

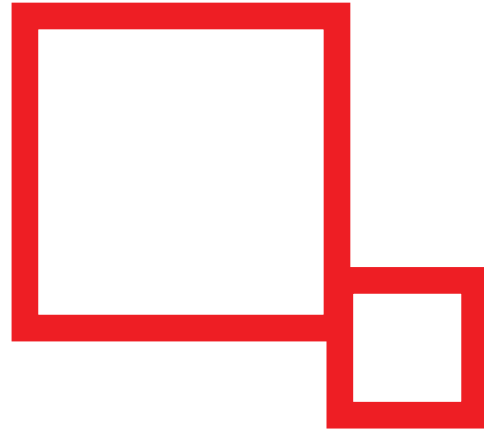
Preparing and assessing prospective adopters

Practice guidance

department for

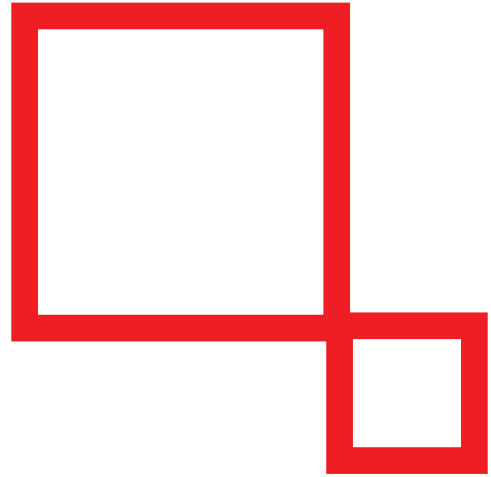
education and skills

creating opportunity, releasing potential, achieving excellence



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INTRODUCTION

This practice guidance is designed to assist practitioners as they assess prospective adopters, whether they intend to adopt a child from this country or from abroad. The term 'practitioner' in this guidance means the social worker who assesses prospective adopters.

The guidance should be applied in the context of the relevant regulations and statutory Adoption Guidance for adoption agencies in England. Where there are direct links to the statutory guidance, these are cross referenced. The statutory Adoption Guidance and this practice guidance are available on the DfES website at www.ecm.gov.uk/adoption

The guidance is not statutory and does not place duties on adoption agencies as these are set out in the statutory Adoption Guidance. It provides advice for practitioners to guide them through the preparation and assessment of prospective adopters.

Children come first

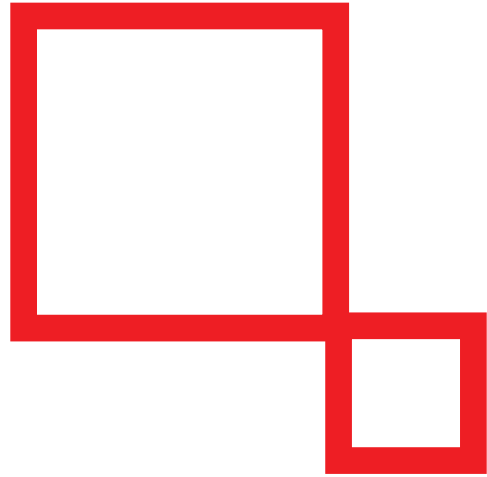
As the Adoption and Children Act 2002 makes clear, the paramount consideration for the adoption agency and the court is the welfare of the child. In all the agency's decisions about the child, their needs should come above those of adults.

The Every Child Matters (ECM) agenda identifies five outcomes that are most significant to children and young people:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

These outcomes are universal ambitions for every child and young person, whatever their background or circumstances. The outcomes are mutually reinforcing. For example, children and young people learn and thrive when they are healthy, safe and engaged; and the evidence shows clearly that educational achievement is the most effective route out of poverty.

As a practitioner, you will know that parents, carers and adopters have a pivotal role in influencing the five ECM outcomes for children and young people. This practice guidance is intended to help you assess potential adoptive parents so that their adopted children can benefit from confident, positive and resilient parenting throughout their childhood and beyond.



GLOSSARY

In this guidance:

'AAR' means the Adoption Agencies Regulations 2005.

'the Act' means the Adoption and Children Act 2002.

'agency' means an adoption agency, whether a local authority or voluntary adoption agency.

'ARR' means the Restriction on the Preparation of Adoption Reports Regulations 2005.

'ASR' means the Adoption Support Services Regulations 2005.

'counselling' means information, advice and support.

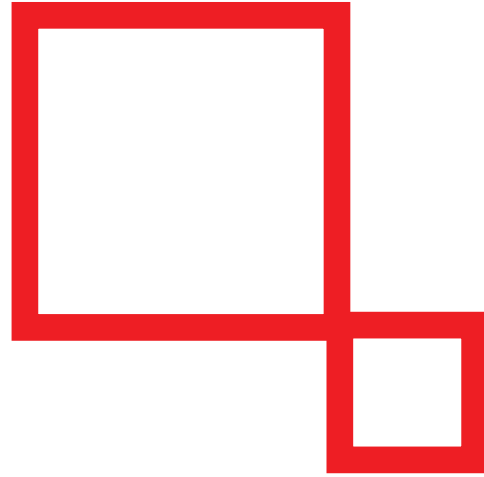
'FER' means the Adoptions with a Foreign Element Regulations 2005.

'FPA' means the Family Procedure (Adoption) Rules 2005.

'practitioner' means the social worker who assesses prospective adopters.

'SAR' means the Suitability of Adopters Regulations 2005.

Specific regulations references appear as AAR 4.2, for example, which refers to Adoption Agencies Regulation 4, paragraph 2.



CHAPTER 1

INFORMATION AND COUNSELLING

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Information

1. Where a person approaches an agency and expresses an interest in being assessed as a prospective adopter, it has a duty under AAR 21 and FER 14 to provide them with information and counselling about adoption. If the person wishes to proceed, the agency will need to consider whether it should provide them with an application form so that the formal process for checks, references, preparation and assessment can start.

2. In practice, the agency's duty to inform and counsel potential applicants is best provided in three segments – written information, information group meetings and initial counselling. The agency has flexibility about the sequencing of the segments. For example, some agencies choose to provide one-to-one counselling before inviting prospective adopters to information group meetings.

3. Potential applicants will need general written information which summarises the adoption process, the time it may take and the consequences of caring for and adopting a child. The information may need to be available in appropriate formats and in a range of languages. A DfES Recruitment Toolkit and a set of adoption leaflets is available from www.direct.gov.uk/adoption.

Information group meetings

4. People learn in different ways and some will find listening and talking more helpful than reading written information. Hearing about the experiences of those who have already adopted will help promote understanding of the challenges and rewards of adoption. Group meetings also provide an opportunity to talk to practitioners and adopters about the practical experiences of adoption.

5. In some rural areas it may be difficult to arrange information meetings at regular intervals without the need for people to travel long distances. Where this is the case, agencies can share the cost and work by arranging joint events. Agencies will need to consider the needs of people with impairments and ensure that their information material and information meetings are accessible.

Counselling

6. Potential applicants will need one-to-one counselling with a practitioner. This provides them with an opportunity to receive direct explanations and to explore their concerns and questions in more detail.

7. Counselling provides the opportunity to reflect on the possible impact of adoption on their lives and whether it is likely that adoption will be right for them. Where they are found to be ineligible to adopt or where the agency already has concerns about their suitability, counselling may help them to better understand and accept the situation. The statutory Adoption Guidance sets out the information that the agency should provide.¹

¹ Adoption Guidance: chapter 3, AAR 21, FER14.

Example: potential applicant is a smoker

Mr and Mrs A are potential applicants. Mr A is a smoker, but that does not mean he should be automatically precluded from applying to adopt. Through counselling, the agency should explain the risks posed to children by passive smoking. Due to past neglect, many looked after children have specialised and complex health care needs and some may already have respiratory problems, such as asthma. The extent of Mr A's smoking should be explored and its potential health consequences for a child should be explained. Mr and Mrs A's views and any undertakings on smoking should be carefully recorded so that they may be added to their case record if the agency subsequently accepts a formal application from them. This will be needed for inclusion in their prospective adopter's report and, if they are approved, may arise as an issue during matching or a review of their approval.

Mr A could be referred to sources of advice to help cease smoking and the agency medical adviser may be able to provide some advice.

8. Where the agency is satisfied that a potential applicant has received sufficient information and counselling as required under AAR 21 and FER 14, it should decide whether to provide them with an application form so that they may make a formal written application. If the agency already has significant concerns about their suitability, it is not obliged to provide them with an application form. Where it decides not to provide an application form, the agency should inform the potential applicant and explain its reasons in a considerate manner. It should also record its decision and its reasons. The agency should be able to show that it has acted reasonably and made the decision on the merits of the case rather than as part of a general policy.

9. The statutory Adoption Guidance² makes it clear that applicants are not to be excluded automatically by the agency solely on the grounds of their age, health, disability, or other factors, except where they are ineligible as they have certain criminal convictions or cannot apply for an adoption order under sections 49, 50 or 51 of the Act.³ Where a person has a disability, for example, an assessment of their capacity to care for and adopt a child would need to be informed by professional medical advice.

10. Some prospective intercountry adopters may be ineligible to adopt a child from another country if they do not meet the legal requirements of that country. The agency is responsible for checking the eligibility of prospective adopters in such cases. Information about the legal requirements of other countries may be obtained from:

www.dfes.gov.uk/intercountryadoption/countries.shtml

11. With the benefit of information and counselling, some potential applicants may decide that adoption is not for them.

12. Where the agency decides to provide the potential applicant with an application form and they complete and return it to the agency, it has a duty under AAR 22 to set up a case record for them and to place on the case record the information specified under AAR 22. The application form and notes from the counselling process will be the first documents on that record.

² Adoption Guidance: Chapter 3.

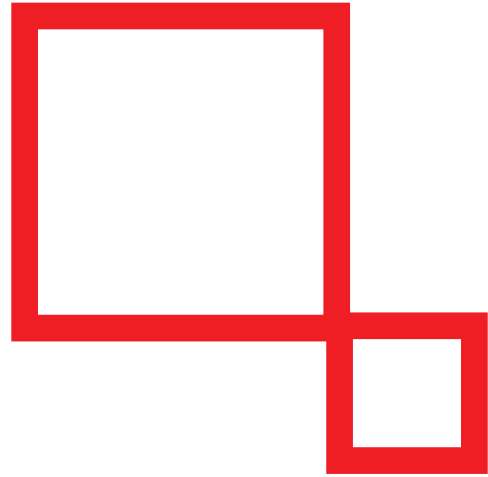
³ **Section 49** of the Act provides that to be eligible to apply for an adoption order a single person must be domiciled in the UK or have been habitually resident in the UK for at least one year. One of a couple must be domiciled in the UK or both of the couple must have been habitually resident in the UK for at least one year. Advice on domicile and habitual residence is set out in Annex A of the Adoption Guidance. **Section 50** of the Act provides that an application for an adoption order can only be made by a couple where both are aged over 21. There is one exception to this. Where one of the applicants is the parent of the child, they may apply to adopt providing they are 18 or older, as long as partner is aged at least 21. **Section 51** of the Act provides for applications for adoption orders by one person and stipulates that they may apply provided they are aged at least 21. For example, under section 51 a step-father may apply for an adoption order, without the child's mother also needing to apply jointly and so adopt her own birth child. Other examples include where one member of a married couple are not be required to adopt jointly: the person's spouse cannot be found or where there is a permanent separation or where ill health or incapacity prevents them from applying jointly.

