

**TOWARDS A STANDARDISED FRAMEWORK FOR INTERCOUNTRY  
ADOPTION ASSESSMENT PROCEDURES**

**Report of the  
Implementation Group**



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## **PART 1**

# Introduction





This report was presented to the Minister of State for Health and Children, Ms. Mary Hanafin, T.D., in July, 2000 by the Implementation Group established to oversee the implementation of the Standardised Framework for Intercountry Adoption Assessment Procedures. The report contains:

- A. Background to the commissioning of the Report “*Towards a Standardised Framework for Intercountry Adoption Assessment Procedures*”; the Government decision arising; and the principal findings and recommendations of the Report (Chapter 1);
- B. Detailed information on progress made in relation to the recommendations contained in the Report (Chapters 2-5);
- C. Statistical data in relation to intercountry adoption services at June, 2000 (Chapter 6);
- D. A summary of key findings of the Implementation Group (Chapter 7); and
- E. The Implementation Group’s recommendations regarding the future of intercountry adoption services (Chapter 8).

The Implementation Group would like to thank Health Board Chief Executive Officers, Programme Managers, Social Work staff and Managers in Intercountry Adoption Services; the Adoption Board and its staff; Voluntary Agencies; and Parents Groups for their assistance in the initiatives taken by the group over the course of the last year and in compiling the data contained in this report.



## CHAPTER 1

# Background and Overview

### 1.1 Commissioning of the Report “Towards A Standardised Framework for Intercountry Adoption Assessment Procedures”

Under Section 8 of the Adoption Act, 1991 a health board is required, as soon as practicable, to carry out an assessment of a person ordinarily resident in its functional area who wishes to apply to adopt a child abroad. A report of the assessment is then submitted to the Adoption Board which, having regard to the report, may issue the applicant(s) a Declaration of Eligibility and Suitability to adopt abroad. The applicant(s) may then proceed to effect an intercountry adoption.

The numbers of people wishing to adopt abroad has increased significantly in the last number of years particularly in urban areas. This has resulted in a dramatic increase in the volume of applications to health boards to have a foreign adoption assessment carried out. During 1998 it had been proving increasingly difficult to meet the level of demand in all board areas. It also emerged that there were considerable variations in the content and average length of time to complete assessments between the boards. These concerns gave rise to a large volume of complaints and subsequent media interest regarding both the delay in obtaining assessments and the detail of the assessment itself.

Against this background, Mr. Frank Fahey T.D., the then Minister of State at the Department of Health and Children, with Special Responsibility for Children, commissioned a review of the assessment process in November, 1998. This was to take the form of an external consultancy. The purpose of the consultancy was to establish an efficient and standardised assessment procedure according with best practice across the country. In particular the consultancy was to include:

- a review of the current procedures and identification of particular issues which needed to be addressed;
- the development of a standardised framework across all health boards for carrying out assessments in the future;
- an examination of the resource implications;
- identification of any areas in which legislative or administrative change would improve the quality of the assessment process.

The contract was awarded to Dr. Valerie O'Brien and Dr. Valerie Richardson, Department of Social Policy and Social Work, University College Dublin. The resulting report "*Towards a Standardised Framework for Intercountry Adoption Assessment Procedures*" was submitted to Government in June, 1999. The Government approved:

- (i) the publication of the report;
- (ii) the provision of additional funding; and
- (iii) the establishment of a group to oversee implementation of the report.

## **1.2 Principal Findings and Recommendations of the Report Findings**

In July, 1999 the Report "*Towards a Standardised Framework for Intercountry Adoption Assessment Procedures*" was published. The main findings of the report may be summarised as follows:

- (i) There were variations in demand for intercountry adoption. The Southern Health Board had the highest enquiry rates (per 100,000 of the population) in the country while the Midland Health Board had the lowest.
- (ii) There were also variations in the time it took to process an assessment. 21% of assessments were completed within 12 months, 48% in 12 to 24 months, and 32% in 24 to 36 months. In the Eastern Health Board 72% of applications took over two years to complete.
- (iii) Despite variations in practice all applicants were being appropriately vetted.
- (iv) In excess of three times more applications were received for intercountry adoption assessments in 1998 than were processed to completion. There was a waiting list of 481 applications outstanding at the end of December, 1998, mainly in the Eastern Health Board, Southern Health Board and the North Eastern Health Board.
- (v) There were 26 social worker posts allocated to intercountry adoption services at end 1998. Not all of these posts were filled and not all incumbents were dedicated to intercountry adoption services. Working conditions were found to be poor and overcrowded. Administrative and clerical support was also found to be insufficient.
- (vi) There was an absence of guidance to health boards on the approach to follow, a lack of a central standard setting body and of training, all of which contributed to the variations in practice.

### **Principal Recommendations**

The main thrust of the recommendations focus on the putting in place of a "**Standardised Framework**" for assessment. The model proposes a five-stage process as follows:

(i) *The Information/Initial Stage*

In this stage standard information is provided to the enquirer in booklet form on various aspects of adoption and understanding the assessment process and arising from which an application may be made.

(ii) *Preliminary Assessment Stage*

Applicants are to be assessed against specified criteria including age, health and references.

(iii) *Preparation Stage*

This is an education / preparation stage where applicants are assisted in exploring issues relating to intercountry adoption in depth. Preparation courses are to be provided to groups of couples and should usually consist of six to eight sessions.

(iv) *Home Study/Assessment Stage*

This is the *home study* stage. Detailed guidance is given on the assessment method and content. Six to seven interviews are envisaged.

(v) *Decision Making Stage*

This stage involves submission of the assessment report to the Placement Committee and the Adoption Board.

It should be noted that the preparation and home study/assessment stages form the main elements of the assessment.

It was envisaged by the authors that the model proposed would streamline the assessment process and that the processing time required to complete an assessment would be **10 months** approximately from application to final decision. This estimate excludes the waiting time which arises after receipt of application and commencement of stage three – the preparation/education stage. The suggested typical target waiting time would be in the region of 3-4 months. The Standardised Framework would achieve this by a number of means including :

- (i) examining skill mix and partnerships with the voluntary sector to free up social work time on certain tasks e.g. preparation courses;
- (ii) changing certain processing arrangements to release resources e.g. holding office-based interviews rather than social workers visiting couple's homes;
- (iii) reducing the number of hours of contact needed at the assessment/home study stage; and
- (iv) compressing the interviews into a tighter timeframe.

These measures would lead to efficiencies and a higher output per social worker. The objective set in the report was to achieve 18 to 24 assessments per social worker per annum compared with an average of 11 assessments at the time of the report.

## **Other important recommendations:**

### **(i) *Charging for assessments***

At present there is no provision in law for charging for the assessment service. The researchers outlined the arguments for and against the notion of charging and concluded that, on balance, charges should be made towards the cost of intercountry adoption services. The researchers recommended that in the interests of equity, the charge should be a nationally determined figure and consistent for applicants across the regions. They also recommended that health boards should be the only bodies who could charge for the provision of the service and that any adoption societies or individuals who provided the service should be subcontractors of the health boards. The economic cost per application processed in 1998 was estimated at £5,876 (€7,460). The researchers considered that this should be reduced to a figure ranging from £3,750 (€4,761) to £4,380 (€5,561) following the introduction of the Standardised Framework model of assessment. The researchers did not give any indication of what the precise charge should be.

### **(ii) *Age Limits***

The Report recommended that there should not be more than a 42 year age gap between the child and the older of the applicants at the time of placement. The researchers acknowledged that this was a controversial issue and noted that overseas countries may also stipulate age limits for prospective adopters. The researchers main argument in favour of an age limit was that the family situation of adoptive children should not deviate from that of other children in Ireland. In domestic adoption the trend is for children to be placed with men who are not over 38 years and women not over 35 years of age. This trend relates largely to the preferences of the birth mothers who have an active role in the placement of their children.

