55.0
Widowed	1	1.7	56.7
Married to			
Biological Father	14	23.3	80.0
Married to Other	3	5.0	85.0
Separated from			
Biological Father	2	3.3	88.3
Not Known	7	11.7	100.0
	35	missing	
Total	95	100.0	

The Occupation of the Biological Mother.

If one compares the number of biological mothers (43.9% homemakers plus 14.6% unemployed) who are not employed in paying jobs to the number of biological mothers who are single (55%), it is a fair conclusion to make that a large number of these women live in poverty conditions.

"Poverty has well-established correlates" (Ryant 1984:169). Some of these are chemical addiction, physical and emotional abuse, poor health, malnutrition, loss of self-esteem, inability to care for children, and depression.

Some questions which are relevant to this section are:

Are there adequate social services to provide assistance for the problems?

Can more preventive services be instigated prior to the family situation becoming a crisis in need of protection services?

The Medical Status of the Biological Mother.

38.8% of the biological mothers indicated that they were in good health. 28.4% stated that they suffered from illnesses such as allergies (3%), ear and eye problems (1.5%), mental health (1.5%), mental deficiency (1.5%), tuberculosis (6%), and a variety of other diseases (14.9%). 32.8% of the biological mothers were recorded as suffering from alcohol addiction.

The Biological Father.

The information available on the biological father is not only sparse, it is basically non-existent. For the most part there is not even enough data available to generate any suggestive analysis. And, any data that was recorded appears to generally come from a second-hand source, usually the biological mother. It was, therefore, decided that the data connected to the biological father could not be analyzed.

Chapter 4

Conclusions and Recommendations.

With the completion of the literature review on adoptions, and in particular, on transracial adoptions, and with the completion of the analysis of the data gathered from the adoption files on successfully completed adoptions of Indian children from Manitoba, it is now possible to formulate certain propositions and recommendations. It has been decided to put forth propositions rather than hypotheses due to the fact that the findings in this practicum are of a general, exploratory nature. These propositions could lead to further research with one of the goals being to further clarify the findings of this exploratory study, and possibly, to translate some of the tentative propositions offered in this report into testable hypotheses.

The following propositions, which summarize the major findings, are grouped in two general areas:

- a) Practicum Findings regarding Indian Adoptions.
- b) Research into Indian Adoptions.

The propositions are followed by recommendations suggesting a direction to consider in future research in this area.

A. Regarding the Practicum Findings on Indian Adoptions in Manitoba.

1. There appears to be a need in Manitoba for a more structured system of sharing of information, services, and resources between those who formulate and administer the adoption policies, ie. the provincial government, and those who put these policies into practice, ie. the child welfare agencies. As it exists, the adoption files are the property of the individual agencies and access to the information contained therein is very restricted. Without access to this information it is difficult to formulate policies and practices which will accurately reflect the current Indian adoption situation in Manitoba.

Recommendation: That a standardized system of information gathering be instituted by all agencies who provide adoption services in Manitoba; that a clearly defined protocol relating to the access of information regarding adoption be made available to those individuals involved both in research in the area of adoption and in the formulation of Manitoba's child welfare policies and practices. It is appreciated that, due to the confidential nature of this information, there is a need to ensure that it continue to be protected from unauthorized access. Nevertheless, it is necessary for those individuals involved in research or policy formulation regarding adoptions to have access to the data they require in order to make informed propositions and recommendations.

2. Indian children are generally placed for adoption at an older age than the average Caucasian child.

Recommendation: That any research conducted in the area of Indian adoption pay particular attention to incorporating the unique attributes of the 'older-child' adoptions into the study.

3. Certain specific years saw a higher percentage of Indian children entering the child welfare system than other years.

Recommendation: That these years be studied in more detail to assess what particular factors created the need for more child welfare intervention during this time.

4. A large percentage of Indian children was placed for adoption within 4 years of their initial entrance into the child welfare system.

Recommendation: That further research explore the amount and type of support services that were made available to the child and his family during the period between the child's first apprehension and his placement for adoption.

5. A significant number of Indian children were born away from the biological mother's place of birth. The logical assumption is that the supports from extended family and friends become minimized or inaccessible to the biological mother.

Recommendation: That future research study the reasons for these moves, and the positive and/or negative impact of these moves on the stability of the Indian family.

6. This study shows that a large number of Indian children were placed for adoption outside of Canada and that these placements were made primarily by rural Manitoba child welfare agencies.