Infertility

A significant proportion of prospective adopters are infertile or have not, so far, been able to have their own children. Many make enquiries about adoption while they are still trying to conceive naturally or still undergoing treatment for assisted conception. Where prospective adopters are being assessed for infertility or receiving treatment, they should disclose this to the agency and discuss it fully with the practitioner. Experience suggests that following investigations and treatment that is unsuccessful, people need time to address their sense of loss before they are ready for adoption. Where treatment is successful, prospective adopters may decide not to pursue adoption or to wait until their family life has adjusted to the new baby before proceeding with any application to adopt.

It is widely recognised in adoption that applicants should not begin the process of being assessed as prospective adopters until any fertility treatment is complete and, if unsuccessful, they have come to terms with it. In this way, they should be better able to respond to a child who may be so different to the child they had hoped for.

If individuals wish to pursue fertility treatment in conjunction with an application to adopt, they should not be rejected out of hand on the basis of a blanket ban. However, the agency should explain to them during one-to-one counselling why their dual approach is not in the interests of children. They should be asked to consider the consequences if a child is born to the prospective adopters before or after another child is placed for adoption with them. They should be advised to wait until such time as their treatment is complete and they are ready to pursue adoption as a path to being parents.



CHAPTER 2

CHECKS AND REFERENCES

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1. The checks, references and information requirements should have been explained to prospective adopters at an early stage. They need to know why this information is collected, how it will be kept, with whom it will be shared and who will have access to their case record in future.

Checks

2. As part of its duty to check the background of a prospective adopter, the agency has to obtain the following information:

- enhanced Criminal Records Bureau (CRB) checks on the prospective adopter and any other adult members of their household (under AAR 23);
- written reports of interviews with three personal referees, of whom not more than one may be a relative (under AAR 25.3.b, Schedule 4 Part 1). The interviews should be face-to-face;
- a report from the local authority where the prospective adopter lives which sets out information that may be relevant to the assessment (under AAR 25.4).

3. An agency is required to undertake enhanced CRB checks on all prospective adopters, together with other adult members of their household, regardless of whether they have already disclosed convictions or cautions. An enhanced CRB check should reveal a record of all their past convictions and cautions, together with any 'soft' information.⁴

4. CRB checks incorporate checks on the Protection of Children Act (PoCA) list and List 99.⁵ Any one of these may reveal additional information about the prospective adopter's past history with children.

5. The statutory Adoption Guidance provides references to the specified convictions or cautions that make a prospective adopter ineligible to adopt.⁶ In such cases, their assessment cannot proceed and they have no right to ask for their prospective adopter's report to proceed to the adoption panel. They should be told without delay and the decision should be confirmed in writing.

6. Where a prospective adopter is found to have committed an offence which is not specified under AAR 23.2 or 23.4, the agency should discuss this with the prospective adopter. It should consider the nature of the offence, the effect on others and the prospective adopter, the penalty applied, date of the offence, and whether or not these factors raise doubts about the safety and welfare of children who might potentially be placed with the prospective adopter. In cases where an enhanced CRB check has led to the disclosure of 'soft' information, it will need to be carefully considered.

7. The agency should exercise its discretion and decide whether to proceed with the prospective adopter's application. These discussions should be noted on the case record and decisions agreed with and countersigned by the relevant manager.

4 'Soft' information is also known by the police and the CRB as 'Additional information' that a chief officer has authorised for disclosure to the agency under section 113(B) of the Police Act 1997. Such information may not be disclosed to the person it is about.

5 The PoCA list covers those individuals who are considered unsuitable to work with children as they have been found guilty of misconduct that harmed a child or have placed a child at risk. List 99 includes people who may not be employed as teachers or in work that involves regular contact with children. The Protection of Vulnerable Adults (PoVA) list covers those individuals who have been banned from working with vulnerable adults as they have harmed or caused a risk of harm to a vulnerable adult. There is no legal power for adoption agencies to ask the CRB to check the PoVA list. However, this is not necessary as PoVA and PoCA consider cases to ensure adults on the PoVA list are added to the PoCA list where they are considered unsuitable to work with children.

6 Adoption Guidance: chapter 3, AAR 23.

8. Where an agency is not able to conduct CRB and other background checks on the prospective adopter, for example where they have lived abroad for an extended period, it should decide whether to carry other checks or to take up additional references. It should then decide whether it has or can obtain sufficient information for the assessment to proceed. Whether the agency decides to proceed or not, the agency should place a record of its decision and the reasons for it on the case record.

9. Where it becomes clear to the agency that information about convictions or cautions has not been shared between partners, it should ask the person with the conviction or caution why this is so. Failure to share such information with a partner should be explored. It is possible that it might indicate a lack of trust and openness in the relationship, especially if they remain reluctant to share such information after they have been counselled by their practitioner.

10. The statutory Adoption Guidance provides advice on the retention and disposal of CRB information, counselling a partner with a conviction in cases where there is a joint application, and restrictions on disclosure where another adult member of the prospective adopter's household has a specified conviction or caution.⁷

⁷ Adoption Guidance: chapter 3, AAR 23.

Examples: exercise of agency discretion where prospective adopter has committed 'non-specified' offences

Applicant C has a record of minor offences for vandalism, shoplifting and taking and driving a car without consent. These offences were committed many years ago when C was a teenager and C has no other convictions. In exercising its discretion, the agency may consider that given the passage of time, and all the other known information about C, it wishes to continue with C's assessment.

Applicant D has not committed an offence specified under AAR 23 but the CRB checks reveal that within the last ten years D has been convicted for drink-driving, robbery, and domestic violence. The agency exercises its discretion and decides that it should not proceed with D's assessment.

Applicant E also has no offence specified under AAR 23. CRB checks show, however, that E has been convicted for a series of fraud offences over a number of years. E has not previously told the agency about these convictions. In exercising its discretion, the agency considers that E cannot be relied on to be open and honest and, given E's record of offences, decides to halt E's assessment.

In the cases of D and E, the agency should tell them of its decision without delay and confirm this in writing.

11. Ideally, information from the enhanced CRB check should be obtained by the agency before the prospective adopter's preparation and assessment gets underway. But in practice this is often not possible. To avoid unnecessary delay, the agency may need to initiate adoption preparation and the prospective adopter's assessment while waiting to receive information from the CRB. However, their assessment cannot be completed and the prospective adopter's report fully prepared for the adoption panel until the outcome of the enhanced CRB checks are known to the agency.

References

12. Coupled with the need to pursue enhanced CRB checks is the task of obtaining information from referees about the prospective adopter. Written references, followed by face-to-face interviews, should generally be sought by letter from three people, not more than one of whom should be a relative. In some cases it may be difficult to obtain satisfactory written references where there are language or literacy difficulties. If this is the case, the agency should record the reasons for not obtaining written references on the case record.

13. Some agencies choose to ask for more references and this may be necessary in some cases but it is not obligatory. A single reference that provides details of a prospective adopter's safe parenting capacity is more valuable than a number of references that lack depth and detail.

14. A referee should know the prospective adopter personally and be familiar with their family and home environment. At least one of the referees should have known them for a minimum of five years. Where a couple is applying, then at least two of the referees should have knowledge of them together as a couple rather than knowledge of only one partner. Referees should be sent information about adoption with the letter seeking the reference. The information should provide general advice about adoption and explain that references are sought to help establish whether the prospective adopter could provide a safe and caring family for a child. The letter from the agency to the referee should ask for the following information and views:

- in what capacity they know the prospective adopter or prospective adopters personally, how long they have known them and how often they see them;
- the prospective adopter's child care experience, if any, and any related strengths and weaknesses;
- if the referee has children, how the prospective adopter has interacted with and related to those children;
- how the prospective adopter might cope with caring and parenting a child;
- any concerns about the safety of a child placed in the prospective adopter's home;
- if a couple are being assessed, the stability and permanence of their relationship; and
- any other information that the referee thinks may be helpful to the assessment.

15. The letter should explain that access to the reference will be restricted to the agency and the adoption panel, unless access to it is sought under the Data Protection Act 1998 by the prospective adopter and the referee subsequently agrees to its disclosure to them. The letter should also explain that the agency will need to discuss the information provided in the reference during its interview with them.

16. A face-to-face interview with the referee enables the practitioner to question them about the details of the reference, to explore the extent of their knowledge of the prospective adopter and to understand the basis for their views. If it becomes clear that the referee has insufficient knowledge or that their views have no sound basis, then the prospective adopter should be asked to nominate another referee.

17. If the referee raises serious concerns about the prospective adopter, or the relationship if they are a couple, these should be carefully considered by the agency. Where the concerns remain, the prospective adopter should be given an opportunity to respond. If the agency decides that their response or explanation is unsatisfactory, it may decide that the matters are so significant that the assessment should be terminated. The agency should counsel the prospective adopter and explain the position, giving its reasons so far as it can while taking care, as far as possible, not to disclose its source. The prospective adopter may accept the concerns and choose to withdraw their application. If they do not, the agency should prepare the report about the interviews with referees and a brief prospective adopter's report for the adoption panel to consider. Chapter seven provides further advice about brief prospective adopter's reports.

18. Alternatively, the agency may decide to continue with the assessment but to ensure that the matters of concern are set out in the report about the interviews with referees, which will be considered by the adoption panel alongside the full prospective adopter's report and other reports.

19. Whichever option the agency considers the most appropriate, it should not disclose the specific source of the concerns to the prospective adopter either directly or in the prospective adopter's report, which they will see. Referees should be assured in writing and during the interview that the agency will not disclose this information to the prospective adopter unless they request it and the referee consents to its disclosure. Otherwise, they will be very unlikely to provide information which could be central to the questions the agency needs to answer.

20. Insights into a prospective adopter's background and potential capacity often come from their own experience of caring for children. Sources for this information include their own children, or children they fostered, who have since matured into adults. Where they are still living in the prospective adopter's household, they should be interviewed as part of the prospective adopter's assessment. Where such adults are living elsewhere, they should be contacted by letter and visited if appropriate. In either case, they should be asked about the care they received and for their views about the capacity of the prospective adopter to provide a safe and caring family for a child in the future.

21. Key information may also come from former partners who have jointly parented or cared for a child with the prospective adopter, such as a former spouse, civil partner or person they have lived with in an enduring family relationship. Where the prospective adopter has jointly parented or cared for a child with a former partner, the agency should approach the former partner unless the agency considers there are exceptional reasons for not doing so. Where the agency is contemplating approaching former partners, it should remind the prospective adopter why this is being done and explain how the information will be sought and how it is carefully considered, forming one element of a multi-faceted assessment.

22. Where former partners have not jointly parented or cared for a child with the prospective adopter, they should generally not be approached unless there is a specific reason for doing so.