## **1.3 Provision of Additional Funding**

The Government decision provided that an additional £500,000 would be allocated to intercountry adoption services in 1999. In addition, provision was made for the allocation of an additional £500,000 in the year 2000. The additional funding was allocated to health boards in 1999 and 2000 on the basis of the waiting lists in December, 1998 and September, 1999, respectively. This increased funding for intercountry adoption assessment services from £1 million to £2 million over the period from mid 1999 to early 2000.

TABLE 1.1

**Details of Additional Funding Allocated by Health Board area**

	1999	2000
ERHA (formerly EHB)	£213,000	£236,000
MHB	£ 11,000	£ 17,000
MWHB	£ 40,000 <sup>1</sup>	£ 26,000
NEHB	£ 38,000	£ 31,000
NWHB	£ 33,000	£ 12,000
SEHB	£ 26,000	£ 48,000
SHB	£108,000	£113,000
WHB	£ 26,000	£ 17,000

## 1.4 Establishment of Implementation Group

The Government agreed that the Department of Health and Children should establish and chair an Implementation Group. The Implementation Group which would meet for approximately 3 to 6 months, would be charged with **prioritising, planning and costing the phased implementation of the Report's recommendations**. The Implementation Group was established in September, 1999. Membership of the Implementation Group was as follows:—

- Ms Frances Spillane                      Principal Officer, Dept. of Health & Children (Chairperson)
- Ms Liz Canavan                            Assistant Principal Officer, Dept. of Health & Children
- Ms Marion Connolly                      Secretary, PARC/PNPIC
- Ms Elaine Dilloughery                    Inter-Country Adoption Association, Cork
- Ms Mary Gormley                          Senior Social Worker, W.H.B.
- Mr Paul Harrison                          Director Child Care Services, E.H.B. (subsequently N.A.H.B.)
- Mr Jim Mansfield                          Regional Manager for Child & Family Services, W.H.B.
- Ms Ita O'Brien                            Director of Child Care Services, M.W.H.B.
- Ms Patricia Smith                          Senior Social Worker, Adoption Board
- Mr David Wolfe                            Registrar, Adoption Board
- Ms Jackie Hickey                          H.E.O, Dept. of Health & Children (Secretary)

Nine meetings of the Implementation Group were held between September, 1999 and June, 2000. The lifetime of the Implementation Group was extended to allow it to oversee a consultancy project to produce a “*Guide for Practitioners*” working in intercountry adoption services.

<sup>1</sup> £15,000 of the MWHB allocation was held by the board in respect of consultancy and other costs arising from national initiatives on the implementation of the Report.

## 1.5 Approach Adopted in this Report

The Implementation Group was conscious of the public interest in the publication of the Report and of the high expectations among the client group that immediate and rapid change would occur. An important aspect of the Implementation Group's brief was, in fact, to prioritise those recommendations which were most fundamental to bringing about change and which could be implemented quickly. The Group also noted that a large number of recommendations related to issues on which progress could be made without the need for additional funding. The main priority areas identified were:

- (i) additional social work staffing in all board areas;
- (ii) improvements in administrative support, accommodation and I.T. resources;
- (iii) implementation of the Standardised Framework model of assessment as soon as possible;
- (iv) implementation of recommendations relating to training needs (which were seen as essential in underpinning implementation of the new assessment model);
- (v) improvements in the Adoption Board's role in issuing guidance;
- (vi) preparation of standard materials for applicants and social workers;
- (vii) involvement of the voluntary sector in preparation courses for prospective adopters;
- (viii) development of clear structures/functional remits for adoption teams at health board level;
- (ix) improvements in management information systems.

With these priorities identified the Implementation Group's approach was to categorise all of the recommendations according to where responsibility lay for implementation. The recommendations were categorised as follows:—

- Recommendations identified as being best implemented at *national level* through the liaison arrangements of the implementation group;
- Recommendations related to the functions of the *Adoption Board*;
- Recommendations related to work on the preparation of *legislation* on the ratification of the Hague Convention;
- Recommendations for implementation at *health board* level.

The bulk of the recommendations related to health board structures and processes.



## 1.6 Structure of this Report

This report has been structured around the recommendations of the Report “*Towards A Standardised Framework for Intercountry Adoption Assessment Procedures*”. In compiling this report we have followed, as closely as possible, the delineation of the recommendations by category as outlined above. Clearly there are areas of overlap. In these cases we have attempted to avoid repetition in so far as possible and therefore in certain areas we have grouped recommendations for the purposes of outlining progress. In addition, we have omitted recommendations in some categories where progress has already been outlined adequately in another section.

Note: The actual recommendations from the 1999 consultancy report are shown in bold italics. The consultancy report “*Towards a Standardised Framework for Intercountry Adoption Assessment Procedures*” is referred to as “the Report” throughout.



## **PART 2**

# **Progress on Implementation of the Report's Recommendations**



## CHAPTER 2

# Recommendations for Implementation at National Level

## 2.1 Training Needs

A key element identified in the Report for the successful implementation of the new Standardised Framework was training of social work staff involved in intercountry adoption. The training needs as identified in the report were considered by the Implementation Group and progress is outlined below:

**2.1.1 The Standardised Framework:** The priority training need identified by the Implementation Group related to the promulgation of the new assessment model with an opportunity for practitioners and managers to “talk through” the new processes and structures as they applied in their agency. The Implementation Group identified, at an early stage, the need to allow practitioners the opportunity to take ownership of the Standardised Framework as well as to get their views on the training needs which were likely to arise in relation to the implementation of the Standardised Framework and related recommendations.

### Recommendations

- *An appropriate national body should undertake the role of co-ordinating training for workers in intercountry adoption and should provide training at national level, which all workers would be expected to attend. That training should be based on the principles of participative adult education, using a significant degree of workshop/seminar type arrangements;*
- *All workers in intercountry adoption should undergo an introductory module of training in the proposed standardised framework. New workers coming to intercountry adoption should undergo an induction module, with a high degree of supervision in their initial work.*

### Progress To Date

Training at national level in the Standardised Framework was organised by the Department of Health and Children. All social workers and key managers involved in intercountry adoption participated in a three day seminar on the framework in November, 1999. The authors of the Report gave training sessions on key aspects of the Standardised Framework model.

The seminar included:

- An overview of the Standardised Framework;
- A contextual element – outlining the role of the Implementation Group; the role of the Adoption Board; and, developments on the legislation to ratify the Hague Convention;
- A review of the recommendations on the preparation stage of the Standardised Framework – including the distribution of interim guidance material and workshop sessions on the implications of the new preparation/education stage of the model;
- A review of the recommendations on the “Home Study” Stage contained in the report – including distribution of interim guidance material as well as workshop sessions on the scheduling of topics and achieving focus in interviewing and the identification of training needs.
- A session on report writing techniques in adoption assessment – including workshops on the purpose of the home study report and principles of analysis and decision-making;
- A session on post-placement services – a review of post-adoption needs; developing networks expertise and support for adoptive families; international experiences; as well as workshops on the development of (i) advice and support services in the context of the Hague Convention legislation, and (ii) expertise and links with existing mainstream services.

**2.1.2 Supervision and Support:** Another key training need referred to in the Report related to **supervision and support methods** for social work managers and supervisors.

## **Recommendations**

- *A programme of management development and training should be undertaken by all managers of the ICA service;*
- *Training should be provided in supervision and support methods.*

## **Progress To Date**

Following contact from the Implementation Group, the Chief Executive Officers Group have commissioned the Office for Health Management to develop training in supervision and support methods for social work managers and supervisors. Work is continuing on an analysis of the specific training needs in this regard and it is expected that the programme will be developed with consultant assistance before the end of 2000.

**2.1.3 Adult education/Facilitation/Communication Skills Training:** A third recommendation contained in the report referred to the need for social workers involved in the delivery of preparation courses to have an understanding of the **philosophy of adult education and its techniques**.