Recommendation: That the classification, 'special needs', be examined and clarified as to its actual meaning. That the labelling of an Indian child as having 'special needs' be explored in order to assess if this label sets in motion a different kind of process of adoption. That research explore whether or not it is the child's needs or the lack of resources which dictate whether an Indian child is placed outside of Canada. That research be used to determine what specific resources were available to the child welfare agencies in Manitoba in terms of dealing with the adoption of Indian children.

7. The average demographic and socioeconomic attributes of the couple who adopts transracially are that they are of Caucasian origin, religious, middle-class, well-educated, economically-successful, and self-confident.

Recommendation: That a study be conducted to determine whether or not there is a relationship between demographic and socioeconomic attributes of the adoptive parents and the future life-adjustment of the adopted child. This recommendation has particular relevancy in light of the need to dictate appropriate standards and criteria by which determine the eligibility of adoption applicants.

8. In general, the information found on the Indian adoption files housed with the Manitoba Government is sparse and incomplete. It is assumed that a more complete version of the adopted child's history, as well as that of the biological family and the adoptive family, can be found in the records of the child welfare agencies in Manitoba.

Recommendation: That information regarding Indian adoptions necessary for program planning and program evaluation be clearly identified; that a systematic approach to the recording of information be put into place, taking into account the minimum basic data set required for ongoing program planning and administration; and that the gathering of information be in keeping with government legislation dictating the requirements of the Adoption Registry, as well as keeping in mind the right to access of information by the clients.

B. Regarding Future Research in the Field of Indian Adoptions in Manitoba.

9. Research, and in particular, longitudinal research, in the area of adoption of Indian children, is very rare. There is little concrete evidence regarding the impact of adoption on the Indian child after he has entered the adolescent and early adult life stages.

Recommendation: There is a need to develop research which will be ongoing and which will follow the Indian child from the moment he is placed in the adoptive home, if not sooner, through to his early adult years, in order to assess the adjustment of the child to the adoption experience.

10. Comparative research in the area of adoption are also very limited. There is little, if any, information regarding the similarities and differences of the impact of adoption on an Indian child and on a white child.

Recommendation: That research be developed to assess the similarities and differences in Indian and white adoptions in Manitoba in order to gain more knowledge by which to formulate adoption policies and practices which may be more beneficial to all children placed for adoption.

11. Research regarding the effects of adoption on people other than the Indian child are also rare. These significant others include the child's biological family, the child's adoptive family, and the child's Indian community.

Recommendation: That research be developed to assess the impact of the adoption on the various people implicated in the adoption. The purpose of this research would be to assess how their reactions will have immediate and long-term effects on the future life-adjustment of the adopted Indian child.

12. Studies available on transracial adoption, and in particular, on adoption of Indian children, have provided ambiguous results at best. Qualifiers such as 'success' and 'adjustment' have been non-defined and thus of little practical use in the comparison of results.

Recommendation: Globally-accepted definitions of adoption qualifiers need to be identified in order to enhance the usefulness of future research in this area.

13. Confidentiality and access to information are two primary issues of concern when dealing with adoption research. The priority is to maintain the confidentiality of all sources of information and identifying factors. On the other hand, it is impossible to conduct valid research without access to all the sources of information, including the child's file, the biological family's file, and the adoptive family's file.

Recommendation: That the first step in any future research conducted in the area of Indian adoption entail a written agreement between the researcher, the provincial adoption administration, and the child welfare agencies to insure mutual understanding regarding goals, expectations, commitment, confidentiality, and access to information. Cooperation between all the levels involved needs to be solicited before an adequate study of Indian adoption can be conducted.

14. The information available on Indian adoption in Manitoba, appears to be minimal and incomplete. It is therefore questionable as to its usefulness as a base on which to develop policies and practices regarding the adoption of Manitoba Indian children.

Recommendation: That the Manitoba Provincial Government solicit this information through the support, encouragement, and funding of a variety of indepth, longitudinal studies.

Impressions and Observations Derived from the Literature.

The literature on Indian child welfare in Canada points to the confusion that exists in Canada regarding the jurisdiction of child welfare service delivery to Indians. In order to improve the delivery of child welfare services to Indians in Manitoba, the question of who is responsible for the delivery of these services needs to be clarified.

Responsibility for decision-making regarding the delivery of child welfare services needs to be shared with the Indian organizations. It is the consensus of the literature that, in the final analysis, the decisions affecting the future of their children, and ultimately the future of their own community, need to rest with the Indian people. Therefore, avenues leading to the sharing, delegation, or transfer of decision-making power regarding Indian child welfare issues, including adoption, to the Indian communities, need to be explored. This process of exploration and decision preferably should include representatives of the Indian community.