23. Where a prospective adopter expresses concerns about approaches, these should be recorded and considered. In some cases, there may be a legitimate concern that an approach by the agency could provoke a hostile or even violent reaction from a former partner. The agency should carefully assess the risk of harm to the prospective adopter and their family. The agency should consider the welfare of any children, the welfare of the prospective adopter, the circumstances of the case, and how the welfare and privacy of the prospective adopter and their family can be safeguarded. For example, previous domestic violence reported by the prospective adopter might indicate a need to be very cautious. If the agency decides to make an approach in such a case, it should inform the prospective adopter and ensure that their whereabouts will not be made known. Arrangements could be made with another agency to make the approach on behalf of the assessing agency so that the locality of the prospective adopter is not disclosed.

24. If the agency decides not to approach a former partner who jointly parented or cared for a child with the prospective adopter, its decision and its reasons should be recorded on the case record and noted on the prospective adopter's report.

25. Information obtained from former partners may vary from providing reliable, essential information to that which is misleading. The information and its context should be weighed carefully. As far as possible, the agency should verify this information. It should be checked against other sources such as referees. Where questions about suitability to adopt arise as a result of information provided, these should be explored, perhaps during interviews.

Example: writing to former partners

Where the former partner parented or cared for a child jointly with the prospective adopter, the agency should write to the former partner and ask whether:

- the former partner has any reason to believe that a child would not be safe with.....(name of applicant); or
- they have any reason to believe that..... (name of applicant) has been violent in the past; and
- if they have indicated concerns, they would be willing to discuss these with the agency.

If the response from the former partner raises significant concerns, these should be explored in an interview if possible.

Local authority report

26. Another potential source of information that may inform the assessment process is information held by the local authority that is responsible for the area in which the prospective adopter lives.⁸ If a prospective adopter has moved frequently, a number of local authorities could have information about them. Useful information might be found in social services' records, education records or possibly the child protection register. But education and social services do not always share information with each other and some local protocols might restrict access to the child protection register to cases where there is concern only for the safety of a child.

⁸ Adoption Guidance: chapter 3, AAR 25.4.

Example: key information from the Child Protection Register

A report from the prospective adopter's local authority shows that their child's name was placed on the Child Protection Register due to concerns for their physical safety. The agency could decide that this information alone is enough to indicate the prospective adopter is unsuitable to be approved to adopt a child. It could decide to prepare a brief prospective adopter's report and submit this with the local authority report to the adoption panel. Chapter 7 provides more information.

27. The practitioner should be explicit when approaching a local authority for information about a prospective adopter and should emphasise the need for checks to be made against social services records, education records and the child protection register.

28. Where the prospective adopter has lived for only a short period in the area of their local authority, the agency will need to decide whether it should obtain information from their former local authorities. The extent to which the agency needs to obtain information from other local authorities will be governed by the circumstances of the case and the agency will need to exercise its own judgement. Many agencies conduct checks which go back ten years.

Health

29. Health is a key and complex factor in assessing whether a prospective adopter has the capacity and potential longevity to care for a child into adulthood. As part of the checks, the agency should consider the health of the prospective adopter. Health problems need to be identified and assessed by a medical practitioner. Chapter 4 of this guidance provides further advice.

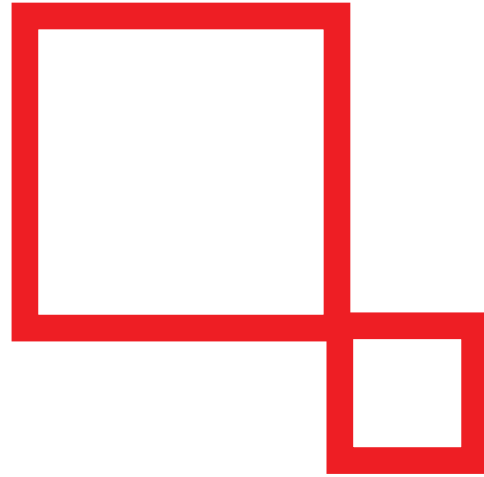
Other checks

30. There are also other checks that the agency should undertake. A reference should be sought from the prospective adopter's current employer. This should verify employment dates, their role, and whether there have been any relevant disputes or disciplinary proceedings. An agency may decide to seek references from previous employers for further verification.

31. There may be cases where the prospective adopter has not informed their employer about their application to adopt. The practitioner should agree with them when an approach may be made. If this is delayed, or the prospective adopter refuses to agree, this could obstruct or hinder the verification of information.

32. If the prospective adopter is or has been employed in a child care capacity, the agency should obtain an employer's reference and seek information about their care of children.

33. Where the prospective adopter has children and they are attending school, it is recommended that the agency ask the school whether it has any views about the child's relationship with their parent. If the prospective adopter has been subject to supervision by the Probation Service, then its views should be obtained.



CHAPTER 3

ADOPTION PREPARATION

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1. With the benefit of written information about adoption, information group meetings and counselling the prospective adopter should have started to understand many of the challenges and consequences of adoption. But the adoption process is complex and they will need more advice and opportunities to learn before and after their assessment is completed.

2. Adoption preparation is the next key stage, providing them with the opportunity to learn in detail about children who are likely to be placed for adoption. They may come to the view that caring for an adopted child is not really for them or they may become more confident that they have the potential to be an adoptive parent. This staged learning approach helps prospective adopters to develop their understanding over time.

3. Each agency has a duty under AAR 24 to arrange adoption preparation for its prospective adopters, either directly or through another adoption agency or registered adoption support agency. For some agencies, particularly smaller agencies, direct provision of adoption preparation may not be viable unless it takes place infrequently, delaying the assessment of their prospective adopters. Sharing the provision of adoption preparation, through co-operation between a group of agencies, is often a better approach.

4. A 'standard' syllabus for preparation should be agreed so that agencies can together run courses more frequently, concentrating resources and reducing intervals between preparation events. Where course content or presentation is needed for some prospective adopters, for example, to help with language and communication, then specialist expertise is more likely to be available if agencies pool their resources and share the provision of adoption preparation.

5. While every prospective adopter should have some form of preparation, its nature and extent will depend on whether they already have experience of caring for and adopting a child. The agency should decide the extent of the preparation that each prospective adopter will need. For example, a second-time prospective adopter is unlikely to need the same preparation as a first-time prospective adopter, especially if the second-time prospective adopter adopted their child within recent years.

6. Adoption preparation may be provided through a combination of group activities, such as workshops and tutorials, and individual work such as research and reading. Some preparation, during the latter stages, should be experiential, involving prospective adopters in role play or similar active participation. By this point, prospective adopters are likely to feel more at ease and confident. Active participation often helps them look at their own experiences and to identify and recall what they have learnt. But people have different learning styles and active participation should not be obligatory. For those who prefer passive learning, a better way to learn may be watching others who are prepared to participate in role playing.

7. In some cases, the outcome of enhanced CRB checks may be unavailable while prospective adopters are participating in adoption preparation. So any information provided to prospective adopters about children should only be of a general nature and should not enable their identity and whereabouts to be established.

Structure

8. Preparation should be structured into modules and sub-modules to help prospective adopters learn over time in particular groups, according to their needs. For example, prospective adopters who are foster carers, from ethnic minorities, or prospective intercountry adopters may have some common knowledge needs but their other needs will be different. With a modular approach, all prospective adopters could participate in core modules, separating into sub-groups to participate in specialist modules. Prospective adopters who have adopted recently may need little preparation; they may have more to contribute than to learn.

9. The agency may decide to alter the emphasis within modules to reflect the backgrounds and needs of children who are likely to be placed with its approved prospective adopters. For example, a voluntary adoption agency may wish to concentrate preparation around the needs of children who are likely to be relinquished for adoption or on sibling group placements.

Content

10. The core range of issues to be covered in adoption preparation is listed below in a minimum curriculum, which may be supplemented with more preparation if the agency considers it necessary.

PART 1: OVERVIEW, ASSESSMENT PROCESS AND DECISION MAKING

- an overview of the adoption process and the likely time it will take, the legal framework and timescales for different stages;
- assessment process, including how the information is gathered, assessed and presented in reports, especially the prospective adopter's report, the brief prospective adopter's report, and the prospective adopter's review report;
- decision making process and the roles of the adoption panel, agency decision maker and the IRM; and
- for prospective intercountry adopters, additional information about the intercountry adoption process, caring for a child from another country and the requirements of foreign authorities.

PART 2: MATCHING, PLACEMENT AND ADOPTION

- matching and placement, including the Adoption Register for England and Wales, the child's permanence report, the adoption placement report, the placement plan, and reviews;
- adoption support; and
- adoption orders and parental responsibility.

PART 3: THE CHILD

- children who are likely to be placed for adoption and their backgrounds
- the difficulties some children experience, such as neglect and abuse, and the effect on their development and capacity to form secure attachments;
- the perspective of the birth family;
- child's sense of separation and loss;
- child's contact needs;
- attachment needs; and
- basic child development.

PART 4: SKILLS AND CAPACITIES

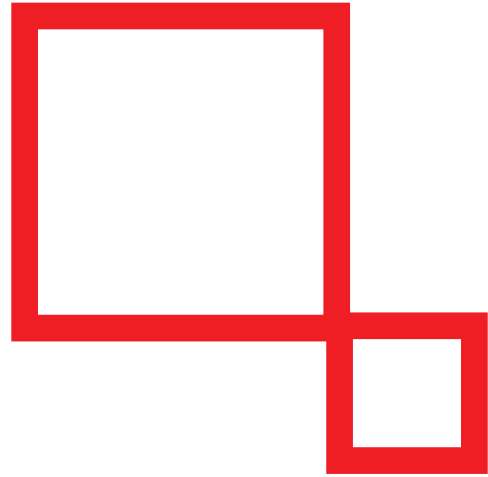
- key parenting skills and the parenting capacities needed by prospective adopters;
- caring for a child who has been traumatised by neglect and abuse;
- understanding and managing health care needs;
- caring for sibling groups;
- caring for children who come from a different ethnic group with limited information about their past and no birth family contact, especially in intercountry adoption;
- learning from experienced adopters, including managing stress and developing resilience;
- understanding the significance of the child's identity, their birth family, and the need for openness;
- contact, indirect or direct; and
- equality, including ethnicity, disability, religion and sexual orientation.

11. For prospective adopters who are already caring for their own children, their children should also be prepared for the arrival of a child placed for adoption. This is best provided by their parent with support from the practitioner.

12. Adoption preparation should be a supportive process for prospective adopters. There is no formal assessment or 'examination' when preparation is completed but it may be helpful if the prospective adopter is given some feedback, not least so that any need for follow-up preparation can be identified. It is recommended that a feedback form is used so that the prospective adopter and their tutor can together record an evaluation of the preparation and identify any issues that need further exploration. This form could then be passed to the practitioner responsible for their assessment.

13. Where the prospective adopters are being considered as concurrent carers, the plan will be to prepare and assess them as foster carers and prospective adopters. Their preparation will be specialised, covering their need to have particular emotional strength; their commitment as foster carers to support the child's possible reunification with their birth parents; and their possible role as prospective adopters for the child, if it is decided reunification is not in the child's interests.