## Recommendation

- *Trainers/facilitators for preparation courses should be trained at national level.*

In addition, arising from the November seminar workshops, social workers themselves identified **presentation and facilitation skills** as areas in which training would be required. This linked with the second recommendation from the Report regarding the handling of intrusive issues:—

- *Preparation for these sessions is essential and training and practice in use of different styles of questioning for dealing with issues in a sensitive manner is required.*

## Progress To Date

Adult education/facilitation/communication skills training was arranged for all social workers involved in intercounty adoption assessment. Training was organised on a joint board basis between April and June of 2000 at three separate venues. Training was provided by Change Management Training (Limerick).

## 2.2 Commissioning of Additional Material

Arising from the workshops at the November Seminar, the Implementation Group agreed that there was a need for a comprehensive resource document which incorporated a standard set of materials and work tools for use countrywide. This was seen as essential in assisting social workers to carry out assessments under the new model. The material would be aimed at underpinning key practice principles, providing standard materials for circulation to applicants, providing guidance for the facilitation of preparation courses, quality assurance and supervision. It was agreed that not only was this type of resource being sought by social work practitioners on the ground, but that it would be vital to ensure consistent implementation of the Standardised Framework in a service which is, in some respects, necessarily diverse.

In February 2000 a comprehensive *Guide for Practitioners* was commissioned by the Department of Health and Children aimed at ensuring consistent implementation of the practice elements of the Report's recommendations. BAAF (British Agencies for Adoption and Fostering) was awarded the contract to complete the guide. The first draft was presented to the Department in early April and is currently being prepared for release to all social work staff in intercountry adoption services. The pack includes, for the first time, a workbook for couples to take home as part of their reflection on the assessment process – in particular those issues that arise during the preparation/education and home study stages.





## CHAPTER 3

# Recommendations for Implementation by the Adoption Board

At present two new adoption Bills are being prepared by the Department of Health and Children. These are, a Bill to ratify the Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption; and a Bill to establish a post-adoption information and contact system. Both of the Bills have major implications for the functions and remit of the Adoption Board. Accordingly, the Department has recently commissioned an organisation and management review of the Adoption Board. The review will examine, inter alia, the structure and staffing required in the Adoption Board to regulate intercountry adoption and a post-adoption contact system, including the need to strengthen the Board's role in developing and promoting best practice in adoption services. This review of the Adoption Board will be completed in July, 2000.

The Report contained some eleven recommendations for implementation by the Adoption Board. The Implementation Group wrote to the Adoption Board seeking a formal response to the Report with particular regard to those tasks for direct implementation by the Board.

### 3.1 Standards to be Applied in Assessment

#### Recommendation

- ***Clarification is needed from the Adoption Board on the grounds whereby different standards are applied in the assessment of applicants for domestic and inter country adoption.***

#### Progress To Date

The Board advised as follows:

*“The Board recognises the legal differences between the statutory entitlement of applicants to an assessment for inter-country adoption compared to the lack of such an entitlement in the case of domestic adoption. Since the enactment of the Adoption Act, 1991 different standards of practice have developed between assessing agencies in the assessment process for inter-country adoption and that for domestic adoption.*

*The Board considers that the question of introducing a standardised framework for assessment for domestic adoption should be examined. Such a development would ensure that there was a standard approach to the assessment process for domestic adoption throughout the country and provide agencies with guidance on best practice” [Adoption Board letter of 24 May, 2000].*

## 3.2 Extension of Life Span of Declarations of Eligibility and Suitability

### Recommendation

- ***To reduce the number of applications for extensions, the life span of declarations should be generally extended to two years.***

The Report pointed out that in some cases applicants' declaration had expired before they had a child placed with them. A declaration issued by the Adoption Board is only valid for 12 months. The Board can extend declarations for longer periods at the request of the persons concerned, assuming they apply for an extension within the 12 month period and the Board is satisfied that it is "*reasonable and proper to do so*" [Section 5 (5) Adoption Act, 1991].

### Progress To Date

The Board responded to the recommendation by pointing out that legislation will be required to allow the Board to make declarations which are valid for longer than one year. However, it continued "*in the interim the Board has introduced a new procedure whereby it is requesting applicants to provide it with a written undertaking at the time of the making of their declaration that they will inform the Board of any material change to their circumstances during the life span of the declaration. Applicants who have not adopted within twelve months and who request an extension to their declaration will be required to swear an affidavit confirming that their circumstances have not changed. The Board has started to extend declarations on foot of a sworn affidavit from applicants without requiring the assessing agency to provide it with an updated report on the applicants.*" This system of extending declarations for one year on affidavit where there had been no material change to the applicants' circumstances is working very well and it has reduced the workload on social workers who heretofore had to visit applicants and make a recommendation to the agency's placement committee for approval. [Adoption Board letter of 14 February, 2000]

## 3.3 Preparation of Information Booklets

### Recommendations

- ***An information pack should be sent to enquirers to start the process of self-reflection and should include the following;***

***A booklet which contains general information on***

***Aspects of Intercountry Adoption***

***Child's Needs in ICA***

***The Situation of the Adoptive Family in Ireland***

***Information and Advice to Potential Applicants***

## ***Adoptive Parents Contacts and Helpful Organisations Organising the Placement and Linking Overseas***

- ***A booklet on Understanding the Assessment Process should be prepared also for issue at this stage, so that interested persons can be aware of the role of the agency and the assessment process ahead. For the sake of consistency and to avoid duplication of effort, these booklets should be prepared at national level by the Adoption Board, in consultation with the agencies.***

### **Progress To Date**

At an early stage the Adoption Board indicated to the Implementation Group that it would not have professional/clerical/administrative resources to produce the information booklets required. The Eastern Health Board (as it was then) undertook to produce drafts of the required documents. The Group also decided that a third booklet should be prepared for the stage when applicants have received their declaration. This would include, inter alia, information on requirements of the Department of Justice, Equality and Law Reform in relation to immigration clearance and advice for adopters regarding medical reports on prospective adoptive children. The booklets were finalised and reformatted by the Department of Health and Children as part of a series of booklets on different aspects and stages of the intercountry adoption process (to be issued by the Adoption Board). The series of booklets will complement the resource documentation in the *Guide for Practitioners* prepared by BAAF (British Agencies for Adoption and Fostering) and will be available very shortly.

## **3.4 Preparation of Guidance on Final Assessment Reports and Standardised Application Form**

### **Recommendations**

- ***The Adoption Board in consultation with interest groups should develop guidance for final reports.***
- ***The form to be used in making an application under Section 8 of the 1991 Act should be considered at national level, and a common form and requirements for accompanying documentation to be developed, together with a standard explanatory note.***

### **Progress To Date**

A lecture and workshop on report writing was included in the Seminar in November, 1999 and interim guidance was provided for social workers. A subgroup of the implementation group have agreed a format for final assessment reports and a standardised application form. These, along with the interim guidance, have been taken into account by BAAF in drafting the *Guide for Practitioners*. The *Guide* itself contains detailed advice on the purpose of final reports and techniques of report writing.

### **3.5 Examination of the Role of the Adoption Board and the Decision Making Procedures**

#### **Recommendation**

- ***The role and procedures surrounding decision-making in the Adoption Board should be examined carefully to ensure they comply with the principles of fairness and openness.***

#### **Progress To Date**

The Organisation and Management Review of the Adoption Board, including its future structure and the role of the board members and its staff, has already been referred to in Chapter 3 above. The Adoption Board has welcomed the appointment of a consultant to review the organisation and management of the Adoption Board. In relation to this recommendation it commented: “*The Board considers that the decision making process of the Board should be examined in the light of the Board's quasi judicial function. The Board considers that it should retain the responsibility for making declarations of eligibility and suitability to adopt abroad to ensure a standardisation in the decision making process.*” This specific issue is dealt with in greater detail in Section 4.2. [Adoption Board letter of 24 May, 2000].