More research is needed to facilitate the exploration of alternative methods of adoption service delivery to the Indian population in Manitoba. As was discussed in the literature, research in the area of Indian adoption is very limited. An historical and retrospective study on past Manitoba child welfare policies and practices, and the impact of these policies and practices, could provide the base on which to explore the future direction of Indian adoption in Manitoba. Research into the factors which contributed to an Indian child being placed for adoption could provide information for the planning of greater preventive measures in child welfare policy. Finally, longitudinal studies examining the long-term effects of adoption on Indian children could provide clues to what is ultimately in the best interest of the Indian child.

Conclusion.

In reviewing the purposes and goals set out in the Introduction I feel that this practicum has achieved what it initially intended. The literature review greatly enhanced my knowledge of some of the intricacies inherent in adoption, in transracial adoption, and more specifically, in Indian adoption in Manitoba. I learned much about the basic technical skills needed to conduct a study in the field of social services through the construction of the questionnaire, the gathering of data from the adoption files, and the analysis of it through the use of computer resources. In the discussion of the data I was able to utilize the information gathered through the study, as well as my previously acquired knowledge of the child welfare field. I also gained new insights into some of the dilemmas now confronting the Manitoba government and Manitoba Indians with regard to Indian adoptions in Manitoba.

As I completed this practicum I became aware of certain underlying issues which I will highlight at this time.

In order to study the impact of one series of occurrences on another it is necessary to look at an event from its beginning to its end. What is obvious in the field of Indian adoptions is the lack of any such process. The literature points to the fact that there exist a minimal number of longitudinal studies, and those that do exist do not study the adopted Indian child past his pre-adolescent years. Without research into the child's adolescent and adult years it is difficult to accurately assess the impact of the adoption on the Indian child's overall life adjustment. This missing piece of research needs to become a priority if policy regarding the adoption of Indian children is to accurately reflect the situation. Similarly, there are no studies of the impact of Indian adoptions on the social and cultural health of the Indian community. There needs to be established a means by which ongoing evaluation and information-sharing will provide the knowledge necessary to develop policies and programs which will be in the best interest of the Indian child and the Indian community.

One of the ways this may be accomplished is by involving those people who are most affected by the adoption of Indian children, the Indian people themselves. The literature supports the fact that, in the final analysis, the Indian people need to play a major role in the decision-making process regarding the placement of their children. The Indian people need to be allowed to develop the ways and means by which they can keep Indian children in their communities, if not in their families. Joint ongoing evaluation and

information sharing will provide a common data base and understanding necessary for participation in decision-making.

Provision of services to the Indian community is an important factor in the overall resolution of Indian adoptions. It is important to decide the services that are necessary to prevent Indian families from reaching a point where they are no longer able to care for their children. As is found in this report, and more specifically in the literature, Indian adoptions are a symptom rather than a cause of Indian family breakdown. Preventive services, which address such problems as poverty, unemployment, and mental and emotional stress, also need to be put into place and integrated with existing crises services. Who should provide these services? Jurisdiction for the provision of services appears to be one of the many questions which need to be clarified through further research and discussion with the Indian people.

In conclusion, I feel that this practicum can be of value as a basis for future research. Through this study it has been possible to construct some propositions and recommendations for further studies in the area of Indian adoptions in Manitoba. In many ways this practicum's weaknesses are its strengths. The various gaps in information serve only to underline the need for more specific, more detailed, more structured, and more accountable means of providing adoption homes, where necessary, for Indian children.

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APPENDIX A: THE QUESTIONNAIRE.

FILE NUMBER: _____ BAND NUMBER: _____

TYPE OF FILE: LONE ADOPTION: _____ TWO _____ THREE _____ MORE _____

TYPE OF PLACEMENT: VOLUNTARY RELINQUISHMENT: YES _____ NO _____
WITH COURT: YES _____ NO _____
APPREHENSION: YES _____ NO _____

NUMBER OF PLACEMENTS PREVIOUS TO ADOPTION: _____

NUMBER OF ADOPTION BREAKDOWNS: _____

INFORMATION ON THE ADOPTIVE CHILD:

DATE OF BIRTH: _____

SEX: _____

PLACE OF BIRTH: _____

DATE OF FIRST APPREHENSION: _____

DATE OF PERMANENT ORDER: _____

DATE OF FIRST PLACEMENT IN ADOPTION HOME: _____

DATE OF FORMAL ADOPTION PLACEMENT: _____

DATE OF ADOPTION FINALIZATION: _____

LEGAL GUARDIAN AT TIME OF ADOPTION: _____

PLACING AGENCY: _____

REGION FROM WHICH CHILD WAS ADOPTED: _____

RELIGION OF CHILD AT TIME OF ADOPTION: _____

RELIGION IN WHICH CHILD WILL BE RAISED: _____

INFORMATION ON THE ADOPTIVE PARENTS:

	<u>MOTHER</u>	<u>FATHER</u>
DATE OF BIRTH:	-----	-----
PLACE OF BIRTH:	-----	-----
PLACE OF RESIDENCE:	-----	-----
CITIZENSHIP:	-----	-----
RACIAL ORIGIN:	-----	-----
RELIGION:	-----	-----
DATE OF MARRIAGE:	-----	-----
DATE OF PREVIOUS MARRIAGE:	-----	-----
DATE OF END OF PREVIOUS MARRIAGE	-----	-----
EDUCATION:	-----	-----
INCOME:	-----	-----
HEALTH:	-----	-----

THE HOUSEHOLD OF THE ADOPTIVE PARENTS:

THE CHILDREN:

	<u>DATE OF BIRTH:</u>	<u>SEX</u>	<u>NATURAL</u>	<u>ADOPTED</u>
1	-----	-----	-----	-----
2)	-----	-----	-----	-----
3)	-----	-----	-----	-----
4)	-----	-----	-----	-----
5)	-----	-----	-----	-----
6)	-----	-----	-----	-----

OTHER PEOPLE LIVING IN THE HOUSEHOLD:

NUMBER OF PEOPLE:-----

RELATIONSHIP TO THE ADOPTIVE FAMILY:-----

:-----

:-----

ADOPTION HOMESTUDY:

YES _____ NO _____

DATE OF HOMESTUDY: _____

1) FAMILY BACKGROUND:

THE ADOPTIVE FATHER:

TYPE OF PARENTING: SINGLE _____ COUPLE _____

NUMBER OF SIBLINGS: _____

NUMBER OF BROTHERS: _____

NUMBER OF SISTERS: _____

COMMENTS: _____

THE ADOPTIVE MOTHER:

TYPE OF PARENTING: SINGLE _____ COUPLE _____

NUMBER OF SIBLINGS: _____

NUMBER OF BROTHERS: _____

NUMBER OF SISTERS: _____

COMMENTS: _____

2) DEVELOPMENTS AND ADJUSTMENTS:

3) MARITAL RELATIONSHIP:

4) PERSONALITY OF PARENTS:

5) HEALTH OF PARENTS:

6) MOTIVATION TO ADOPT:

INFORMATION ON THE BIOLOGICAL PARENTS:

	<u>MOTHER</u>	<u>FATHER</u>
DATE OF BIRTH:	-----	-----
PLACE OF BIRTH:	-----	-----
PLACE OF RESIDENCE:	-----	-----
CITIZENSHIP:	-----	-----
RACIAL ORIGIN:	-----	-----
RELIGION:	-----	-----
MARITAL STATUS:	-----	-----
EDUCATION:	-----	-----
OCCUPATION:	-----	-----
HEALTH:	-----	-----

SOCIAL HISTORY OF THE BIOLOGICAL MOTHER:

TOTAL NUMBER OF CHILDREN BORN ALIVE: _____

TOTAL NUMBER OF CHILDREN PREVIOUSLY PLACED FOR ADOPTION: _____

FAMILY BACKGROUND: TYPE OF PARENTING: SINGLE ___ COUPLE ___

NUMBER OF SIBLINGS: _____

NUMBER OF BROTHERS: _____

NUMBER OF SISTERS: _____

IDENTIFIED FAMILY/PERSONAL PROBLEMS:

IDENTIFIED FAMILY/PERSONAL HEALTH PROBLEMS:

DECLARATION OF PATERNITY: YES _____ NO _____

MOTIVATION TO PLACE FOR ADOPTION:

SOCIAL HISTORY OF THE BIOLOGICAL FATHER:

FAMILY BACKGROUND: TYPE OF PARENTING: SINGLE _____ COUPLE _____

NUMBER OF SIBLINGS: _____

NUMBER OF BROTHERS: _____

NUMBER OF SISTERS: _____

IDENTIFIED FAMILY/PERSONAL PROBLEMS:

IDENTIFIED FAMILY/PERSONAL HEALTH PROBLEMS:

INVOLVEMENT IN SURRENDER: YES _____ NO _____

ATTITUDE ON ADOPTION:

PROFILE OF THE ADOPTIVE CHILD:

PERSONALITY OF THE CHILD:

SOCIAL ADJUSTMENT OF THE CHILD:

EDUCATION:

HEALTH:

CHILD'S ADJUSTMENT TO ADOPTIVE FAMILY:

ADOPTIVE FAMILY'S ACCEPTANCE OF CHILD:

APPENDIX B: CODEBOOK.

CARD I.