14. While preparation will help prospective adopters, there are limitations to theoretical learning. Many prospective adopters may benefit from the opportunity of later preparation or training. Many parenting skills will be learned, developed and tested when a child is placed with prospective adopters.



CHAPTER 4

STARTING THE ASSESSMENT

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1. Ideally, the prospective adopter's enhanced CRB checks, references and preparation will have been completed by the time their assessment is ready to begin. Where this is not possible, the sequence of the assessment may need to be varied to include information as it emerges. AAR 25 and, in intercountry cases, FER 15 require the agency to obtain specified information about the prospective adopter, ensuring that the prospective adopter's report and the other reports are coherent and complementary.

2. The aims of the assessment are to:

- understand the strengths and weaknesses of the prospective adopter and to form a view of their capacity to adopt a child;
- identify areas where the prospective adopter will need further development, including the provision of adoption support, if they are approved;
- where the application concerns a couple, assess the stability and permanence of their relationship;
- support and guide the prospective adopter towards becoming an adoptive parent;
- prepare the prospective adopter's report, considering the information gathered during the assessment process, including evidence from enhanced CRB and other checks, references, reports, and from their preparation; and

- enable the practitioner to propose in the report to the adoption panel whether the prospective adopter is suitable to adopt.

Planning

3. An early task for the practitioner is to plan the prospective adopter's assessment, setting out the stages and when they should ideally start and end. The plan needs to identify the key tasks and how long each is likely to take. It should be shared with the prospective adopter so that they are clear about how the assessment should develop over time. As the practitioner will probably be assessing a number of prospective adopters, it is recommended that they set out their assessments on a work timeline to help them manage and maintain the flow of their work.

4. Factors to consider for each assessment plan should include any particular issues that have been identified. For example, where a couple is being assessed, individual sessions with each prospective adopter as well as joint sessions should be planned. Another task may be to talk to any children living in the household. The plan should be kept under review and may need to be modified if information is delayed or new issues arise which need to be resolved.

Self-assessment

5. There is scope during the assessment for some element of self-assessment by prospective adopters. The practitioner should encourage them to reflect on their own relevant skills and experience. The assessment is partly collaborative and partly a separate, objective analysis by the practitioner of the evidence.

Evidence based assessment

6. Information is central to informing the agency's decisions about the welfare of a child and the capacity of a prospective adopter. Poor, incomplete or inaccurate information will lead to flawed decisions that could have serious consequences. An evidence-based approach to assessment requires the collection and consideration of information through careful discussion, listening, observation and exploration.

7. Information and facts should be checked to establish the veracity of the prospective adopter and the information they provide. Their written and oral statements should be tested against documentary evidence where possible. For example, their name, address, date of birth, marital or civil partnership status, housing, employment and income should all be verified.

8. Information should be analysed by the practitioner, not merely described. Unless an element of information is evidently correct, its accuracy should not be accepted without verification. Assertions should be substantiated with supporting evidence.

9. Documentation to verify basic information should be provided by the prospective adopter. Written evidence of current employment should be obtained, such as through a series of recent pay slips. Some of this verification may already have been obtained when the prospective adopter's eligibility was first considered.

10. Where documentation indicates that the prospective adopter is known by a number of different names or has changed their name by deed poll, the reasons for this should be discussed and clearly understood by the practitioner.

11. As the chronology of the prospective adopter's life is prepared at the beginning of the assessment, it may become clear later that further verification is needed.

Recording

12. As the assessment proceeds, it should be recorded in a timely and accurate way so that the process of moving from collecting information to analysis is properly evidenced. This is sound practice and helps inform and shape well founded conclusions. Key matters should be discussed between the practitioner and their team manager and the outcome should be recorded.

13. It is recommended that the outcome of each session with the prospective adopter is summarised and recorded. This should help to keep the assessment on track and act as an audit trail so that others can see how views have been formed and conclusions reached. Key decisions such as a decision that a prospective adopter is not eligible to apply or that the prospective adopter has agreed with the agency not to proceed with their application, should be evidenced clearly and countersigned by the responsible manager.

Chronology

14. A chronology of the prospective adopter's life history should be prepared as early as possible, either independently by the prospective adopter or with the help of their practitioner. While some aspects of early childhood may not be known, the chronology should enable the practitioner to understand the sequence of the prospective adopter's life as a whole, to identify gaps or inconsistencies and to use this as a reference point for later exploration. The chronology should include a full employment history.

The Assessment Framework and the adoption assessment

15. The *Framework for the Assessment of Children in Need and their Families*⁹ guides practitioners through systematic recording and analysis of what is happening to children and young people within their families. It was designed primarily for social workers assessing children and their families under the Children Act 1989.

16. Significant differences exist between assessing the capacity of birth parents and others to care for children already living with them and assessing the capacity of prospective adopters to care for children who, in most cases, may come to live with them in the future. So the *Assessment Framework* should be applied to an adoption assessment as modified in this guidance. The agency should ensure that its practitioners receive appropriate preparation, support and supervision in the use of the *Assessment Framework*.

⁹ Department of Health: *Framework for the Assessment of Children in Need and their Families*, 2000. ISBN 0-11-322425-7. Published by the Stationery Office: telephone 0870 600 5522 or go to: www.tsoshop.co.uk/bookstore.asp

Key assessment criteria

Research into adoptive placements suggests a set of key criteria for assessing prospective adopters:¹

- the ability to make and sustain close relationships;
- the capacity for emotional openness;
- the capacity for reflectiveness or 'psychological mindedness';
- the successful resolution of earlier losses or traumatic experiences;
- for couples, the quality, stability and permanence of their relationship;
- support networks; and,
- tolerant social attitudes.

1 Kaniuk J, Steele M, and Hodges J (2004): *Adoption and Fostering* 28:2, pp61–67, BAAF.

17. A helpful guide for identifying possible assessment tools is the '*Chart of Information gathered by use of evidence-based assessment tools in assessing adoption support needs*'.¹⁰

18. Attachment theory, which underpins parts of the *Assessment Framework*, also helps practitioners to understand the impact on children of separations, neglect, abuse and serial placements and provides insights into interventions that are likely to help them. Attachment theory also has a role in assessing some key aspects of adoptive parenting capacity.¹¹ The dimension of family history and functioning carries the greatest weight amongst all the dimensions in the framework for assessing prospective adopters.

Health

19. Health is a key and complex factor in assessing whether a prospective adopter has the capacity and potential longevity to care for a child into adulthood. If a prospective adopter has particular health problems, these need to be identified and assessed by a medical practitioner so that the effect on their capacity to care for and parent a child can be considered as fully as possible.

¹⁰ Practice guidance on assessing the support needs of adoptive families, pages 68–77: www.everychildmatters.gov.uk/adoption

¹¹ Practitioners interested in exploring this may find the '*Attachment handbook for foster care and adoption*' helpful. It was published by BAAF in 2006.

20. The agency has a duty under AAR 25.3 to obtain a full health assessment and health report on the prospective adopter from a registered medical practitioner, unless the agency's medical adviser advises that this is not necessary. This is explained in the statutory Adoption Guidance, and might apply where a recent report already exists which provides the information set out in the regulation and schedule.

21. An assessment should be made on the facts of the individual case and the agency medical adviser should see all medical reports. In particular, their specific advice should be sought in every case where there are health issues or where the examining medical practitioner expresses doubts about the prospective adopter's health. It is quite possible for two separate prospective adopters to have the same health condition or disability but its relative severity may mean that one person has the capacity to care for a child while another does not. Decisions on such complex and difficult issues require specialised medical expertise.

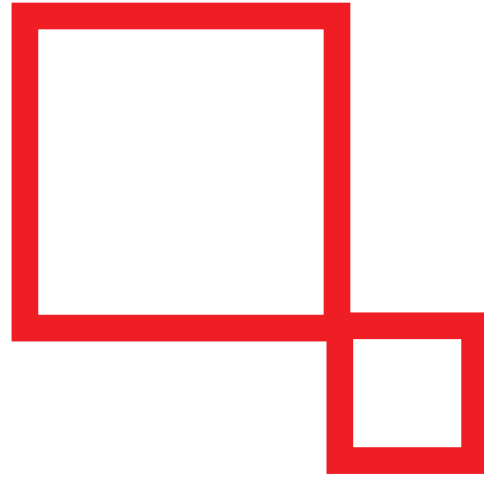
22. Where there are serious health issues to consider, the medical adviser or another doctor should meet with the prospective adopter. In such cases, the adoption panel's medical adviser should be available at the relevant adoption panel meeting to advise the panel.

23. The prospective adopter's health report may reveal a range of information which might, for example, include a history of mental health problems, previous relationship difficulties, significant past losses or trauma, or sexually transmitted diseases.

24. Where a couple are applying to adopt, they may be unaware of their partner's health history. Such information remains confidential to the person it is about and should not be shared with their partner unless the prospective adopter gives their written permission. Where a member of a couple has not shared significant health-related information with their partner, the practitioner should discuss this with them on a one-to-one basis to explore their reasons. Support should be offered and the prospective adopter encouraged to share such information with their partner. If they still remain reluctant to do so, this raises questions about the degree of openness in their relationship.

Research and training

25. Sound and effective assessment is based on research, theory and effective practice. Adoption agencies should ensure that practitioners are able to access the available research evidence available. Adoption team managers should help and encourage their teams to study and read the research evidence and to take up training opportunities to develop their skills and to keep their practice up-to-date.



CHAPTER 5

ASSESSING ADOPTIVE PARENTING CAPACITY

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1. Critically important to a child's health and development is the capacity of their carers to meet and sustain his or her development needs and to adapt to their needs as they change. The parenting tasks set out in the Dimension of Parenting Capacity in the *Assessment Framework* should be considered in the context of Family and Environmental Factors and the particular task of caring for an adopted child.

Basic care

2. In line with the *Assessment Framework*, an assessment should look at how the prospective adopter would provide for the child's physical needs: nourishment, warmth, shelter, appropriate clothing and personal hygiene – as well as the provision of medical and dental care. If there are already children in the home, observation of their care and discussion with their carer may provide valuable information.

3. The *Home Inventory*¹², an assessment tool which complements the Assessment Framework, focuses on assessing the quality of parenting and the home environment and is designed for assessing the care of families in need. It addresses many aspects of caring for a child.

4. Where there is no child in the home or the prospective adopter has no parenting or child care experience, the *Home Inventory* has limited potential use. An experienced practitioner might be able to use some parts of the Inventory, appropriately modified, to initiate some discussion with the prospective adopter about the practicalities of child care.

5. Where a couple are being assessed, an experienced practitioner might be able to adapt and use some parts of the *Family Assessment*¹³, another Assessment Framework tool intended for families in need, to discuss how they see their individual roles and responsibilities and for observing the interaction between them during the discussion.

6. All prospective adopters should be asked how and why they think their 'normal' day would change if a child joined them. They should be encouraged to explore the practical consequences of caring for a child. For example, a child who has been neglected may not have experienced regular mealtimes or sleeping patterns, have used cutlery and plates or eaten a healthy, balanced diet. Prospective adopters should be helped to consider how they would provide a daily framework for a child. They need to be ready and willing to set appropriate boundaries that are applied with tolerance and understanding.