### **3.6 Strengthening of Communications**

#### **Recommendation**

- ***While there is currently a level of inter-action between regional agencies and the Adoption Board about cases, there is a need to strengthen and improve communications on the broader issues.***

#### **Progress To Date**

The Review of the Adoption Board mentioned in section 3.5 above is also to include, inter alia, recommendations in relation to the quality and type of contact and communication needs with external clients (i.e. Department of Health and Children, Health Boards, Registered Adoption Societies, members of the public etc.).

The Adoption Board is currently examining how it communicates with adoption agencies and as part of this process it now meets with both social workers and applicants where there is a negative assessment report. If the Adoption Board decides to overrule a negative assessment report it informs the assessing agency of the reason for its decision. The Adoption Board has also prepared a number of circulars on practice issues and on the mechanics of adopting in various countries. A copy of recent Circulars is included at Appendix 4.

### **3.7 Preparation of Guidance Regarding the Adoption of More than One Child at a Time and the Processing of Second Assessments**

#### **Recommendations**

- *Adoptive parents should generally be assessed and approved for adopting one child at a time;*
- *The principles of good child placement, whereby children of the same age are not placed together and placement of siblings together, should be included as agency policy in preparation and assessment.*
- *Subsequent assessment for second placements should be prioritised with the agency's waiting lists.*

#### **Progress To Date**

The Adoption Board has responded that it “considers that applicants should be entitled to apply to an assessing agency to be assessed for one child or for siblings. In the case of an assessment for siblings the assessing social worker should, as part of the assessment process, examine the children’s needs, the applicants parenting capacity and the competencies required to parent two children and refer to these issues specifically in the assessment report. The Board does not recommend the placement of unrelated children with applicants at the same time but it reserves the right to consider individual cases in **very** exceptional circumstances”.

The Adoption Board has also stated that it “considers that applications for second assessments from applicants who have adopted from abroad should be accepted by assessing agencies as soon as the applicants have returned home with the adopted child in their care. It has also decided that assessing agencies should advise applicants who are in the process of adopting abroad that they can submit an application for a second assessment on their return home but that the assessment should not commence until they have had the child in their care for **nine** months”[Adoption Board letter 14 February, 2000)

The Board issued a circular on 10 March, 2000 to assessing agencies (i.e. Health Boards and relevant Adoption Societies) regarding these two issues which is at Appendix 4.

## 3.8 Preparation of Guidance for Doctors Preparing Reports

### Recommendation

- ***Under the aegis of the Adoption Board, a representative group of medical advisers with a knowledge of intercountry adoption issues should review the subject of health status of applicants, and prepare guidance for doctors preparing reports and health board intercountry adoption medical advisors. The relationship of medical standards to age should particularly be considered, as should the positions of applicants who smoke and drink.***

### Progress To Date

The Board has advised that it is aware of the need to provide guidance to agency medical advisors. There is also a need to examine the medical forms which are completed by GPs in support of adoption applications for both domestic and intercountry adoption in the light of advances in medical treatments over the years. The Board wrote to the CEOs to establish their views on how this recommendation can be progressed. Plans are now in train to establish a small working group to prepare appropriate guidelines.

In relation to the specific issue of age, the Adoption Board issued a circular in December 1999 providing for the introduction of upper age limits for applicants proposing to adopt from abroad. This decision has been the subject of judicial review proceedings before the High Court. Following the advice of counsel the Board have decided to withdraw these age limits with immediate effect. The Adoption Board advised health boards and adoption societies of this decision on 10th of April requesting that they take immediate steps to ensure that all persons who applied for an assessment for intercountry adoption and who were refused on the grounds of age are advised in writing of the Board's decision at the earliest possible stage. The Board has also stated that applicants who were turned down on age grounds should be included on the Agency's intercountry adoption waiting list as and from the date of their original application.

Copies of the relevant circular letters are included in Appendix 4. The issue of age limits is dealt with in greater detail under section 4.4.

## CHAPTER 4

# Recommendations related to the Hague Convention Legislation

A number of issues were identified by the Implementation Group as being relevant in the context of the legislation to ratify the Hague Convention. These are being taken into account by the Department of Health and Children in preparing the new legislation.

### 4.1 Designation of the Adoption Board as Central Authority

#### Recommendations

- *The Role of the Adoption Board should change to overseeing and co-ordinating the intercountry adoption services of Health Boards;*
- *There is a need to designate a central authority that will become in effect the co-ordinating body for intercountry adoption assessment in Ireland, who will set and monitor standards, and manage and oversee intercountry adoption. Each agency should submit its policy to the central authority that will check that policies are within the recommended parameters. In view of the legislative provisions and its present role, we recommend that this task should be allocated to the Adoption Board.*
- *The Adoption Board should be assigned the role of central advisory and information agency, who would assemble and disseminate information on intercountry adoption, and to whom health boards would refer issues, which arise from time to time. It would be the role of the Board, in association with the relevant interests, to develop and circulate new guidelines or recommendations.*

#### Progress To Date

The Report recommends that the Adoption Board be designated as central authority to become the co-ordinating body for intercountry adoption assessment in Ireland. Under current proposals for the legislation to ratify the Hague Convention, the Adoption Board will be designated as the Central Authority with a range of functions as described in the Report's recommendations above. The Organisation and Management Review of the Adoption Board will advise on the implications for staffing and organisation of the Adoption Board of both the Hague Convention Bill and the Bill on Adoption Information, Post-adoption Contact and associated issues.

## 4.2 Decision Making /Granting of Declarations of Eligibility and Suitability

### Recommendations

- *In the longer term it is recommended that the placement committee should become the main decision-making body. To achieve this it will be necessary to change the existing legislative framework, which gives the power to make declarations to the Adoption Board.*
- *Within the existing legislative framework, the Adoption Board retains the role of making declarations. Although we believe that power should be passed to health boards, the Adoption Board should retain a central involvement, and become an appeals body for applicants who are not satisfied with decisions of a health board. The Adoption Board would also continue to have an overseeing role and an inspectorate type role.*

### Progress To Date

The Report's authors set out the decision-making processes involved in the assessment. They suggested that the many layers of decision-making might give rise to a lack of clarity between responsibilities and roles of the various decision-makers at the different stages of the process. The Implementation Group agreed with the authors that there was potential for a rationalisation of the decision-making process. It has given this some consideration and consulted both the Adoption Board and the Health Boards in this regard:–

- The Adoption Board have disagreed with the Report's recommendation that such decision making should be devolved to the Placement Committees in each board on the grounds that *"it is important to separate the assessment process from the decision making process to ensure that there is no disparity between assessing agencies in making decisions over whether to grant or refuse declarations"*.
- The matter was also referred to the CEO's group for their comments. They too, have indicated that they have concerns about the devolution of this power at this time. *"it is the view of the CEO Group that the Adoption Board have, over the years, developed expertise, consistency and equity of approach and impartiality in issuing declarations of suitability and eligibility. For these reasons the CEO group do not favour the devolvement of this aspect of the service to Health Board Placement Committees. The Programme Managers group provided their view 'the Programme Managers have discussed this topic and feel that the consistency and equity of approach and impartiality was best reserved to the function of the Adoption Board. They also accept the need to review proposed Terms of Reference for these Placement Committees in line with recommendations of the consultancy report'.*



This issue is still under consideration in the context of the Hague Convention legislation. However it is acknowledged that:–

- (i) the independent nature of the Adoption Board attaches an important value to the decision to grant or refuse to grant a declaration of eligibility and suitability;
- (ii) the legal expertise of the Board membership is an important asset in the decision-making process (– it has been suggested that if this decision-making function was devolved that it would require a replication of that expertise at local level);
- (iii) Finally, the issue of the ease of recognition of the Adoption Board as the Irish Central Authority (under the Hague Convention) for the purposes of processing of applications in sending countries needs to be considered.

## **4.3 Extension of Life Span of Declarations of Eligibility and Suitability**

### **Recommendation**

- *To reduce the number of applications for extensions, the life span of declarations should be generally extended to two years.*

### **Progress To Date**

The Adoption Board's administrative response to this recommendation has been outlined above under 3.2. A legislative basis for this recommendation will be considered in the context of the legislation to ratify the Hague Convention.

