

BEST PRACTICE GUIDE FOR INITIAL ENQUIRIES for ADOPTION

Research is clear that the way in which initial enquiries for adoption are handled is a key component for whether an organisation is able to increase its recruitment activity. The response initial enquirers receive when they first make an approach to an agency will determine whether he/she feels encouraged to pursue an application. Customer feedback in Wales has provided some indications that enquirers may receive a different response to issues they raise from different regions or even within regions.

PURPOSE:

- To provide consistency and a standard response to all initial enquiries across Wales
- To enable Social Workers or others taking enquiries to be able to provide enquirers with a 'base line' response and reasons for those responses

Who Can Adopt?

Anyone over the age of 21 years, single or in a partnership. Applicants have to be legally resident in the UK, the Channel Islands or the Isle of Man, and have been so for at least 12 months. UK citizens living abroad cannot adopt from the UK. In addition if the enquirer or member of their household has a criminal conviction or caution for offences against children or for serious sexual offences he/she will not be able to adopt. Other criminal offences will not automatically exclude but will be taken into consideration during Stage 1 of the application process.

Key messages

- Messages to enquirers should be positive with a “*we will take you as you are but will assist you to move on*” message rather than attempting to test people at this early stage. This does not mean that there may not be any issues that will need to be addressed and information about the children may help enquirers to make the right decision. Advice about what needs to be changed or worked should be given early on. That said enquirers will always be expected to meet key eligibility criteria; this could mean advising of changes that may be needed before submitting a Registration of Interest e.g. smoking, completion of IVF. This will 'move' enquirers to a position where they can either adopt or need counselling out if changes are not viable.
- Enquirers' need to be listened to and any questions and concerns answered before providing too much information
- We are first and foremost an agency for children but we want to provide information in order for potential prospective adopters to make an informed decision about the next steps for them
- Where enquirers are set on a particular 'type' of placement encouragement should be offered to think about the needs of children they have encountered in their own networks i.e. children with specific health or other needs that they may not have previously thought they could offer a family to, or in relation to children of a particular age. Promoting the

idea of 'possibility' works better than informing them that they do not meet the priorities within the recruitment strategy. Any 'rigid thinking' from enquirers can be dealt with later.

- It may be helpful to offer to talk about the children who are waiting and who we are recruiting for; at the same time consider the national need for placements and offer to signpost to other agencies where it might appear the enquirers may be a better fit. It is acknowledged that this is unlikely to be the case for most regions/agencies most of the time and that whilst adopters have a choice applying to a local agency means they might be better placed to access support.
- After finding out about the children who need adoption and the agency/recruitment needs it may be that the information does not fit with the enquirers expectations and accepting a ROI may not be possible. Suggest enquirers take time to look at the Region/VAA's website and information packs as well as the National Adoption Service website www.adoptcymru.org

COMMON ISSUES AND THEMES

Whilst this document is essentially for initial enquiries it is fully acknowledged that some issues may require further consideration and therefore would be more appropriately discussed during an Initial Visit and on a case-by-case basis and this should not be ruled out even where enquirers may not appear to be ready. It is also clear that sensitive issues such as contraception may be more appropriately explored within the home environment. At all times an open and flexible approach will generate more interest.

Infertility

The expectation is that all adopters submitting a Registration of Interest (ROI) will have completed any fertility investigations and treatment and will have a period of time to come to terms with the decision that they have taken or the outcome of the investigations. An initial visit should be offered to explore this further if it is felt appropriate. Agencies may want to suggest that applicants have had at least 6 months to come to terms with the ending of any treatment before submitting a ROI.

Parenting children who have previously been in the care system is likely to be emotionally challenging and can resurrect adopters' feelings of sadness in respect of their infertility; at the very least, these feelings can impact on the adopter at a crucial time when he/she is building a relationship with a child and at worst, it can lead to placements breaking down. It is therefore vital that these feelings are resolved as far as possible and applicants have an understanding of potential triggers and their own management 'strategies' for the future. However when 'time out' is needed agree how contact will be made after the time stated has elapsed.

Loss of child or other bereavement

Where an enquirer indicates that he/she has experienced the loss of a child (either through still birth, miscarriage) or other type of bereavement there would be an expectation that a reasonable period of time will have elapsed. Whilst accepting that some people will have a good understanding of their own capacity to cope with grief and that people grieve differently a minimum period of at least 12 months should be advised before a ROI is made. However as with infertility an initial visit can be offered to explore this further.

Pets

Enquiries from people with pets should be welcomed as pets do not usually present a problem when adopting unless they are known to be dangerous (see list of dog breeds that fall into

the 'banned dogs' category: www.dogsindex@defra.gov.uk). For many children, pets are a source of support, helping to build trust and confidence. Some children are fearful of animals or may have allergies or sensitivities to some types of pet hair. In these instances, placing a child in a household with some animals may not be suitable and this should be explored further during the assessment.