7. The *Family Assessment* may be used to explore key aspects of family life and relationships. For example, it may be helpful to provide brief descriptions of children and the experiences they have had. This could be used to talk to prospective adopters about a child joining a new family and the implications for their everyday care.

12 Department of Health et al: *The Home Inventory: A training approach for the UK*, Pavilion, 2002

13 Department of Health et al: *The Family Assessment of family competence, strengths and difficulties*, Pavilion, 2001

Assessing capacity

One assessment tool is the competence framework model¹, which helps identify the skills and knowledge prospective adopters will need. Competences are grouped into five categories, each with its own criteria for measuring the prospective adopter's competency. Prospective adopters are encouraged to produce a personal portfolio which evidences their competences. Gaps in their knowledge and experience are identified by the practitioner and prospective adopter, and a plan agreed for addressing any gaps.

Competency categories:

- caring for children
- providing a safe and caring environment
- working as part of a team
- own development
- adoption as a life-long process.

¹ Practice Note 40: Undertaking Competence Assessments, BAAF 2000

Ensuring safety

8. Every child should be protected from harm or danger. The practitioner should ascertain the prospective adopter's understanding of potential household and other hazards for young or for learning disabled children or children without a clear sense of danger. Can prospective adopters recognise hazards and dangers both in the home and elsewhere and suggest what they would need to do to keep a child safe? Practical safeguards should be considered, such as stair gates, fireguards and the need to keep cleaning fluids, medicines and some appliances out of the reach of children.

9. Children with a history of attachment disorder or difficulties, neglect or abuse pose particular difficulties for their carers. Such children may fail to recognise hazards and dangers. Their dysfunctional attachment behaviour may initiate inappropriate responses to strangers that could in turn lead to inappropriate relationships with adults or other children. Their raised anxiety levels may trigger unexpected episodes of deep distress or aggression that prospective adopters may find difficult to comprehend and cope with. The capacity of

prospective adopters to ensure the safety of such children is a key factor to be assessed and elements of the *Family Assessment* can be used to explore such issues with them. These include helping the prospective adopter understand that a child exposed to prolonged neglect or abuse is likely continue to behave in a way that may provoke distress, feelings of rejection or anger in others.

10. Similarly, it can be a severe test of any relationship when a child's own behaviour puts that child at risk of harm, and one example of a useful family task is to ask couples to explore between themselves, and then with the practitioner, what measures they would put in place to help such a child and to keep them safe. This may help to identify some of the prospective adopter's strengths and weaknesses.

11. A systematic exploration of the prospective adopter's own experience of being parented in their own family, the impact this may have had on their current views and their views of family relationships and of being parents is valuable information (see the *Family History* section of the *Family Assessment* for further guidance). The prospective adopter's experience of parenting their own or other people's children may also provide a basis for assessing their understanding and attitudes to ensuring the safety of adopted children, as well as other elements of parenting.

Emotional warmth

12. All children who have experienced separations and loss, and particularly those with attachment difficulties, will require consistent emotional warmth from their prospective adopters. But it may take years for them to reciprocate with care and love. Research on attachment and adopted children can be used to help assess the prospective adopter's capacity to understand, or to develop an understanding, of the emotional needs of children and their capacity to provide for those needs.

13. Some research¹⁴ suggests a way of understanding how traumatised and maltreated children may build trusting relationships with their new parents over time. It has some relevance to the assessment of prospective adopters. Many of the adoptive mothers in the study had experienced difficult childhoods but had been able to resolve their feelings about their experiences and move on. They demonstrated resilience, the capacity to be reflective and thoughtful about children's needs and were often particularly compassionate towards traumatised children who were adopted. These children made good progress.

14. A small number of mothers, however, had not been able to resolve their own unhappy experiences. As a result, they were unable to focus adequately on the needs of their adopted children, who made poor progress. The latter group of mothers had not been identified during the earlier, apparently thorough, assessment.

15. Of course, adoptive mothers who experienced happy childhoods with good care also have the maternal state of mind that enables them to make good adopters. Further analysis of the study indicated that the same is true for adoptive fathers – those with resolved states of mind were able to promote the emotional development of their children. If both adopters had resolved states of mind, the outcomes for the children were best. However as long as at least one of the adopters had this mental quality the children made reasonable progress.

16. In the light of this research, practitioners should be aware of the significance of the prospective adopter's experience of loss and trauma and the degree to which they have resolved their feelings and come to terms with their own experiences.

17. Where prospective adopters have experience of caring for children, then observation and discussion about when during the day emotional warmth has been most evident (for example, feeding, bedtime, storytime) will assist the practitioner to form an impression of the care that the prospective adopter may be able to provide. Experience of child care will range in depth from care of their own birth or adopted children, foster care, childminding or experience of children through family and friends.

¹⁴ Steele, Hodges, Kaniuk, Hillman and Henderson: *Attachment representations and adoption: associations between maternal states of mind and emotion narratives in previously maltreated children*, Journal of Child Psychotherapy, 2003

18. The *Home Inventory* may help experienced practitioners to focus on gathering a detailed and factual picture of the care given to a child and level of responsiveness offered by the carer. The section on the Emotional Life of the Family in the *Family Assessment* may help with assessing the prospective adopter's capacity to provide emotional warmth, looking at:

- how feelings are expressed and responded to in the family; and,
- the nature of relationships and the extent to which they are warm, supportive and appreciative.

19. As well as assessing the capacity to give emotional warmth, the practitioner should consider the long-term commitment and resilience of the prospective adopter, as many children with attachment difficulties may take years to respond to warmth and care.

Stimulation

20. The capacity of the prospective adopter to promote the child's learning and intellectual development through encouragement, cognitive stimulation and social opportunities is another key factor. It is primarily about the personal interaction between the prospective adopter and the child at home.

21. Most prospective adopters will have views about how they were helped or not helped to play, learn and develop at home as children. Exploring the opportunities the prospective adopter was offered by their parents to play and learn is usually an easy way to start this discussion.

22. Practitioners should also discuss with the prospective adopter their understanding of child development and the help and support children might need at different stages of development. It should also be made clear that some children had little stimulation in their earlier home lives and may be functioning well below their chronological age.

23. Where prospective adopters already have children, observation of how they relate to them provides a helpful basis for discussion. Tools such as the *Family Activity Scale*, in the Family Pack of Questionnaires and Scales¹⁵, might provide a way of reviewing their capacity to provide appropriate stimulation.

15 Department of Health et al: *The Family Assessment: Assessment and Decision Making Regarding Children and their Families*, Pavilion, 2002

24. For other prospective adopters, a detailed look at their existing daily routine will help them to identify time that could be spent with a child listening, talking, answering questions, reading to the child, playing games and providing opportunities for the child to widen their knowledge and experience.

Parenting children from different backgrounds

25. While it is not the case for every child being considered for adoption, some children may have been controlled through physical restraint or punishment that is abusive, while others will have come from fragmented or chaotic families that had no clear or consistent moral framework.

26. Starting from a discussion of the prospective adopter's own experiences as a child, the practitioner could ask them how they would respond and work together to cope with behaviours they might encounter while caring for a child. This could illustrate their 'psychological thinking', or understanding of the child, as well as their likely responses to demanding or extreme behaviour. The assessment of their skills may well inform the matching process, any plan for adoption support needs and any further preparation and training and so should be carefully recorded.

Guidance and boundaries

27. A key parental responsibility is to encourage a child to regulate their own emotions and behaviour. This is achieved through demonstrating appropriate behaviour, controlling emotions and interactions with others, and providing guidance that sets boundaries. Over time, this helps the child to form its own moral framework and values.

28. To assess a prospective adopter's capacity to meet this responsibility, practitioners should begin by helping the prospective adopter to articulate their own moral values. In most cases, this will reflect a set of values that they perceive to have been held by their parents, modified by their own life experiences, and illustrates the continuing influence of their own parents.

29. As guidance and boundaries for children may be the source of disagreement between partners, the assessment needs to explore the extent of differences between them, their awareness of it and how they have or intend to reach an agreement in parenting the child. A joint session could be used to explore each partner's knowledge of the parenting received by the other and how they perceive they have used or modified this experience. This helps to illustrate how discipline and guidance are used and how well the couple work together on a challenging task. Where they have children, they could also be asked to evaluate each other's strengths and development needs in giving guidance and setting boundaries.

30. Prospective adopters need to demonstrate a clear understanding of acceptable methods of discipline for children. Practitioners should explain why corporal punishment is not acceptable and provide advice on appropriate ways to help prevent unacceptable behaviour. Prospective adopters also need to show an understanding of how and why an adopted child might behave differently and need different parenting techniques.

Contact

31. Children need to understand their past and the people that are part of it. Contact – indirect or direct – can help their understanding. However contact often poses many dilemmas and there are no simple solutions. There should be no general presumption for or against contact. Each case should be carefully considered.

32. Contact arrangements should be focused on and shaped around the child's needs. The child's welfare should at all times be the paramount consideration and each child's needs for contact should be individually considered. Contact arrangements may need to be varied as the child's relationships and needs for contact change over time.

33. Generally, prospective adopters find contact difficult, especially if they associate the child's neglect or harm with the child's birth family. If contact is explained and they can come to see it from the child's perspective, they are more likely to cope with some form of contact.

34. The prospective adopter's views on contact are an essential part of their assessment and these should be explored. Many prospective adopters are uncertain and ambivalent about contact. Prospective adopters should be made aware that the child's adoption plan will specify the proposed contact arrangements and that these are based on the child's assessed needs.

35. A prospective adopter's anxieties about contact and reluctance to support it could motivate them to deny the significance of the child's past. The practitioner should decide whether this view might change with the help of further preparation. This might include talking to adopted adults and to experienced adopters about the value of contact. Where fears relate instead to the practicalities of contact, then the practitioner should explain how these can be managed and supported by the prospective adopter and the agency.

36. Reflecting on their own family relationships and the feelings these created at difficult times may help the prospective adopter to perceive the child's contact needs. Prospective adopters often describe preparation and assessment as a journey, moving towards empathy with the child, and the birth family, and a better understanding of the fundamental significance of contact to the child.

37. Prospective adopters should be helped to develop an appreciation of the child's needs for different types of contact with different people from their past, and that their contact needs will change as the child grows and develops. They need to be flexible and prepared to cope with changes to the contact arrangements until their adopted child reaches adulthood. However, the practitioner needs to bear in mind that for the first-time prospective adopter this is a theoretical discussion: their feelings and views will not be tested until a child is placed with them.

38. Some prospective adopters can envisage successfully managing some face-to-face contact with birth family members, other than parents, and with others, such as foster carers. Practitioners planning contact arrangements so that they meet the child's needs without undermining an adoption placement may find helpful advice on negotiating contact arrangements in a BAAF publication.¹⁶

¹⁶ BAAF *Contact in adoption and permanent foster care: Research, theory and practice*. Edited by Elspeth Neil and David Howe 2004

39. Contact arrangements may take the form of indirect contact, with letters and cards and some background information about the child's progress being sent via the agency. In some cases, there may be some form of direct contact. Where the child has siblings who are placed separately, arrangements may be made for visits and family meetings between adoptive families, for example.

