
Arranging Adoptions and Assessing Prospective Adopters

Draft Regulations and Guidance

Consultation Response

Please contact

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The British Association for Adoption and Fostering (BAAF Adoption & Fostering) is the leading charity and membership organisation in fostering and adoption in the UK, we:

- promote the highest standards of child-centred policies and services
- speak out on behalf of looked-after children
- influence UK-wide policy and legislation
- provide much-needed information and advice
- promote greater public understanding of adoption and fostering
- support our members in their work

BAAF's main activities are the development, promotion and advocacy of best policy and practice; the provision of advice and information to our members and to the general public; training, consultancy and seminars; child placement services including the publication of our flagship monthly newspaper, *Be My Parent*. We also publish a quarterly professional journal, *Adoption and Fostering*, books and guides for professionals, academics, parents and carers and research studies. The main users of our services are our members comprising local authorities across England, Scotland and Wales, voluntary adoption agencies, independent fostering agencies and also individual social work, legal and medical professionals and carers. We are currently developing our service to Northern Ireland.

1. BAAF is a co-signatory to the response submitted on behalf of the members of the Nuffield sponsored group of stakeholders and others. In addition to that response, we wish to add some points of emphasis and some further points of detail.

2. Responses to the Consultation Questions

Question One - Independent chairs of panels. It may be that there are regional variations in the ease with which suitable, and properly independent, chairs of panels can be found. It would be helpful to have clearer guidance on the proper level of independence (for example the use of former employees of the agency), appropriate levels of fees (which it seems some local authorities are still reluctant to pay), and matters such as public liability insurance. In practice it is questioned how realistic it would be to expect to be able to provide quickly enough the relevant training for a chair who does not previously have a sound understanding of the adoption process (paragraph 2.6 of the Guidance).

Question Three – As well as flexibility in the appointment of social workers employed by the agency, we would suggest that the quorum for joint panels should only need to include a social worker from **one** of the agencies.

Question Four - There are concerns about the suggested restriction on the appointment of adoptive parents who have

been approved by the agency within the last five years. Clearly it is important to ensure that anyone appointed does is not constrained. It could be the case that voluntary agencies who are for the most part only considering the approval of prospective adopters are in a better position than local authorities to make use of relatively recently approved adopters.

Question Nine – We would add that information from former partners may be important in revealing not only child protection or even domestic violence but also possibly issues such as gambling.

Question ten – The guidance does not reflect the suggestions of the Brighton and Hove serious case review that references should reflect the different stages of the applicant's life. Some referees may have known the applicants, or one of them, for less than five years, and some couples may have been together for a shorter time than this. Applicants need to be given information about what is expected from referees so that they can choose appropriate ones.

Question sixteen – visits post placement

Although this would have resource implications, we would favour visits more closely reflecting the frequency required for looked after children, with a greater frequency in the first few weeks of placement.

3. “In principle” recommendations (paragraph 2.27 of Guidance)

There is confusion about the precise meaning of this paragraph. As far as recommendations about children are concerned, this area has been a source of confusion for local authorities ever since the publication of the circular LAC (98) 20, and its successor. This is linked to the need for clearer guidance on the interface between care (and placement order) proceedings and the planning for a child. It would be a potential source of delay if there were a complete bar on taking proposed matches to panel before the making of a placement order, (or before the signing of a section 19 consent, if this were thought likely to occur). Obviously each case will need to be considered on its own facts, and it is likely to be relatively rare for a match to be taken to panel prior to the making of a placement order. In any such case, the prospective adopters would need to be aware of the possibility that the child would not after all be available for adoption, and the panel would know that its recommendation would be unable to be implemented if the placement order were not made. Nevertheless, with that proviso, we would argue that this would not constitute an “in principle” recommendation. As far as prospective adopters are concerned, the joint response discusses the need for a referral to panel in some cases where the agency considers it inappropriate to complete an assessment.

- 4. Medical reports and the medical adviser**
Report on birth parents. The information required by Schedule 1 part 4 is considerably more detailed than the information gathered under the present regulations. It is highly doubtful that a birth parent would be willing to consent to a medical examination; as it is, persuading the parent to agree to the release of information by his or her g.p. is no easy task. The proposal for a medical examination is excessive. Overall, it is considered that additional work is placed on the medical adviser. Is it intended that the medical report referred to in the fifth bullet point in paragraph 2.44 should be in addition to other reports provide by the medical adviser? While it is clearly good practice to involve the medical adviser in ensuring that the prospective adopters understand the implications of the child's and his family's health history, this does constitute an extra demand on the time of the medical adviser, which will need to be taken into account in negotiations on joint funding.
- 5. Legal Adviser's role.** There is little in the guidance about this. The BAAF Legal Group Advisory Committee would be happy to contribute to discussion about contents of guidance on this topic.
- 6. Sending the placement plan to PCT and education authority.** It is questioned whether the degree of detail included in the placement plan will be needed for both these bodies. In addition, there needs to be clarity about who within the PCT will receive the notification, and what action then follows.
- 7. Interagency placements.** There is a discrepancy between the guidance at Paragraph 5.22/23 and regulation 28(4)(b). Presumably the regulation should read: "**An** adoption agency has made a decision..."
- 8. Matching reports** It will be necessary to share with prospective adopters information about the birth family which does identify them. It is vital that at this stage any possible link (eg through work) between the families is discovered. While it may not automatically rule out the placement, its significance must be considered. There is no reason to suppose that the approved adopters cannot undertake to preserve confidentiality.
- 9. Valuing Diversity** Although there is a section of Annex A with this heading, it seems to focus exclusively on issues of race and culture, and marital status. And although paragraph A.25 talks of the need to make information material and meetings accessible to all, this is not followed up in terms of the assessment of applicants who are disabled. It would be helpful, for example, to include at paragraph A.110, when discussing the possible need to improve space or amenities available to a prospective adopter, and the impact of the Support Regulations, consideration of the support and practical changes that may be needed to enable a disabled applicant to care for a child. As one applicant has

said 'It was a catch 22 situation. Adoption didn't want to give me a child till I was in an accessible house; housing didn't want to give me a house until I had a child.'

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