Where an enquirer has a more unusual or 'exotic' pet further information would need to be provided by the enquirer in relation to how children will be kept safe. They should also be informed that the person undertaking their assessment at Stage 2 *may* ask the applicant to seek further specialist advice to inform their final recommendation for *any* of the pets in the household.

Partnerships/length of relationships

For joint applications enquirers it is advisable that they have been living with their partner in the same household for at least 2 years before ROI. If applicants have had separations in these two years due to work commitments, they must have spent a considerable period of time living together at stages during their relationship. Applicants must be living together at the point of approval.

A helpful explanation for enquirers would be that adopting a child from the care system is stressful and adopters will need to work closely together as a partnership and focus on the child's needs; therefore, an established lifestyle as a couple will mean they are in a good place to meet any future challenges.

Contraception

(It is acknowledged that this will be more appropriately discussed during a home visit)

Whilst it may seem unlikely for many people that a pregnancy could occur, applicants should be encouraged to use a form of contraception from the point of application (Stage 2) until the making of an Adoption Order. Applicants understand this well when it is explained that children who have been in the care system will have experienced loss and possible rejection already. Whilst many adopters would happily commit to parenting both adopted children and birth children, the impact of caring for an adopted child on an adopter in the early stages of placement cannot be underestimated. Should a birth child arrive at the same time this could, at the very least, result in the adopter becoming over-tired and 'torn' between the two children and at worst, it could result in feelings of resentment to the adopted child for the amount of time he or she will need. More significantly is the fact that the birth of another child could mean the adopted child having to 'share' their new parents at a time when he/she is already struggling to form a bond with them. Where enquirers might struggle with this perhaps suggest that they take time to think about the requirement and follow up with a call to discuss further.

Children in the family

Where there are existing children in the family they will need to consider a reasonable gap between the age of their child/children and the age of the child they would like to adopt - preferably by at least 2 years younger. If the existing child is pre-school he/she should ideally be settled in full time education at the point of approval. Encourage enquirers to consider how they will meet the adopted child's needs as well as the existing family's needs, and whether the children in the family want to adopt as much as they do. Explain that during the assessment the agency will talk with applicants about the ages and needs of the applicants' children and how they plan to make 'room' for another child. Where appropriate, the children will be interviewed as part of the assessment.

Any child placed from the care system will need to make an attachment with their adoptive parents; this can be difficult to achieve if a pre-existing adopted or birth child is always present.

Potential adopters will need to think about how an adoptive child will have time alone with his/her new parents when older children are not present.

Accommodation

Enquirers should be advised that they need to provide a child with enough space in their home. It is generally best for a child to have his/her own bedroom and some space to play but agencies can be flexible about this dependent on the age of the child. Children who have experienced a difficult early start will need to have their own room from the outset in order to feel reassured and safe whereas this may be different for a baby. It may be appropriate for siblings to share and they may of course choose to. It is not necessary for adopters to own their own home and if in rented accommodation this should be stable and secure.

Employment

The general expectation is that at least one applicant will take a minimum of 6 months leave from work to care for a child or children on a full-time basis when they are first placed. In the majority of cases many adopters qualify for paid adoption leave for a period of up to 9 months and unpaid leave for a further 3 months. Whilst it can be acknowledged that it may be possible for some adopters to return to work after this time and that there are children who are successfully integrated into alternative child care provisions a level of flexibility will be required as children's needs vary and some children will take longer to settle and/or build an attachment to their adopters and therefore require more time at home. Again flexibility is key as potential adopters may have other resources to call upon to assist them with child care e.g. grandparents.

Finance and benefits

Applications should be welcomed from people in employment and those who are unemployed and in receipt of state benefits. The important issue is that applicants are able to evidence that they can manage their finances appropriately and in a way that would not put their family stability at risk. This issue can be discussed either during an initial enquiry or may be more appropriately explored during an Initial Visit.

Openness and Contact

If asked the initial enquiry *may* be an opportunity to share with potential prospective adopters that the minimum requirement that adopters will need to consider when adopting is letter-box contact and where it is possible and in the child's best interests a one-off meeting with the child's birth parents. As with other issues enquirers may find the thought of contact with birth families anxiety provoking and will need to be supported to consider this from the child's perspective and advised that they will be appropriately supported to think about this throughout the process. This is only the start of the 'conversation' about contact and as such is an issue that will be discussed at various stages throughout the entire process, possibly starting at Initial Visit stage, with the aim of encouraging adopters to consider contact in line with a child's needs – whatever they may be and with a level of flexibility to change as the child grows and his/her needs change.