## **4.4 Age Limits**

### **Recommendation**

- *There should not be more than a 42 year age gap between child and the older of the applicants at the time of placement*

### **Progress to Date**

The issue of age with regard to suitability has always been a contentious one. The Report's authors took the view that the family situation of adoptive children should not deviate from that of other children in Ireland. They noted that a small number of children are born to women in the age range of 40 to 49. It was their view that the adoptive child should not be exposed to a special situation to any greater extent than the adoption itself. The consideration of the applicants age should be made having regard to the entire childhood of the child, and should look to a future perspective of twenty years. The rising age of the applicants must be viewed in relation to the growing needs of the child/teenager.

International research has examined a wide range of parent-related factors including age to determine if such factors are related to outcomes. Findings are inconsistent. However, it is well-established that adolescence is a particularly turbulent time for intercountry adoptees as they are likely to have a greater range of self-concepts to deal with in trying to achieve a comprehensive and coherent sense of their identity. In a largely uni-cultural society, the ethnic identity of young adolescent adoptees is likely to present them with particular additional challenges in relation to identity achievement to those experienced by other Irish adolescents. The Implementation Group are of the view that the introduction of eligibility criteria in relation to age, taking account of the Report's recommendation, should be considered in the context of the Hague Convention legislation.

## CHAPTER 5

# Recommendations for Implementation by Health Boards

### 5.1 Implementation of the Standardised Framework including the Development of Partnerships with the Voluntary Sector

#### Recommendation

- *Implementation of the standardised framework in the Boards' assessment procedures;*
- *The voluntary sector can play a significant role in intercountry adoption, a partnership ethos should be developed involving health boards and the voluntary sector – the role of the voluntary sector should be developed and formalised, particularly in the areas of preparation and assessment.*

#### Progress To Date

At the November, 1999 Seminar the implementation of the new Standardised Framework was highlighted as the key priority. At that stage funding had been provided to all health boards in 1999 and boards were advised that further additional funding was likely to be allocated in 2000. All boards were asked to move towards implementation of the first major stage of the new framework i.e. the preparation/education stage, in **January, 2000**. It should be noted that some boards already had some such courses in place while other boards had not. Interim guidance on the two key stages of preparation and home study/assessment were issued at the Seminar.

The commissioned *Guide for Practitioners* contains additional guidance in relation to the running of these courses as well as a full range of resource materials and a complementary workbook for applicants. The *Guide* is being prepared for issue to social workers by end July, 2000. The following is the situation in each board in regard to implementation of the Standardised Framework for assessment:

**ERHA:** The Eastern Regional Health Authority has been operating education/preparation courses for some time. The board constantly review the content of the course in response to evaluation forms made available to participants on completion of the course. The board have advised that the full impact of the revised approach to this stage of the new framework will require the increased involvement of groups such as adoptive parent representatives in the preparation stage. They have identified the need for training of such groups.

**MHB:** The Midland Health Board has advised that preparation courses provided for in the Standardised Framework model have already been established in the Laois/Offaly Community Care Area and they will commence in the Longford/Westmeath Community Care Area in September, 2000.

**MWHB:** The Mid-Western Health Board has advised that the preparation stage will be delivered by both the Mid-Western Health Board and St. Catherine's Adoption Society. In addition the Board have ensured that different social workers are involved in the preparation and home study/assessment stages, as recommended in the Standardised Framework model.

**NEHB:** Two full preparation days have always been part of the North Eastern Health Board assessment procedures. This is continuing but a third course day has been developed. The revised preparation course which commenced in June, 2000 includes input from speech therapists, clinical psychologists and public health nurses.

**NWHB:** The North Western Health Board has not yet commenced the new preparation/education courses as per the Standardised Framework. However, reorganisation of the service, recruitment of additional staff, establishment of office and interviewing accommodation and training of staff have been prioritised to ensure commencement of assessment under the Standardised Framework model by end 2000. It is anticipated that this will include introduction of preparation courses on a co-presentation basis (where possible) and may be delivered on a regional (as opposed to community care area) basis.

**SEHB:** The South Eastern Health Board has been running information meetings for prospective adoptive applicants. The preparation/education courses as envisaged in the Standardised Framework commenced in June, 2000. It is envisaged that 64 couples will have participated in the courses before the end of 2000. The remaining applicants on the waiting list will attend the preparation / education courses in early 2001.

**SHB:** The Southern Health Board has begun providing the preparation/education courses in conjunction with a parent support group. This involves close co-operation with the voluntary group in both the preparation and delivery of these courses.

**WHB:** The Western Health Board has introduced group preparation courses as provided for under the new framework and are examining the inclusion of adoptive parents in these programmes for new applicants.

## 5.2 Structure / Functions of the Adoption Team

### Recommendations

- *In those agencies dealing with large numbers of applications, staff should be assigned to a specialist intercountry adoption team for service management purposes. This service could be joined with other specialist areas such as fostering, domestic adoption, post-placement and tracing, as part of an integrated range of services.*
- *In boards where the geographical spread is such that service delivery is based on sub-units of the region, workers can be assigned on a community care area basis, and co-located with a community care team, but should belong and report to the unit, directed by a senior social worker. In this way, the home study part of the service will be delivered on a local basis, but with a strong regional dimension for delivery of preparation courses, consistency of practice, team development, supervision and training.*
- *Workers in intercountry adoption should continue to have involvement in domestic adoption and tracing, as part of an integrated child placement service.*

### Progress To Date

Service delivery was identified as being quite diverse in the eight health boards. The recommendations of the Report accepted and reflected that diversity. All boards have, however, taken the opportunity to examine structures. The key principle has been to create an adoption team which has an opportunity to interact as a specialist group.

In general, adoption teams dealing with intercountry adoption assessment are also involved in preparation of post-placement reports, as well as work on domestic adoption and tracing. In some boards assessment and placement work associated with domestic adoption has all but ceased as no children are being placed for adoption. Tracing work is often limited by resources. In some boards these teams also have responsibility for fostering – this is specifically referred to in the breakdown by board below.

**ERHA:** Services in the Eastern Regional Health Authority area have been delivered on a centralised, specialist social work team basis for some time. The team is supervised at team leader and senior social worker level. The service is overseen by the Director of Family and Child Care Services.

Since the establishment of the Eastern Regional Health Authority in March, 2000 it has been decided to consider the intercountry adoption service as a shared service for the three area boards and therefore retain the current regional provision of service. It will be administered by the South Western Area Health Board on behalf of the other two boards.

Domestic adoption is not carried out on a centralised basis but individually by the three Area Boards, when it arises, and is presented to the Placement Committee in the same way as intercountry adoption assessment recommendations. Tracing services are provided by each Community Care Team.

**MHB:** There is a separate team in each community care area with team leaders reporting to senior social workers. The team are involved with domestic adoption and tracing.

**MWHB:** The service is being delivered on a regional basis by a specialist social work team, trained and skilled in intercountry adoption procedures and practice. All the social workers have attended specialist training for this area. A supervisory social worker has been appointed to direct and oversee the service provision. All of the social workers both in St. Catherine's and the Health Board have experience in domestic adoption and tracing. An integrated service (i.e. covering both intercountry and domestic adoption) is delivered from central offices.

**NEHB:** The North Eastern Health Board has a specialist regional adoption service. This service deals with all aspects of Irish adoption, including pre-adoption counselling, placement of children for adoption and assessment of couples for domestic adoption. The team also provide a tracing service for adoptions carried out by St. Clare's Adoption Society, Stamullen and the North Eastern Health Board. The team have full responsibility for all aspects of intercountry adoption. The work is supervised by a senior social worker.

**NWHB:** The North Western Health Board is currently working on implementation of proposals to establish a regional team with two social workers in each community care area reporting at regional level to a team leader. The service in the Sligo/Letrim area covers domestic and intercountry adoption services. The service in Donegal covers intercountry adoption only. Tracing has been contracted to the appropriate voluntary registered adoption societies.