<u>Description_of_Variable</u>	<u>Variable</u>	<u>Column</u>
<u>ADOPTIVE CHILD.</u>		
File Number	Filenum(VAR001)	1-7
Blank	Blank	8
Type of File	Typefile(VAR002)	9
Voluntary Relinquishment	Volrelin(VAR003)	10
With Court	Wthcourt(VAR004)	11
Apprehension	Apprehen(VAR005)	12
Number of Placements prior to Final Adoption	Numplace(VAR006)	13
Number of Adoption Breakdowns prior to Final Adoption	Numbreak(VAR007)	14
Blank	Blank	15
Child's Birthday	Cbirthd(VAR008)	16-17
Child's Birthmonth	Cbirthm(VAR009)	18-19
Child's Birthyear	Cbirthy(VAR010)	20-21
Child's Sex	Csex(VAR011)	22
Child's Place of Birth	Cbirpla(VAR012)	23

Day of First Apprehension	Cappd(VAR013)	24-25
Month of First Apprehension	Cappm(VAR014)	26-27
Year of First Apprehension	Cappy(VAR015)	28-29
Day of First Placement in Adoption Home	Cpladod(VAR016)	30-31
Month of First Placement in Adoption Home	Cpladom(VAR017)	32-33
Year of First Placement in Adoption Home	Cpladoy(VAR018)	34-35
Day of Formal Placement in Adoption Home	Cfadod(VAR019)	36-37
Month of Formal Placement in Adoption Home	Cfadom(VAR020)	38-39
Year of Formal Placement in Adoption Home	Cfadoy(VAR021)	40-41
Day of Adoption Finalization	Cadofid(VAR022)	42-43
Month of Adoption Finalization	Cadofim(VAR023)	44-45
Year of Adoption Finalization	Cadofiy(VAR024)	46-47
Legal Guardian at Time of Adoption	Cguard(VAR025)	48-49
Placing Agency	Cplagent(VAR026)	50-51
Region from which Child was Adopted	Cregion(Var027)	52
Religion of Child at Time of Adoption	Crelado(VAR028)	53-54
Religion in which Child will be Raised	Crelrais(VAR029)	55-56

CARD II.

<u>Description_of_Variable</u>	<u>Variable</u>	<u>Column</u>
File Number	Filenum(VAR001)	1-7
Blank	Blank	8
<u>ADOPTIVE MOTHER.</u>		
Day of Birth	AMbirthd(VAR030)	9-10
Month of Birth	AMbirthm(VAR031)	11-12
Year of Birth	AMbirthy(VAR032)	13-14
Place of Birth	AMbirpl(VAR033)	15-16
Place of Residence	AMplres(VAR034)	17-18
Citizenship	AMcitzen(VAR035)	19
Racial Origin	AMrace(VAR036)	20
Religion	AMrel(VAR037)	21-22
Year of Marriage	AMmaryy(VAR038)	23-24
Year of Previous Marriage	AMpremy(VAR039)	25-26
Year of Previous Divorce or Death of Spouse	AMdmyy(VAR040)	27-28
Education	AMeduc(VAR041)	29-30
Income	AMinc(VAR042)	31-32
Medical	AMmed(VAR043)	33-34
Occupation	AMoccu(VAR044)	35-36
Blank	Blank	37

ADOPTIVE FATHER.

Day of Birth	AFbirthd(VAR045)	38-39
Month of Birth	AFbirthm(VAR046)	40-41
Year of Birth	AFbirthy(VAR047)	42-43
Place of Birth	AFbirpl(VAR048)	44-45
Place of Residence	AFres(VAR049)	46-47
Citizenship	AFcitizen(VAR050)	48
Racial Origin	AFrace(VAR051)	49
Year of Marriage	AFmaryy(VAR052)	50-51
Year of Previous Marriage	AFpremyy(VAR053)	52-53
Year of Previous Divorce or Death of Spouse	AFdmyy(VAR054)	54-55
Education	AFeduc(VAR055)	56-57
Income	AFinc(VAR056)	58-59
Medical	AFmed(VAR057)	60-61
Occupation	AFoccu(VAR058)	62-63

CARD_III.

<u>Description_of_Variable</u>	<u>Variable</u>	<u>Column</u>
File Number	Filenum(VAR001)	1-7
Blank	Blank	8
<u>CHILD_I.</u>		
Day of Birth	CAbirthd(VAR059)	9-10
Month of Birth	CAbirthm(VAR060)	11-12
Year of Birth	CAbirthy(VAR061)	13-14
Sex	CAsex(VAR062)	15
Status	CAstat(VAR063)	16
<u>CHILD_II.</u>		
Day of Birth	CBbirthd(VAR064)	17-18
Month of Birth	CBbirthm(VAR065)	19-20
Year of Birth	CBbirthy(VAR066)	21-22
Sex	CBsex(VAR067)	23
Status	CBstat(VAR068)	24
<u>CHILD_III.</u>		
Day of Birth	CCbirthd(VAR069)	25-26
Month of Birth	CCbirthm(VAR070)	27-28
Year of Birth	CCbirthy(VAR071)	29-30
Sex	CCsex(VAR072)	31
Status	CCstat(VAR073)	32

CHILD_IV.