40. Some children are separated from their siblings when placed for adoption, with some being placed with other prospective adopters, foster carers or remaining with the birth parents. Most prospective adopters understand the child's need for contact with siblings, but the practitioner should use case studies to assess the extent of their understanding. As contact with siblings is much more likely to be face-to-face than with birth parents, the willingness and capacity of prospective adopters to support this should be set out in the prospective adopter's report.

Stability for the child

41. Children need a stable family environment to develop and maintain secure attachments. For couples, their assessment should look at the stability and permanence of their relationship. Maintaining appropriate aspects of a child's past life contributes to stability by helping them through periods of change, such as sustaining appropriate contact with people the agency considers relevant to the child and taking part in activities or past interests, including religious activities. The assessment needs to look for evidence that the prospective adopter recognises that this is part of providing stability for the child.

42. Prospective adopters may be encouraged to reflect on their own experiences of stability, using that as a basis for exploring what they would wish to keep from the past and take into their future. If their previous family life was not stable, how have they coped with this as an adult and with any children for whom they care? The practitioner could look with prospective adopters at case histories of children who have experienced many placements, the impact on them and explore how their stability could be promoted.

Single people

43. Some single people do not feel the need to establish a relationship with a partner. If the single prospective adopter does not have a relationship with a partner living elsewhere, the practitioner should – in discussion with the prospective adopter – explore their previous significant relationships to understand why they ended. To ensure that a prospective adopter is not seeking to meet their own needs purely through adoption, the practitioner should explore how they fulfil their need for companionship and emotional support.

44. Where the prospective adopter is open to the possibility of a future partner, then their assessment should try to consider how that might impact on a child placed with them. Where the single prospective adopter has a significant relationship with a partner living elsewhere, then the practitioner should explore the nature and extent of contact that the partner may have with a child placed for adoption.

Couples

45. Where the prospective adopters are a couple who live together – whether they are married, civil partners or unmarried – the assessment of their relationship should be the same. The practitioner needs to establish whether their relationship is stable and permanent enough to withstand the stresses of adopting a child.¹⁷ Can the partners jointly meet the parenting needs of a child placed for adoption with them?

46. In this guidance, stability in a relationship means it is 'steady, balanced and resilient enough for both partners to parent a child placed for adoption with them'; while permanence in a relationship means it is seen as 'lasting, constant and enduring'.

¹⁷ SAR 4.2.

47. The quality and strength of the relationship is more significant than its duration and agencies should avoid requiring couples to have lived together for a particular number of years before being able to apply. Setting a specific period of time may well be open to challenge and it is very difficult to define when a relationship starts. In looking at whether a couple's relationship has stability and permanence, the practitioner should explore their relationship with the following topics:

- its history;
- how well it works for them and their commitment to it;
- whether it has been tested and how it survived;
- how difficulties and conflicts arise, how they are resolved, and how decisions are made;
- how both partners support each other and meet each other's emotional needs;
- how the couple adapt to changing circumstances and remain flexible; and,
- where they see themselves being in 20 years' time.

48. Information and evidence about the nature and strength of the relationship will emerge throughout the assessment. This should be gathered together for discussion with the couple in specific interviews. For example, referees will have commented on the relationship and how well they see it being able to sustain and nurture a child placed for adoption.

49. The prospective adopters' relationship, including their ability to develop lasting attachments with the child, will be the foundation for the child's emotional development. The practitioner should look at how well they sustain their relationship and communicate. Opportunities to observe this should occur during their assessment.

50. While the core of the assessment of couples is the same there also need to be some differences. Unmarried couples, unless they are civil partners, have a different legal status in relation to each other for property and inheritance. Some types of couples may experience discrimination in their local community. The practitioner may need to help them understand how this could affect a child placed with them. For example, same sex couples should consider how they will explain their sexuality and their relationship to a child placed for adoption with them. They should be able to help the child feel at ease with their own sexuality as they grow through childhood and into adolescence. In some cases, the child may need support to be able to explain this to their friends and peers.

Local authority foster carers

51. Local authority foster carers who wish to adopt the child they are fostering and who has lived with them for one year¹⁸ must notify their local authority of their intention to apply to adopt that child, so that a report can be prepared.¹⁹ They may then apply direct to the court without needing the agreement of the local authority which is responsible for the looked after child. When notified, the local authority has a duty to investigate the circumstances of the application and to prepare a report for the court.²⁰

52. Where the local authority has previously assessed and approved foster carers, it will know much about them. However, they were assessed for a different caring role and their adoption assessment should consider anew their parenting capacities and skills for meeting the child's needs throughout their childhood and beyond. It may be necessary to arrange for a new medical report: the agency should seek the advice of its medical adviser.

53. If two years have elapsed since the foster carers' had enhanced CRB checks, these will need to be renewed. New references will be needed as they are now being assessed as proposed adopters for a particular child.

Second time-around prospective adopters

54. Some adopters apply to an agency to be assessed for adopting another child. The capacity of the prospective adopter to parent a second child will form part of the assessment. Allowing sufficient time for the first child to settle into his or her new family and to cope with the arrival of another child is a significant factor for the practitioner to consider and should be covered in the prospective adopter's report. During the assessment, the views of the adopted child should be sought, if they are of sufficient age and understanding, and taken into account.

¹⁸ Section 42(4) of the Act.

¹⁹ Section 44 of the Act.

²⁰ FPA 29.3 and the Practice Direction set out the matters to be contained in adoption reports to the court:
www.everychildmatters.gov.uk/adoption

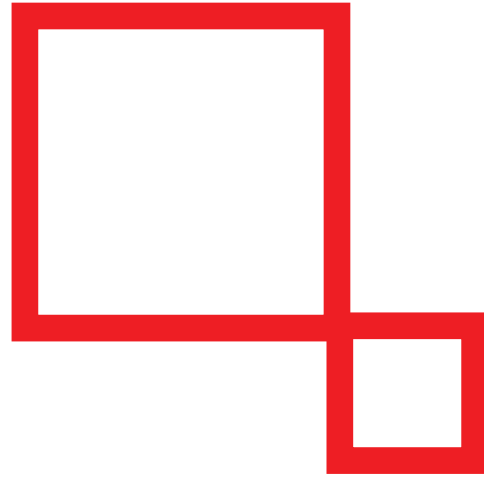
55. Where the agency has previously assessed the prospective adopter, it will be able to use relevant information from their earlier prospective adopter's report. Unless the enhanced CRB checks are less than two years old, these should be renewed and new references should be sought, which may come from previous referees for the prospective adopter.

56. Where the last assessment was, for example, more than two years old, then the agency should use its discretion to adapt the assessment. The practitioner should explore the current family circumstances and family dynamics, which are likely to be very different with an adopted child in the family.

57. Although the prospective adopter's early history obviously remains the same, their views about this may have altered as will their own parenting skills. Their new assessment should take these changes into account. They will probably have clearer ideas about what they find easy and difficult in parenting a child placed for adoption. They may have a better perception of support needs and benefits. Their practitioner should explore whether they have the emotional capacity for another adopted child.

58. Some second-time around prospective adopters hope to adopt a sibling of an adopted child. Although the adopted child and their sibling are related by blood, they may have experienced little or no family relationship or bonding, depending on when they were born and taken into care. So the agency should consider the likely effect on the welfare of both children if they were to become part of the same adoptive family.

59. Agencies are required by AAR 31.4 to present the adoption placement report, the child's permanence report and the prospective adopter's report to the adoption panel so that it may consider the proposed placement of a child with the prospective adopter. This also applies to a proposal to place a second or subsequent child with the prospective adopter. For second-time around prospective adopters, their original prospective adopter's report should be revised and updated in the relevant sections to reflect the information that has been gathered and analysed during their second assessment. Such an approach ensures that the new report is cohesive and avoids the pitfalls of adding an addendum to the original report.



CHAPTER 6

ASSESSING FAMILY AND ENVIRONMENTAL FACTORS

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Family history

1. Looking at the prospective adopter's perception of their family history through their memories and feelings often helps the practitioner to understand the prospective adopter, gaining some insights into their resilience, emotional maturity and capacity to parent a troubled child. Through dialogue, the prospective adopter should be encouraged to describe a narrative of their childhood and their perception of it.

2. Issues the practitioner may want to consider are: what concerns the prospective adopter about their past and how have they come to terms with it? How coherent and resolved is their narrative? What does this part of the dialogue with the prospective adopter indicate about their resilience and emotional maturity?

3. Later, when the practitioner has reflected on the prospective adopter's account, the practitioner should review the narrative, exploring with them gaps or apparent discrepancies. This may be of value to the prospective adopter, especially if approached with sensitivity by the practitioner. It needs to be borne in mind that the initial account given by a person who has experienced unresolved trauma is likely to lack coherence, consistency and contain some contradictions. Other features of an unresolved account are likely to be an idealisation of parents and childhood without supportive illustrative examples or ongoing bitterness and anger about past mistreatment.

Assessing family history and functioning

4. Key areas to assess in family history and functioning are the prospective adopter's capacity to:

- build and sustain close relationships. Research on attachment confirms the significance of an individual's past pattern of attachments as a basis for predicting their future attachments with children. The prospective adopter's personal history of relationships from childhood onwards should be explored;
- empathise, also known as 'psychological mindedness', understanding other people's feelings, motives and behaviour. This should be assessed by looking at their past experiences of relationships and how difficulties or conflicts have been resolved;
- relate to sadness or anger. Insights may be gained by the way they explain and account for problems in their past relationships;
- resolve past traumas or losses. Attachment research shows that their descriptions of such experiences are valuable, especially if the prospective adopter demonstrates awareness of emotional distress and how they resolved them. If the prospective adopter is known to be infertile, their feelings about this should be considered during this part of the assessment;
- build secure attachments. This is evidenced through 'confiding' relationships and should be assessed through exploring the existence of supportive relationships and the capacity to share difficulties and accept help.

Attachment interviews

5. Two methods or 'tools' that may help with assessing the capacities set out under paragraph 4 above are the Adult Attachment Interview (AAI) and the Attachment Style Interview (ASI). However, the AAI is intended for evaluations by clinical psychologists and is principally a research tool. It was not designed for assessing prospective adopters. Nonetheless, the AAI may be helpful if used by experienced practitioners who are assessing the prospective adopter's experiences of being parented.

6. The ASI was created²¹ to assess psychosocial risks in parents with mental health problems. It was then developed to identify the attachment style of prospective carers – both in adoption and fostering – to measure their capacity to build confiding relationships, willingness to seek practical help and emotional support and their degree of need for closeness with others. As developed, the ASI is intended for practitioners trained in its use. The ASI concentrates on the present rather than the past, looking at current attachment styles and what this may predict about the parenting capacity of prospective adopters. However, there is no research evidence to support the use of the ASI in assessing prospective adopters. Even where practitioners are trained to use the ASI, information obtained with it should be considered alongside evidence and views obtained from other sources.