**SEHB:** The South Eastern Health Board has had a review completed of the regional adoption service. Based on this review (which examined the structure of the service) the board is proposing to retain existing local delivery with reporting structure to a senior social worker based in Waterford. Social workers working in intercountry adoption continue to have responsibilities for domestic adoption and tracing also, although work on tracing is very much limited by demands for assessment for intercountry adoption.

**SHB:** Services in the Southern Health Board region are provided on a regional basis through a centralised, specialist social work team headed by a senior social worker. One and a half social workers are based in the Kerry area. The service is overseen by a Child Care Manager. While the main focus of social workers in the Adoption Department is intercountry adoption, each worker also has a small case load of search and reunion queries. The

Adoption Department provides an integrated adoption service with one social worker having primary responsibility for domestic adoption.

**WHB:** The Western Health Board is currently considering how services can best be delivered in the context of existing structures in the Board's area. The Board is considering opting for the development of a specialist team to undertake assessments and support services on a community care area basis. Reporting structure would be through the normal management structure of social work departments in the respective community care areas with a Regional Co-ordinator for Adoption Services with a role in relation to advice, guidance and support to staff who are undertaking intercountry adoption services work. This role would be undertaken on a regional basis by a senior social worker who in turn reports to a regional co-ordinator of child care services.

The Board has commenced a substantial examination of how it delivers its Child and Family Care Services. It has already met with a facilitator for assessment, and have planned further meetings during the course of the year to review its structures in line with best practice and practical working arrangements. It is anticipated that the review will alter how services, inclusive of adoption and tracing will be provided in the long term, with the focus targeted to improving the service from the client's perspective.

The adoption team also has responsibility for domestic adoption and tracing.

### 5.3 Staffing of Adoption Services / Team Development / Supervision and Support

#### Recommendations

- *Intercountry Adoption work should be undertaken as part of a single integrated section, and a strong sense of team developed in relation to intercountry adoption work, where the fundamentals of teamwork, including clear purpose, unity of operations, roles of team leaders, team players and rules are established;*
- *New and existing teams should review their systems and working arrangements, including inter-sectional and cross-functional relationships, with a view to developing into high-performing teams (– related to retention of workers issue);*
- *the approach to supervision and support should be reviewed in each agency, and a written policy included in the Service Management plan;*
- *the approach to ensuring appropriate levels of work output to the specified standard, should be reviewed in each agency, and a written policy included in the Service Management plan.*

## Progress To Date

The bulk of additional funding allocated to intercountry adoption services in 1999 and 2000 has been earmarked for the appointment of social work and clerical/administrative staff posts in all of the health boards. Full details are outlined in Appendices 1 and 2.

In intercountry adoption services all boards have identified a manager with a regional brief for overseeing the management and delivery of services in each health board area.

Training for staff in intercountry adoption has already been outlined in Section 2.1. This includes upskilling basic grade workers, as well as supervision and support techniques for senior social workers and managers.

Performance indicators have been developed by the Department of Health and Children for this service area and have been advised to the health boards for consideration in the planning of Management Information Systems to measure and evaluate the impact of the implementation of the new framework and ongoing service delivery, including outputs per social worker. These performance indicators are listed at Appendix 5.

Specific developments at health board level include the following:

**ERHA:** The South Western Area Health Board will provide the intercountry adoption service for the whole region. A central team already exists, and a new senior social worker is in the process of being appointed to the service. In addition, a Grade VI administrative post has been assigned to the team to manage its administration.

A new data base has been commissioned which will be capable of providing all the required management information, including outputs, waiting times etc. External consultation has also been engaged to enhance the management of the service and to provide quality assurance.

**MHB:** The Midland Health Board is developing a strong team identity in the adoption teams, with clear procedures for supervision and support. These teams are integrated into the range of child care and family support services in the board. Levels of output are reviewed and will be included in the Service Plan.

**MWHB:** The Mid-Western Health Board has emphasised the need for clerical support staff for the service. Supervisory arrangements have been strengthened to ensure staff have professional supervisory leadership, team building and support. In-service training, regular meetings and supervision and support are a feature of the service.

It is proposed to aim for ISO9000 accreditation for Intercountry Assessment Protocol and Procedures in 2000/2001.



**NEHB:** Supervision for the adoption service is provided by a senior social worker. The North Eastern Health Board is presently developing a supervision policy for all child care staff. This will include the specialist adoption service.

**NWHB:** The North Western Health Board has identified the development of team-based working as an element of the framework required to deliver its defined objectives for the adoption service in the region. In particular, skill mix and appropriate supervision have also been identified as important aspects for the new team. The Board's proposed new team structure is aimed at achieving the appropriate skill mix and the supervisory element of the team has been specifically identified for ongoing monitoring and review after the new team has been established. Overall responsibility for the management of the regional intercountry adoption service is being assigned to the General Manager, Community Services, Co. Donegal.

**SEHB:** The South Eastern Health Board carried out a review of its regional adoption services including intercountry adoption in 1999. The report sets out detailed recommendations in relation to resourcing of the service in terms of structures, staffing and training requirements. The Board has stated that it is in the process of implementing the recommendations in this review. These recommendations provide for increases in resources, the allocation of clerical/administrative support and, in addition to existing regional senior social worker supervision for the team, an overseeing role for intercountry adoption services at Child Care Manager level.

**SHB:** In the Southern Health Board area supervision of the adoption team is at senior social worker level for the region, the service is being managed at Child Care Manager level with Grade V administrative support.

**WHB:** As outlined above clerical/administrative support has been set aside from the funding in the Western Health Board region. A Regional Co-ordinator for Adoption Services has been identified with a role in relation to advice, guidance and support to staff who are undertaking intercountry adoption services work.

## **5.4 Placement / Adoption / Case Committees : Review of Composition and Terms of Reference**

### **Recommendations**

- *The composition of Placement Committees should be reviewed to ensure that there is an appropriate interdisciplinary balance. The question of including persons from outside the organisation to represent consumer views should be considered;*
- *Each Placement Committee should have a written terms of reference assigned to it by the CEO;*

- *Each Placement Committee should have adequate support;*
- *Each Placement Committee should factor in time for reviewing its own activities and process.*

## **Progress To Date**

**ERHA:** The placement committee currently comprises six social workers and two administrators. In addition, a medical advisor is available to the committee. A decision has been taken to include an adoptive parent/person on the Committee, and further consideration is being given to the inclusion of other disciplines.

**MHB:** The placement committee has an interdisciplinary mix and includes adoptive parent. Training needs have been identified.

**MWHB:** The Regional Adoption Committee has reviewed its composition and feel the membership is adequate in interdisciplinary mix, consumer representation and outside agencies. Appointments are made by the Chief Executive Officer of the Board and there is a written terms of reference, mission statement, terms and conditions of membership and confidentiality clause. The current composition of the committee is as follows :- senior executive officer, secretary (Grade VII), senior area medical officer, senior social worker, child care manager, senior public health nurse, general manager, garda inspector, senior clinical psychiatrist, community development worker, adoptive parent, solicitor. The Committee also has access to consultant paediatrician's advice as required. The Committee currently has access to clerical support and resources for training. A comprehensive training needs assessment will be carried out for the Committee by the Board's Training Officer and an analysis of training required will be provided in 2000.

**NEHB:** Following a review of the Adoptions Approvals Committee carried out in 1999, the revised Adoption Approvals Committee is comprised of five Health Board professionals drawn from the medical, public health nursing, social and psychology professions. It also has a legal representative, two adoptive parents (including one intercountry adopter), a birth parent and adoptee. Appointments are made by the Chief Executive Officer and there is a written frame of reference. The Committee has a secretary. The Committee will be meeting shortly to identify training needs and develop ways to review its activities and procedures.

**NWHB:** At present there are two separate Adoption Approval Committees (one in each Community Care area) in the region. A regional committee is to be established in the short term, its terms of reference are being drawn up.