Day of Birth	CDbirthd(VAR074)	33-34
Month of Birth	CDbirthm(VAR075)	35-36
Year of Birth	CDbirthy(VAR076)	37-38
Sex	CDsex(VAR077)	39
Status	CDstat(VAR078)	40

CHILD_V.

Day of Birth	CEbirthd(VAR079)	41-42
Month of Birth	CEbirthm(VAR080)	43-44
Year of Birth	CEbirthy(VAR081)	45-46
Sex	CEsex(VAR082)	47
Status	CEstat(VAR083)	48

CHILD_VI.

Day of Birth	CFbirthd(VAR084)	49-50
Month of Birth	CFbirthm(VAR085)	51-52
Year of Birth	CFbirthy(VAR086)	53-54
Sex	CFsex(VAR087)	55
Status	CFstat(VAR088)	56
Blank	Blank	57
Number of Other People Living in Household	Othpeopl(VAR089)	58
Relationship to Family	Refam(VAR090)	59

CARD IV.

<u>Description_of_Variable</u>	<u>Variable</u>	<u>Column</u>
File Number	Filenum(VAR001)	1-7
Blank	Blank	8
Adoption Homestudy on File	Homefile(VAR091)	9
Day of Homestudy	Homed(VAR092)	10-11
Month of Homestudy	Homem(VAR093)	12-13
Year of Homestudy	Homey(VAR094)	14-15
Blank	Blank	16
<u>Adoptive_Father</u>		
Type of Parenting	Aftypar(VAR095)	17
Number of Siblings	AFsubnum(VAR096)	18-19
Number of Brothers	AFbronum(VAR097)	20
Number of Sisters	AFsisnum(VAR098)	21
Positive Relationship with Family of Origin	AFfampos(VAR099)	22
Lack of Family Contact	AFfalack(VAR100)	23
Instability and Tension Within Family	AFfatens(VAR101)	24

Negative Family Environment	AFfanenv(VAR102)	25
Chemical Addiction in Family	AFfaadic(VAR103)	26
History of Child Welfare	AFfacw(VAR104)	27
Blank	Blank	28
<u>ADOPTIVE MOTHER.</u>		
Type of Parenting	AMtypar(VAR105)	29
Number of Siblings	AMsibnum(VAR106)	30-31
Number of Brothers	AMbronum(VAR107)	32
Number of Sisters	AMsisnum(VAR108)	33
Positive Relationship With Family of Origin	AMfampos(VAR109)	34
Lack of Contact with Family	AMfalack(VAR110)	35
Instability and Tension Within Family	AMfatens(VAR111)	36
Negative Family Environment	AMfanenv(VAR112)	37
Chemical Addiction in Family	AMfaadic(VAR113)	38
History of Child Welfare	AMfacw(VAR114)	39

CARD V.

<u>Description_of_Variable</u>	<u>Variable</u>	<u>Column</u>
File Number	Filenum(VAR001)	1-7
Blank	Blank	8
<u>ADJUSTMENT_OF_ADOPTIVE_PARENTS.</u>		
Reasonable Expectations of Child	APexpec(VAR115)	9
Previous Positive Parenting	APppar(VAR116)	10
Sensitive to Child's Needs	APsensit(VAR117)	11
Eager and Prepared for Parenting	APeager(VAR118)	12
Blank	Blank	13
<u>MARITAL_RELATIONSHIP_OF_ADOPTIVE_PARENTS.</u>		
Compatibility Regarding Interests and Values	APcomp(VAR119)	14
Satisfactory Problem-solving	APsat(VAR120)	15
Emotional Compatibility	APemcom(VAR121)	16
Blank	Blank	17
<u>PERSONALITY_OF_ADOPTIVE_FATHER.</u>		
Extroverted	APextro(VAR122)	18
Introverted	APintro(VAR123)	19
Intelligent	APintel(VAR124)	20

Self-confident	APconf(VAR125)	21
Personable	APperson(VAR126)	22
Sensitive to Others	APsens(VAR127)	23
Structured	APstruct(VAR128)	24
Unstable and Immature	APunstab(VAR129)	25
Abusive	APabuse(VAR130)	26
Low Intelligence	APlintel(VAR131)	27
Self-centered	APcentre(VAR132)	28
Dependent and Insecure	APdep(VAR133)	29
Blank	Blank	30

PERSONALITY OF ADOPTIVE MOTHER.