Residency

By law, applicants must be resident in the UK and expect to remain in the UK for the foreseeable future. This is especially important in considering the contact needs for any children who might be placed. The expectation is that the prospective adopter or one of the prospective adopters should be domiciled in the British Islands or have been habitually resident in a part of the British Islands for a period of not less than a year before they apply to the court for an Adoption Order. This means that they must consider the UK to be their permanent home.

Citizenship

If enquirers are not British citizens they must have been granted, and can provide documentation to confirm that they have 'indefinite leave to remain' in the UK. If the enquiry is from a couple it is expected that both applicants will meet the requirements outlined. Where enquirers do not meet these requirements they may be advised to seek legal advice and share this with the agency.

HEALTH-RELATED ISSUES

Many health conditions are not a barrier to adoption. However all applicants will be expected to have a medical with their own GP and the agency's Medical Adviser will advise the agency about any issues that may affect the application. The following are routinely raised by enquirers:

Smoking

Children aged less than 5 years old, or a child of any age with respiratory problems or cardiac problems or a disability will not be placed with prospective adopters who smoke. Applicants should be advised that for all children it is preferable to live in a smoke free environment and therefore applicants who smoke or who have relatives living with them who smoke may not be as easily matched with a child as someone who doesn't. For those enquirers (including household members) who have given up smoking there is an expectation that they will be able to provide evidence that they have been able to sustain this for at least 12 months before they attend panel. Such evidence could be in the form of enquirers having attended a Smoking Cessation programme and providing details, or they may have sought advice from their GP. For others it will be incumbent for the assessing or visiting Social Worker to assess capacity and willingness to accept the reasons for this criteria.

Applicants should be encouraged to develop their understanding of the importance of bringing children up in a healthy way. Some children who have already experienced neglect and/or abuse may have health issues as a result and therefore an appreciation of the importance of a healthy lifestyle is important. Reference: Coram BAAF Practice Note 68. As with some other issues it may be appropriate to offer an initial visit to explore this further.

E-cigarettes

It should be acknowledged that e-cigarettes are in some instances a positive substitute for tobacco smoking as they are likely to pose less of a risk to the applicants' health than that of smoking. However there is currently no evidence available to support the fact that they are safe for use around children and young people. The recommendation from the AfA Cymru Medical group is therefore as follows:

"E-cigarette use by substitute carers should be considered in the same way as tobacco use" and applicants asked to consider the risks to children who may already have had their health compromised in some ways. Enquirers should therefore be encouraged to give up the use of e-cigarettes for a similar period of time to that of smoking i.e. 12 months before panel. Reference: Coram BAAF Practice Note 68.

Physical health

Where there is a chronic illness or disability applicants should be encouraged to demonstrate their ability to care for a child or identify how they could be supported from within their own network to do so.

Any chronic illness or condition must have a clear diagnosis at the point of application and the agency will need to ascertain from the applicant's medical specialist the likely future prognosis. This would be done via the Agency's Medical Adviser.

If an applicant is undergoing tests, or has some form of medical intervention planned i.e. an operation it may be advisable that these have been concluded before a ROI is made.

Mental/emotional well-being

Enquirers would be expected to inform the agency of any past psychiatric history, which includes a current or previous psychiatric diagnosis, including a diagnosis of depression or 'low mood', alcoholism or addiction, self-harm, eating disorders or gambling. Applicants would be expected to inform the agency of any medication prescribed including antidepressants, tranquilizers and sleeping tablets.

If applicants are using any mood enhancing medication at the time of enquiry they *may* need to have reduced or ceased taking this medication by the time of their application. However they should not be made to feel under pressure to do so and this can be discussed during an Initial Visit and applications should be considered on a case-by-case basis and *in consultation with the Agency Medical Adviser*. Medical advisers often advise applicants not to come off medication whilst going through the process if the applicants' moods / symptoms are currently stable. In some cases it may not be advisable at all.

A history of mental illness may not be a bar to adopting but adopters need to be emotionally well and resilient at the point of placement. Experience has shown that the placement of any child from the care system is stressful and tiring. Many adopters will already have developed a degree of insight into any vulnerability to mental illness and may have a clear plan for how they will manage any 'trigger points' or reoccurrence post placement. The ability to share openly with the agency at the point of ROI provides some evidence of the ability to do so.

References:

- Dr Sarah Meakings - The follow up of adoption enquiries in Wales - a short report – March 2019
- Success factors in adopter recruitment – www.uea.ac.uk/centre-research-child-family/child-placement/research-projects/success-factors-in-adopter-recruitment-insights-from-adoption-agency-social-work-managers-and-marketing-offices
- Improving Responses to Initial Adoption Enquiries - First4Adoption/ www.pac-uk.org/wp-content/uploads/2014/03/02-First4Adoption-Initial-Adoption-Enquiries.pdf
- Reducing the risks of environmental tobacco smoke for looked after children and their carers – CoramBaaf Practice Note 68.