**SEHB:** Following the Review of Adoption Services in the South Eastern Health Board area the composition, role, function and terms of reference of the committee is being re-examined. The Review report contains recommendations in relation to reporting relationships, role function, terms of reference, communication, training, size, composition

and the appointment of medical and legal advisers to assist the committee. This Review report is currently being implemented by the Board (in parallel with the implementation of the Standardised Framework model).

**SHB:** A recent review of the composition and terms of reference of the committee has recommended that the membership be increased to nine persons to allow for a broader interdisciplinary balance. It has also recommended that the committee include two members from outside the agency.

**WHB:** The composition of the placement/adoption committee, known as CLANN has nine members, there is a medical sub committee and there are four members external to the Board. The committee has legal and secretarial support. The representation consists of child psychiatry, paediatrics, social work, legal, general practitioner, religious and adoptive parent.

## 5.5 Common Policy, Practice and Procedures in Intercountry Adoption Services

### Recommendations

- *A comprehensive statement of policy procedures and practice relating to Intercountry adoption should be prepared within each agency, approved at board level, disseminated within each agency, and used to manage the service. Where such policy documents already exist, they should be reviewed in the light of the recommendations in the proposed standardised framework;*
- *The recommendations in this report should be incorporated by each health board into their provisions for intercountry adoption, and should be written as formal policy and practice, which will govern contact between the agency and applicants.*

### Progress To Date

Through the work of the Implementation Group and in particular the preparation of the *Guide for Practitioners* it is anticipated that much of the policy, practice and procedures in intercountry adoption services will be operating in line with a standardised approach which complements the Standardised Framework. Many boards are awaiting the finalisation of this *Guide* in order to identify outstanding issues which may require further development at board level.

**ERHA:** The Eastern Regional Health Authority has already approved policy and procedural changes in light of the Report.

**MHB:** A Project Team has been established to develop a comprehensive statement of policy procedures and practice relating to intercountry adoption assessment.

**MWHB:** The Mid-Western Health Board has advised that it has a comprehensive statement of policy and procedures for this service area.

**NEHB:** The North Eastern Health Board has advised that it will shortly develop a written policy which will be in line with the recommendations in the proposed Standardised Framework.

**SEHB:** The South Eastern Health Board will form a project team as recommended in the internal review of adoption services in the Board. The project team will prepare a comprehensive statement of policies, procedures and practice relating to intercountry adoption. The team is awaiting finalisation of documentation being prepared at national level.

**SHB:** The Southern Health Board has indicated that they are awaiting finalisation of documentation being prepared at national level for inclusion in the policy documents for the Board's adoption service.

**WHB:** The Western Health Board service, known as CLANN, has a constitution in place. Discussion is ongoing on providing a policy booklet to cover procedures and practice.

## **5.6 Adoption Service Plan**

### **Recommendations**

- *A comprehensive statement of policy procedures and practice relating to intercountry adoption should be prepared within each agency, approved at board level, disseminated within each agency, and used to manage the service. Where such policy documents already exist, they should be reviewed in the light of the recommendations in the proposed standardised framework;*
- *the document should in effect be a management plan of the service, which in addition to the high level document approved by the board would include a work programme with service objectives and assigned roles, and expected contribution from each member, specifying operation targets for all functions undertaken, with measurable outcomes and outputs;*
- *the preparation of the service management plan should be led by the service manager, and prepared in consultation with staff and other stake holders within and outside the agency;*
- *the service management plan should include and take account of the recommendations of the proposed standardised framework.*

### **Progress To Date**

The Boards were asked to make specific reference to Adoption Services in their service plans for 2000.

In conjunction with service plans a set of performance indicators were circulated to Boards in February, 2000 for their consideration in terms of measuring and evaluating (i) any increase in levels of demand, (ii) the impact of the full implementation of the Standardised Framework for assessment procedures, (iii) the impact of spin-off work being generated from the increased numbers of intercountry adoptions in the Board area (e.g. follow-up report writing; support services etc.) See Appendix 5 for full details.

## **5.7 Service Management and Leadership**

### **Recommendation**

- ***Managers in intercountry adoption should meet at a national level, to co-ordinate activities and development of the service;***

### **Progress To Date**

For the first time in November, 1999, all workers in intercountry adoption were brought together to discuss the new Standardised Framework. Staff also met at national training sessions in adult education, communication and presentation skills in April and May, 2000. Through the work of the Implementation Group an informal liaison system between the Implementation Group and each board has also been developed. Many of the national training initiatives which have been taken have been done on a joint board basis due to these closer links between intercountry adoption services around the country. The Implementation Group has made recommendations in relation to consolidating this development, enabling mutual support and networking, in section 8.4 of this report.

## **5.8 Management Information Systems**

### **Recommendation**

- ***Appropriate management information systems in relation to intercountry adoption should be developed where these do not exist.***

### **Progress To Date**

Arising from discussions at Implementation Group level and from meetings with the individual health boards, the Implementation Group has initiated a working group to devise and cost the provision of a standardised management information system which would produce the required minimum data sets in a comparable format country wide. This development is linked to the setting of performance indicators for this service area. It is hoped that a package, compatible with all boards' existing information systems, can be devised and promulgated in the coming months.

## 5.9 Analysis of Decision-Making

### Recommendation

- *The pattern of decision -making at all levels should be subject to routine analysis and action taken in relation to any undesirable patterns observed. A report should be compiled on an annual basis by each Health Board, and sent to the Adoption Board.*

### Progress To Date

**ERHA:** The South Western Area Health Board produces quarterly statistics, and in addition the placement committee produces an annual report.

**MHB:** The Placement Committee will prepare an annual report which will be sent to the Adoption Board.

**MWHB:** The Mid-Western Health Board have stated that all decisions are made at regional committee level at present. An annual report is completed and sent to the Adoption Board.

**NEHB:** The North Eastern Health Board have advised that they will furnish the Adoption Board with a report each year.

**NWHB:** The North Western Health Board will furnish the Adoption Board with an annual report each year on the adoption service.

**SEHB:** The South Eastern Health Board has advised that it completes a regional report on adoption which it will forward to the Adoption Board annually.

**SHB:** The Board has advised that the requirement in relation to the preparation of an annual report, as outlined, will be included in the Southern Health Board procedures manual.

**WHB:** The Western Health Board receives an annual report from CLANN. The report for 1999 has already been prepared and will be forwarded to the Adoption Board. This annual review has been the practice of the committee for a number of years.

## 5.10 Formal and Informal Complaints Mechanisms

### Recommendation

- *Formal and informal complaint mechanisms should be developed within agencies.*

### Progress To Date

Some boards already have written complaints procedures in place as part of the terms of reference for the regional adoption service. Consumer surveys seeking feedback from applicants on the intercountry adoption service have also been conducted. The *Guide for Practitioners* will include a template for a complaints mechanism.

## 5.11 Accommodation and Other Resources

### Recommendations

- *Some agencies need to urgently review and upgrade/extend the accommodation provided for in the intercountry adoption service (– NB recommendation to a move towards more office-based interviewing in the standardised framework).*
- *Each agency should review the use of Information Technology to ensure that it is making an appropriate contribution to the efficiency of the process.*

### Progress To Date

Many of the boards have used funding in 1999 and 2000 on a once-off basis to improve office accommodation and information technology resources. (See Appendices 1 and 2). It has been recognised that the increased use of office-based interviews will be a significant factor in ensuring that output from social work time is maximised. In addition, the availability of computer facilities for the production of final assessment reports and the management of applications should bring efficiencies to the service. There are still outstanding needs in this area, particularly in those boards that, to date, have managed to keep abreast of demand and therefore did not receive levels of funding in 1999 comparable to boards such as the Southern and Eastern Health Boards. This level of investment facilitated significant once-off investment in accommodation and information technology resources in these boards. These needs and the Implementation Group's recommendation in relation to outstanding resources are contained in Chapter 8.