Extroverted	AMextro(VAR134)	31
Introverted	AMintro(VAR135)	32
Intelligent	AMintel(VAR136)	33
Self-confident	AMconf(VAR137)	34
Personable	AMperson(VAR138)	35
Sensitive to Others	AMsensit(VAR139)	36
Structured	AMstruct(VAR140)	37
Unstable and Immature	AMunstab(VAR141)	38
Abusive	AMabuse(VAR142)	39

Low-intelligence	AMlintel(VAR143)	40
Self-centered	AMcentre(VAR144)	41
Dependent and Insecure	AMdep(VAR145)	42
Blank	Blank	43
<u>MOTIVATION TO ADOPT.</u>		
Medical/Health Reasons	APmedado(VAR146)	44
Unable to Conceive	APuncon(VAR147)	45
Adding to Existing Family	APadd(VAR148)	46
Chose Adoption vs. Biological Parenting	APchose(VAR149)	47
Adopted Their Foster Child	APfoster(VAR150)	48
Altruism	APaltru(VAR151)	49
Single Parent Desired Child	APsingle(VAR152)	50

CARD VI.

<u>Description of Variable</u>	<u>Variable</u>	<u>Column</u>
File Number	Filenum(VAR001)	1-7
Blank	Blank	8
<u>BIOLOGICAL MOTHER.</u>		
Day of Birth	BMbirthd(VAR153)	9-10
Month of Birth	BMbirthm(VAR154)	11-12
Year of Birth	BMbirthy(VAR155)	13-14
Place of Birth	BMbirpl(VAR156)	15-16
Place of Residence	BMplres(VAR157)	17-18
Citizenship	BMcitizen(VAR158)	19
Racial Origin	BMrace(VAR159)	20
Religion	BMrel(VAR160)	21-22
Marital Status	BMmastat(VAR161)	23
Education	BMeduc(VAR162)	24-25
Occupation	BMoccu(VAR163)	26-27
Medical	BMmed(VAR164)	28-29
Blank	Blank	30

BIOLOGICAL FATHER.

Day of Birth	BFbirthd(VAR165)	31-32
Month of Birth	BFbirthm(VAR166)	33-34
Year of Birth	BFbirthy(VAR167)	35-36
Place of Birth	BFbirpl(VAR168)	37-38
Place of Residence	BFplres(VAR169)	39-40
Citizenship	BFcitizen(VAR170)	41
Racial Origin	BFace(VAR171)	42
Religion	BFrel(VAR172)	43-44
Marital Status	BFmastat(VAR173)	45
Education	BFeduc(VAR174)	46-47
Occupation	BFoccu(VAR175)	48-49
Medical	BFmed(VAR176)	50-51

CARD VII.

<u>Description of Variable</u>	<u>Variable</u>	<u>Column</u>
File Number	Filenum(VAR001)	1-7
Blank	Blank	8
<u>FAMILY HISTORY OF BIOLOGICAL MOTHER.</u>		
Number of Children Born to Biological Mother	BMnumcb(VAR177)	9-10
Number of Children Still Alive	BMcalive(VAR178)	11-12
Number of Children Placed in Care	BMccare(VAR179)	13-14
Type of Parenting Received	BMtypar(VAR180)	15
Number of Siblings	BMsisnum(VAR181)	16-17
Number of Brothers	BMbronum(VAR182)	18
Number of Sisters	BMsisnum(VAR183)	19
Blank	Blank	20

PERSONALITY OF BIOLOGICAL MOTHER.

Extroverted	BMextro(VAR184)	21
Introverted	BMintro(VAR185)	22
Intelligent	BMintel(VAR186)	23
Self-confident	BMconf(VAR187)	24
Personable	BMperson(VAR188)	25
Sensitive to Others	BMsensit(VAR189)	26
Structured	BMstruct(VAR190)	27
Unstable and Immature	BMunstab(VAR191)	28
Abusive	BMabuse(VAR192)	29
Low-intelligence	BMlintel(VAR193)	30
Self-centered	BMcentre(VAR194)	31
Dependent and Insecure	BMdep(VAR195)	32
Blank	Blank	33
Positive Relationship With Family of Origin	BMfampos(VAR196)	34
Lack of Contact with Family	BMfalack(VAR197)	35
Instability and Tension Within Family	BMfatens(VAR198)	36
Negative Family Environment	BMfanenv(VAR199)	37
Chemical Addiction in Family	BMfaadic(VAR200)	38
History of Child Welfare	BMcw(VAR201)	39
Blank	Blank	40