Linking the past and the present

7. When the practitioner considers that the chronology is complete, they should identify and explore significant events and experiences that have influenced the prospective adopter's relationships within their family. In particular, the prospective adopter's history and experience of attachment, and how this has influenced current relationships, should be examined so that traumatic events and unresolved feelings can be identified and considered.

²¹ The Royal Holloway College, University of London.

A day in the life of the prospective adopter

Most prospective adopters enjoy writing an account of 'a day in their life' and knowing that the adoption panel will see it should help motivate them. The practitioner may use their account to obtain a clearer picture of the individual and their current family functioning. Although not an in-depth analysis, it is likely to contain useful information about their culture, lifestyle, friendships and their peer group that can lead into discussion about the social functioning of the family a child may join.

Individual profiles

8. As well as a chronology, the prospective adopter and the practitioner should compile an individual profile of the prospective adopter that describes their:

- family structure, including partner and children, and family history;
- significant family members and others, including a family tree;
- culture, ethnicity, language and religion and the influence of these on the prospective adopter and their current attitudes;
- schooling and views on education;
- employment and views on work and how this would be balanced with their parenting of a child;
- interests, hobbies, friendships and aspirations for themselves and a child placed with them; and
- perception of themselves, and their strengths and areas they need to develop.

9. A prospective adopter's understanding of parenting styles, experience of childhood and their relationships and how these have influenced them is central to assessing their suitability to adopt. They should be able to perceive how their family life has shaped their behaviour and how the same will apply to a child placed for adoption. Practitioners should assess whether the prospective adopter's account of childhood is balanced with both positive and negative aspects. Can the prospective adopter give examples to illustrate any generalisations about their relationships with their parents?

10. For couples, there are two stages to this. First, one-to-one interviews with their practitioner so that the personal exploration of their own past is described without hindrance or comments from their partner. Second, after some reflection and when both prospective adopters are ready, they are likely to benefit from discussing together their ideas about what they can each bring to parenting a child.

11. Where a prospective adopter has experienced emotional trauma, their capacity to resolve their feelings and move on without unresolved bitterness or grief may be an indication of their capacity to cope with the emotional challenges they are likely to face when a child is placed with them. Attachment research shows that the way they are able to describe traumatic events or bereavements – in a way that acknowledges the impact of the experience but shows they have since made sense of it – is important in deciding whether these traumas and losses are resolved or not.

12. It may be easier to judge how people will respond to stress if they have faced and overcome severe problems in their lives and some may have developed ways to cope. The assessment process should be able to help the prospective adopters identify lessons learnt from the past and how these could be used with a child joining the family.

13. Recent events in the lives of the prospective adopter may be as significant as past events; the Family History dimension of the *Family Assessment* and the Recent Life Events questionnaire may help to understand these.

14. As well as considering how prospective adopters describe themselves, the practitioner should observe how they interact in their relationship and with others in their family, for example, how they reach decisions, solve problems, and manage and resolve conflict. Where the practitioner is assessing prospective adopters who are not caring for a child, it may be helpful to see how they interact with other adults or children, if possible. The assessment could usefully focus on identifying their strengths and difficulties during these interactions.

Other people in the household

15. Where other people live in the prospective adopter's household, including their own birth children, adopted children (whether children or adults), or foster children, the prospective adopter should prepare brief profiles of them and their relationships with the prospective adopter. This helps the practitioner to understand the family a child may be joining.

16. Other people in the household should be given information about adoption so that they may participate in discussions about the consequences of a child being placed for adoption in the family. The practitioner should meet children who are of sufficient age and understanding to ask them for their views and to answer their questions. Generally, the prospective adopter should be told about any issues raised so that they can discuss them with their children.

Wider family and friends

17. The roles and significance of the wider family and friends to the prospective adopter and to a child who may be placed with them should be considered. In looking at the wider family and friends, the practitioner should consider their relationship with the prospective adopter, and should try to establish their views on adoption. Family and friends may be able to help the prospective adopter by being available and willing to listen to their concerns and to offer advice.

18. The prospective adopter's report should set out the views of the wider family and friends towards adoption. If views are negative, how does the prospective adopter intend to respond; if positive, how will this be harnessed to provide support before and after the adoption.

19. Genograms and ecomaps are useful but alone they do not always give a sufficiently detailed picture of the significance of relatives and friends and their capacity to provide support. These questions, including the quality and nature of potential support, should be explored in detail as part of the assessment.

20. Some prospective adopters choose not to tell family members that they are applying to adopt: they might not wish to face questions about infertility, may be concerned others will not approve of adoption or may not want to face embarrassment if the application is unsuccessful. Their reasons should be explored. The prospective adopter should be encouraged to share their intentions with family and friends when they feel the time is right to uncover their views and potential support. Generally, the earlier family and friends are informed the better.

21. Where a couple is being assessed, conflict may arise where one family is more supportive than the other. The practitioner may need to help the prospective adopters consider how they would manage such conflict or tensions. Referees are often chosen because they are expected to be positive about adoption and the practitioner should explore their potential support as well as their evaluation of the prospective adopters during the interview process.

22. Bringing others with them to information group meetings they attend is one way to help their family understand adoption and to enlist their support during the assessment process and beyond. Their own parents may have nurtured a wish to become grandparents in the conventional way. So they may need time and help to enable them to support the prospective adopter and a child placed for adoption.

Home

23. As the prospective adopter's home will become the child's home, the assessment should consider the physical environment where a child will be placed, its size, layout and location. Is the house or dwelling large enough to accommodate the child and will they have their own bedroom? If there isn't a spare bedroom, then with whom will the child share a bedroom and how will the prospective adopters ensure a child joining the family has adequate physical and emotional space, as well as space to keep their belongings?

24. Whether a child will expect to have their own bedroom will depend on their background and this will need to be considered during the matching. Nevertheless, prospective adopters should be able to show an understanding of why a child's need for space will be related to their history and how they might help a child to settle into a different home environment. Prospective adopters should be encouraged to look at how the living, sleeping and playing spaces may need to change to meet the child's needs. This may affect others in the family and how they plan for and manage these changes may provide insights into their capacity to cope with change. While the majority of prospective adopters appreciate that their lives will change fundamentally when a child joins the family, the practical consequences may not always be apparent to them.

25. The practitioner should establish who owns the home and, if a couple are applying, what this information indicates about the stability and permanence of their relationship. If it is rented, is the tenancy secure and is it in joint names? If the prospective adopters are owner-occupiers, is the mortgage in joint names? Where only one of them owns the home, this may be because one partner moved into a home already owned by the other. It would be relevant to ask whether they understand the legal and financial consequences, whether both are equally happy with their arrangement or whether they have any plans to change it.

26. The practitioner should introduce prospective adopters whose own children have grown up or who do not have children to checklists used in assessing a child-minder's home for safety. The *Home Inventory* looks at the physical environment of the home and how it can meet a child's developmental needs.

27. The practitioner should consider whether the home is clean and has the basic facilities, including the capacity for a child to play. If the home does not have all the necessary amenities or space, plans, funding and timescales should be agreed to ensure these facilities are ready in time for matching. It may be appropriate for assistance to be given through adoption support to help prospective adopters with good parenting capacities provide a suitable home for a child.²²

22 Adoption Guidance: Chapter 9 and practice guidance: www.everychildmatters.gov.uk/adoption

Employment

28. Balancing work commitments with parenting a child placed for adoption is a key consideration for prospective adopters. Their assessment should look at their work patterns and how these may need to change after the placement. Prospective adopters should be encouraged use their rights to statutory adoption leave and pay during the initial stages of a placement.²³

29. A child joining the prospective adopter's family inevitably necessitates some adjustment to work patterns to ensure that their needs can be met. Some prospective adopters may assume that the pattern of care they would provide to a birth child would also be sufficient for a child placed for adoption. The *Home Inventory*, usually used with birth parents or foster carers, can be adapted to help provide a systematic picture of the care a child may need and the challenges presented. It may help the practitioner and the prospective adopter to decide whether their work patterns could fit with the needs of a child.

30. Where the prospective adopters are a couple, it may be difficult to decide whose work patterns should change most if equal adjustments are not feasible. They should be encouraged to plan an arrangement that is most likely to meet the needs of a child placed for adoption and their own work commitments. Changes to work patterns call for flexibility and a long-term commitment. Clearly, final plans for altered work patterns cannot be made until the prospective adopters are matched with a child and their particular needs are known. An insight into the stability and permanence of a couple's relationship, and their commitment to adoption, can be gauged from the way they negotiate and plan the changes to their work patterns.

²³ Adoption Guidance, Annex E .

Child care arrangements

31. If the prospective adopter intends to go on working after a child has been placed with them, the practitioner should discuss their plans for child care. There should be scope for flexibility, especially as some of the child's needs may not become apparent until after their placement and an early return to work may be difficult. Adoption agencies may have policies on this but these should not automatically exclude people who wish to continue working before or after adoption. Most children placed for adoption will benefit from an extended settling-in period and the prospective adopter should be encouraged to plan to take as much time as they can at home with the child. When the prospective adopter returns to work, the child care arrangements should be carefully planned. The agency may need to consider providing adoption support to help during this transition. Details of proposed child care arrangements should be included in the adoption placement report to the adoption panel.

Income

32. A prospective adopter's income will be related to their employment responsibilities and work patterns. The key issue for their assessment is whether the prospective adopter can meet the needs of a child placed for adoption with them, whatever their income level. So rather than looking only at the amount of income, questions the practitioner should explore are:

- whether the prospective adopter's income and benefits, if any, are likely to be sufficient to meet the family's needs before and after adoption. Income, any benefits and entitlements, and expenditure need to be set out for the practitioner; and,
- how well the family budget is managed. Do they live within their means or do they have substantial debts?

33. As income and expenditure may be a source of conflict in relationships, where couples are being assessed, the practitioner should try to understand how they manage and decide their spending. In some cases, the way any disagreements are decided could provide the practitioner with an insight into the stability and permanence of their relationship. Prospective adopters should be encouraged to look at the costs of keeping a child. Advice from experienced adopters may be helpful, especially for those who are currently childless. The prospective adopter's current lifestyle may not be sustainable after the placement and they may face some difficult decisions.

34. For most prospective adopters, their income level is likely to be higher and their lifestyle more comfortable than those of birth parents. The child may notice these differences when they are placed and may be confused by them. The practitioner should, as appropriate, explain this to the prospective adopter and help them to see that this could create some problems, such as the child developing high and unrealistic expectations. Where the child has contact with siblings in foster care or in the birth family, for example, it could become a source of resentment and jealousy.

35. Adoption support should help to ensure that placements are not prevented solely for financial reasons. Foster carers adopting a child already living with them may get financial help during the transition to adoption.²⁴

Education

36. A history of the prospective adopter's education will be needed, from pre-school to higher or further education. The prospective adopter will usually have clear views about the value of their education and its influence on their life. The practitioner should assess whether the prospective adopter is likely to help a child achieve their full potential, rather than expect the child to fulfil a particular set of expectations.

Social integration

37. A prospective adopter's degree of social integration with their local community is another aspect that should be considered. Local friends and neighbours are potentially their local support network. Friends and neighbours may initially appear to be entirely positive and supportive about the prospect of adoption, but this could be based on their own misconceptions about babies and infants being available for adoption. So prospective adopters need resilience to negotiate social relationships with other adults, a quality they will also need to advocate on behalf of an adopted child to help them to achieve a degree of social integration.

38. The practitioner should try to establish the extent of the prospective adopter's integration or isolation within their community. Do they share any interests with local people or participate in local events or social activities? Local people provide friendships and social

²⁴ Adoption Guidance: Chapter 9, ASR 9.

acceptance. Such relationships could change if a child is placed with the prospective adopter, especially if the child encounters discrimination or exclusion. For example, if the prospective adopter intends to adopt a child from abroad, there may be very few children living in their local community who would share the same ethnic origin of such a child. Alternatively the child may face rejection if they have behavioural problems. Is the prospective adopter aware of this and how would they cope and support the child?

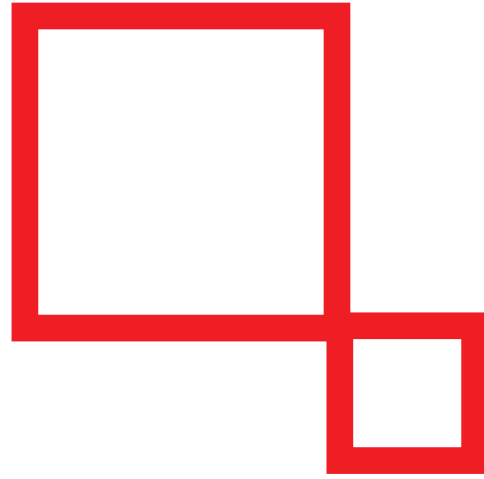
39. If childless prospective adopters are expecting to take on an older child, they are likely to have less contact with other parents. Opportunities to start building social support networks often occur when meeting other parents while collecting children from nursery or primary school. As children generally become less dependent with age, there may be fewer social interactions between different families. The practitioner may need to consider how well equipped such a prospective adopter is to forge relationships with others in their local community.

Community resources

40. Local facilities and services form the community resources that may be available to prospective adopters and a child placed with them. These will include day-care and schools, primary health care, transport, shops, activity groups for children, sports and leisure activities, and places of worship. Practitioners should explore the prospective adopter's knowledge of their community resources and provide them with advice and information. While they may be familiar with some community resources, they are likely to lack knowledge of the specialist support services that a child placed for adoption may need.

41. Resourceful prospective adopters will probably already have identified mainstream community resources that a child will need, such as schools and sports and leisure activities. The agency should ensure that prospective adopters are provided with helpful information about community resources, including where possible details of adopters who are willing to help provide them with advice or local support groups for adopters, such as those run by Adoption UK. Practitioners may find advice in the practice guidance on assessing the support needs of adoptive families helpful.²⁵

²⁵ www.everychildmatters.gov.uk/adoption



CHAPTER 7

ADOPTION PERSPECTIVE

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1. When a child is placed for adoption with their prospective adopters, this creates new and distinctive challenges that demand particular parenting skills not needed for parenting birth children. So this practice guidance adds an extra 'adoption perspective' to the *Assessment Framework's* dimensions and domains. The practitioner will need to look for evidence that the prospective adopter has or can develop the resilience, empathy and parenting skills needed for their lifelong commitment.

2. Prospective adopters cannot be expected to start with all the competencies they will eventually need, but the practitioner should be confident in their capacity to develop those they lack. Adoption support could well play a part in helping them to develop their capacity. Significant shortcomings in the core capacities that are set out below may rule them out. A wealth of information about the prospective adopter should have been collected by this stage in their assessment, using the earlier stages and advice in this guidance and supplemented by the agency's own assessment tools.

Recovery for adopted children

3. For each placement a child experiences they also experience a departure from their previous placement. Their psychological recovery from their earlier experiences may falter as they go through more change and uncertainty.

4. Some children may be recovering from neglect or abuse and a deep sense of loss in relation to their birth parents and later placements, such as with foster carers. A child's ability to make secure emotional attachments may be seriously impaired. Many children will have also lost contact with siblings, grandparents, and friends. A minority of children are so severely damaged that there are poor prospects of them fully recovering, making secure attachments and integrating into a family.

5. The practitioner should explore the prospective adopter's understanding of the difficulties facing a child placed for adoption. Their earlier adoption preparation should have given the prospective adopter some insights into different emotional and behavioural patterns that a child may have but it may be helpful for their practitioner to encourage them to reflect on their own experiences of distress and loss. For them, these may have been experiences, such as a bereavement or separation, or other kinds of stress and trauma, such as infertility.

6. Their practitioner should help the prospective adopter to consider ways to support and encourage the child's psychological recovery. Access to experienced adopters and professionals such as psychologists can help to strengthen their understanding. When the child is placed, ongoing professional support may be necessary. With their practitioner, the prospective adopter should look at their capacity to provide, for example, consistent emotional warmth to a child who rejects them and support to help improve a child's low self-esteem. The practitioner should explore their willingness and capacity to look after a child who does not initially respond to boundaries and routines, who has learnt to survive in isolation and to reject emotional warmth, and whose behaviour might cause family conflict.

Secure attachments and well-being

7. In addition to the same general needs that other children have, children placed for adoption will have special needs that relate to their earlier experiences of neglect or abuse. Secure attachments are fundamental to the child's long-term emotional well-being and welfare and the capacity of prospective adopters to understand this is a key part of their assessment. But the complexity of secure and insecure attachments may be difficult for them to understand at first. As real life examples often help people to identify and understand the experiences and feelings of others, the practitioner should use case histories to illustrate the consequences for a child of insecure attachments and the value of secure attachments.

Sense of identity

8. Another role for the prospective adopter is to help the child develop a positive sense of their own identity. The *Assessment Framework* defines identity as the child's growing sense of self as a separate and valued person, including the child's view of their individuality, their abilities, self-image and self esteem. Most children placed for adoption will have a sense of belonging to another family, while some may be too young to recall that they had a birth family. Ethnicity, language and religion also form part of the child's identity.

9. To help the prospective adopter gain an insight into the significance of the child's sense of identity, they should be encouraged to reflect on the development of their own identity. When a child is placed with them, the prospective adopter will need to be ready to value them, to raise their self-esteem and to help them understand over time who they are in relation to those around them.

10. The child's sense of identity will have its roots in their birth family. Although this will also be the source for many of the child's difficulties, the prospective adopter needs to be helped to recognise that the child's earlier life is nevertheless part of their identity. If both the child's parents and prospective adopters are willing, a supervised meeting between them – at an appropriate point – may help prospective adopters relate to the child and their history.

11. Moreover, where the prospective adopter intends to adopt a child from abroad, the practitioner should ensure they are aware that the child will at some point want to know about their origins and culture. As intercountry adopters generally receive less complete information about the child and their background, satisfying the child's requests for this information may be particularly difficult.

Diversity

12. Some children waiting for adoption come from different ethnic or cultural groups to those of prospective adopters. Prospective adopters who are considering adopting children from a different ethnic or racial background to their own need to consider the effect on the child. They need to demonstrate an awareness of the value of promoting self-esteem, providing knowledge and understanding of the child's background and proactively challenging discrimination. Living in a multi-racial and multi-ethnic community, where the intake of the local schools reflects this diversity may also help a child to feel more accepted in the community.

13. While there are clearly benefits for a child placed with prospective adopters from the same ethnic or cultural group, this is not always possible and could lead to a prolonged delay in placing the child for adoption. The agency should strike a balance. Although the agency should consider the child's religious persuasion, racial origin and cultural and linguistic background, it should avoid undue delays that could harm the child's welfare.²⁶

Incomplete information

14. Although the agency is required to provide the prospective domestic adopter with a copy of the child's permanence report during matching, in some cases the information, especially about the child and their family's medical history, may be incomplete. Information is also likely to be incomplete or unavailable where the child originates from abroad. A report that may be similar to the child's permanence report should be provided by the relevant authority in the child's State of origin.

15. Even where it appears that the information is comprehensive, some genetic conditions may not be apparent at the time of placement and the full impact of known neglect or abuse may not be clear for some time. The practitioner should warn the prospective adopter of these possibilities.

²⁶ See sections 1(3), 1(4) and 1(5) of the Act.

Prospective adopter's report

16. An agency's decision about whether a prospective adopter is suitable to adopt a child will be largely based on the prospective adopter's report and their health report. There are two types of prospective adopter's report: the full report or the brief report.

17. A full report comprises all the information that the agency is required by AAR 25.5 to prepare and include in the report. A brief report includes only some of this information. Where the agency forms the view during the assessment process that the prospective adopter may not be suitable to adopt, the practitioner may prepare a brief prospective adopter's report.²⁷ This could be where, for example, the practitioner comes across significant information during the assessment, or evidence emerges from the health report, local authority report, or report of the interviews with referees. When a brief prospective adopter's report is prepared, the prospective adopter should be counselled, and the brief report sent to the prospective adopter before being submitted to the adoption panel.²⁸

18. A full prospective adopter's report should highlight any issues of concern and set out clearly the strengths and weaknesses of the prospective adopters. The penultimate draft should be submitted to and discussed with the practitioner's team manager. Where concerns remain or certain issues need clarification, the practitioner's team manager should arrange for another practitioner to visit the prospective adopter to explore whether they can be resolved. If this is not possible, the team manager should themselves visit the prospective adopter. A visit by another practitioner provides the opportunity for securing a second opinion on issues of concern or where clarification is needed before the prospective adopter's report is finalised.

²⁷ AAR 25.7.

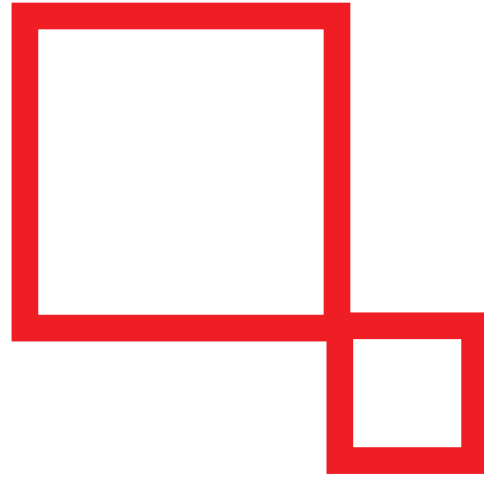
²⁸ Adoption Guidance: chapter 3, AAR 25.8.

19. The statutory Adoption Guidance sets out the information that the prospective adopter's report is to include.²⁹ It also lists the information that the practitioner should take into account when preparing the report.³⁰

20. In completing the report, the practitioner should ensure it provides an analysis of the information within the report and a clear indication of whether or not the prospective adopter is considered suitable to adopt a child. It should make clear distinctions between facts, opinion or conjecture and it should set out the evidence for the strengths and weaknesses of the prospective adopter.

²⁹ Adoption Guidance: chapter 3, AAR 25.5.

³⁰ Adoption Guidance: chapter 3, SAR 3.



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