Family Medical History	BMfamed(VAR202)	41-42
Declaration of Paternity	BMpatern(VAR203)	43
Blank	Blank	44
<u>BIOLOGICAL MOTHER'S MOTIVATION TO PLACE FOR ADOPTION.</u>		
Lack of Resources and Support	BMlresur(VAR204)	45
Lack of Parenting Desire	BMlparde(VAR205)	46
Lack of Parenting Skills	BMlpardk(VAR206)	47
Health of Parent/Child	BMhpc(VAR207)	48
Neglect/Abuse	BMneg(VAR208)	49
Alcoholism	BMalcoh(VAR209)	50

CARD VIII.

<u>Description_of_Variable</u>	<u>Variable</u>	<u>Column</u>
File Number	Filenum(VAR001)	1-7
Blank	Blank	8
<u>BIOLOGICAL_FATHER.</u>		
Type of Parenting Received	BFtypar(VAR210)	9
Number of Siblings	BFsibnum(VAR211)	10-11
Number of Brothers	BFbronum(VAR212)	12
Number of Sisters	BFsisnum(VAR213)	13
Blank	Blank	14
<u>PERSONALITY_OF_BIOLOGICAL_FATHER.</u>		
Extroverted	BFextro(VAR214)	15
Introverted	BFintro(VAR215)	16
Intelligent	BFintel(VAR216)	17
Self-Confident	BFconf(VAR217)	18
Personable	BFperson(VAR218)	19
Sensitive to Others	BFsensit(VAR219)	20
Structured	BFstruct(VAR220)	21
Unstable and Immature	BFunstab(VAR221)	22
Abusive	BFabuse(VAR222)	23

Low-intelligence	BF1intel(VAR223)	24
Self-Centered	BFcentre(VAR224)	25
Dependent and Insecure	BFdep(VAR225)	26
Blank	Blank	27
Positive Relationship With Family of Origin	BFfampos(VAR226)	28
Lack of Contact With Family	BFfalack(VAR227)	29
Instability and Tension Within Family	BFfatens(VAR228)	30
Negative Family Environment	BFfanenv(VAR229)	31
Chemical Addiction in Family	BFfaadic(VAR230)	32
History of Child Welfare	BFcw(VAR231)	33
Blank	Blank	34
Family Medical History	BFfammed(VAR232)	35-36
Involvement in Surrender	BFsurend(VAR233)	37
Blank	Blank	38
<u>BIOLOGICAL FATHER'S MOTIVATION TO PLACE.</u>		
Unable to Provide Care	BFunable(VAR234)	39
Unwilling to Provide Care	BFunwill(VAR235)	40
Opposed to Adoption	BFoppo(VAR236)	41
Supportive of Adoption	BFsupp(VAR237)	42

CARD IX.

<u>Description of Variable</u>	<u>Variable</u>	<u>Column</u>
File Number	Filenum(VAR001)	1-7
Blank	Blank	8
<u>ADOPTIVE CHILD.</u>		
Extremely Personable	Cperson(VAR238)	9
Positive High-Energy Level	Cenergy(VAR239)	10
Sensitive to Others	Csensit(VAR240)	11
Well-mannered	Cmanner(VAR241)	12
Inquisitive	Cinquire(VAR242)	13
Communicates Well	Ccommu(VAR243)	14
Some Personality Problems	Cproblem(VAR244)	15
Blank	Blank	16
Positive Adaptation to Others	Cposadp(VAR245)	17
Good Participation in Activities	Cactpart(VAR246)	18
Self-confident	Cconfid(VAR247)	19
Needy	Cneedy(VAR248)	20
Wary/Cautious	Cwary(VAR249)	21
Blank	Blank	22

School Performance	Cschool(VAR250)	23
Preplacement Medical	Cpremed(VAR251)	24-25
Duration of Preplacement Medical Problems	Cdurpre(VAR252)	26
Postplacement Medical	Cpostmed(VAR253)	27-28
Duration of Postplacement Medical Problems	Cdurpost(VAR254)	29
Child's Adjustment to Adoptive Family	Cadjfam(VAR255)	30
Adoptive Family's Adjustment to Child	Cfamadj(VAR256)	31
Blank	Blank	32
Adoptive Father's Religion	AFrel(VAR257)	33-34
Blank	Blank	35
Day of Permanent Order	Cpermd(VAR258)	36-37
Month of Permanent Order	Cpermm(VAR259)	38-39
Year of Permanent Order	Cpermy(VAR260)	40-41