CHAPTER 6

Statistical Data

The tables in the pages to follow summarise the situation at 30 June, 2000 regarding waiting lists, staffing and outputs.

TABLE 6.1

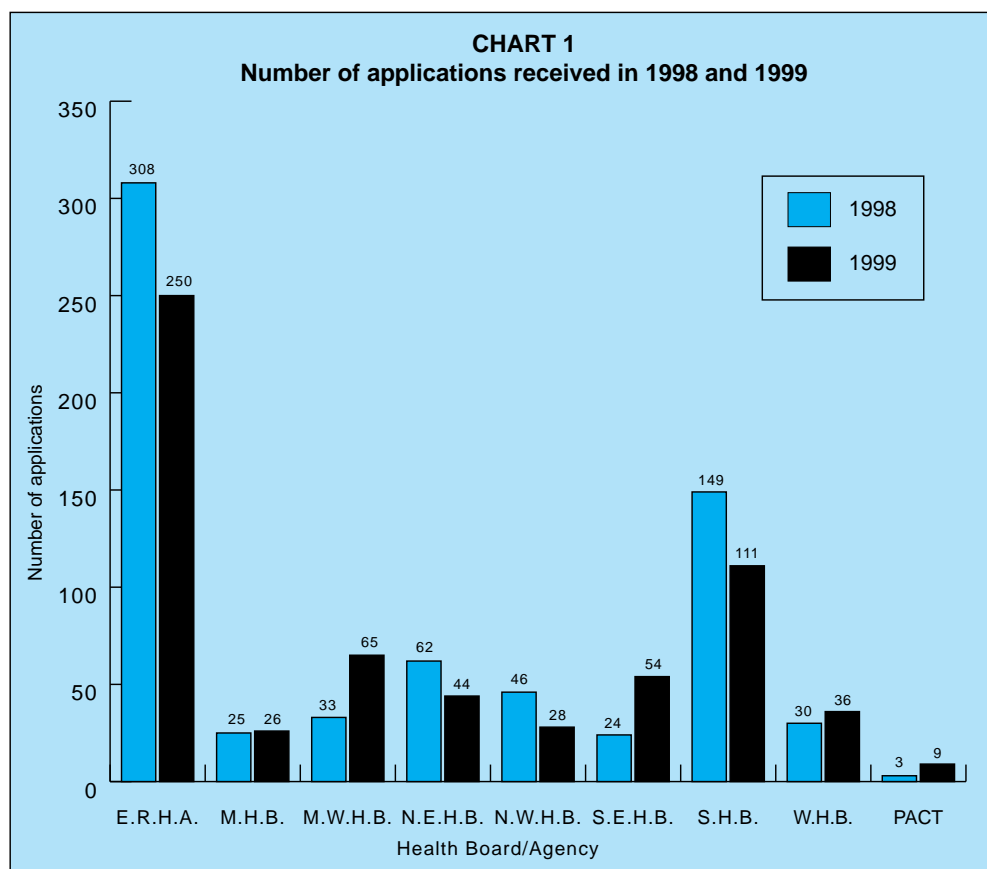
Applications for first and second/subsequent assessments for 1998, 1999 and January to June 2000

	1998			1999			January to end June 2000		
	First Assessment	Second/ subsequent Assessment	Total	First Assessment	Second/ subsequent Assessment	Total	First Assessment	Second/ subsequent Assessment	No. of applications received from January to end June 2000
E.R.H.A.	266	42	308	199	51	250	192	26	218
M.H.B.	24	1	25	21	5	26	16	1	17
M.W.H.B.	28	5	33	57	8	65	27	2	29
N.E.H.B.	61	1	62	40	4	44	22	10	32
N.W.H.B.	45	1	46	24	4	28	15	0	15
S.E.H.B.	22	2	24	49	5	54	46	9	55
S.H.B.	142	7	149	91	20	111	48	8	56
W.H.B.	30	0	30	30	6	36	26	8	34
PACT	2	1	3	7	2	9	9	2	11
TOTAL	620	60	680	518	105	623	401	66	467

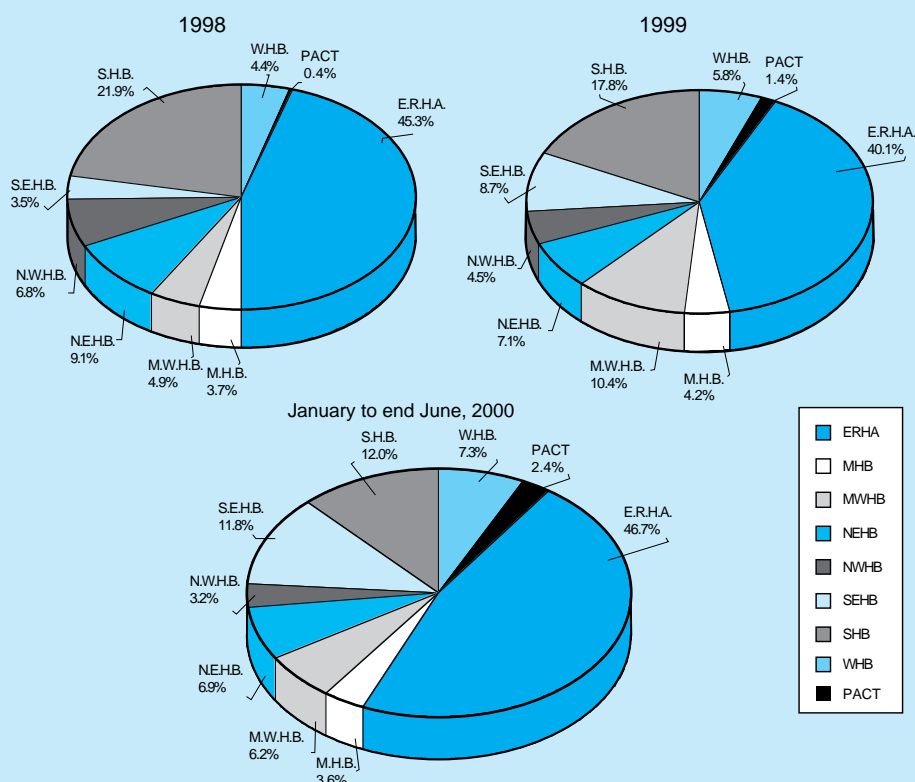
TABLE 6.2

Estimated number of applications anticipated for the year 2000 (projected)

	No. of applications received from January to June 2000	Projection for the year 2000 (if the current rate of applications continues for the rest of the year)
ER.H.A.	218	436
M.H.B.	17	34
M.W.H.B.	29	58
N.E.H.B.	32	64
N.W.H.B.	15	30
S.E.H.B.	55	110
S.H.B.	56	112
W.H.B.	34	68
PACT	11	22
TOTAL	467	934



**CHART 2**  
**Applications received in 1998, 1999 and January to end June, 2000**



**Table 6.1** shows applications for first and second/subsequent assessments for 1998, 1999 and up to June 2000 by agency. **Table 6.2** shows a projection of demand for the year 2000 based on the number of applications received for the first 6 months of the year 2000. **Chart 1** compares applications received for 1998 and 1999 from these data. **Chart 2** shows the percentage share of total applications for each board in 1998, 1999 and up to the end of June, 2000 year.

- Overall levels dropped slightly from 680 in 1998 to 623 in 1999 belying large increases in some agencies in 1999. For example, the numbers of applications received in the MWHB (incorporating St. Catherines) including first and second time assessments increased from 33 to 65; in the SEHB that increase was from 24 to 54.
- In the year 2000 applications have increased again in many agencies. If trends for the first half of the year continue, numbers of applications will come close to double the numbers received in 1999 in the Eastern Regional Health Authority, the South Eastern Health Board, the Western Health Board and PACT.

This is likely to compound difficulties for those boards which already experienced large increases in previous years. Examining these data for trends also highlights the unpredictability of demand and resultant difficulties involved in planning in this service area.

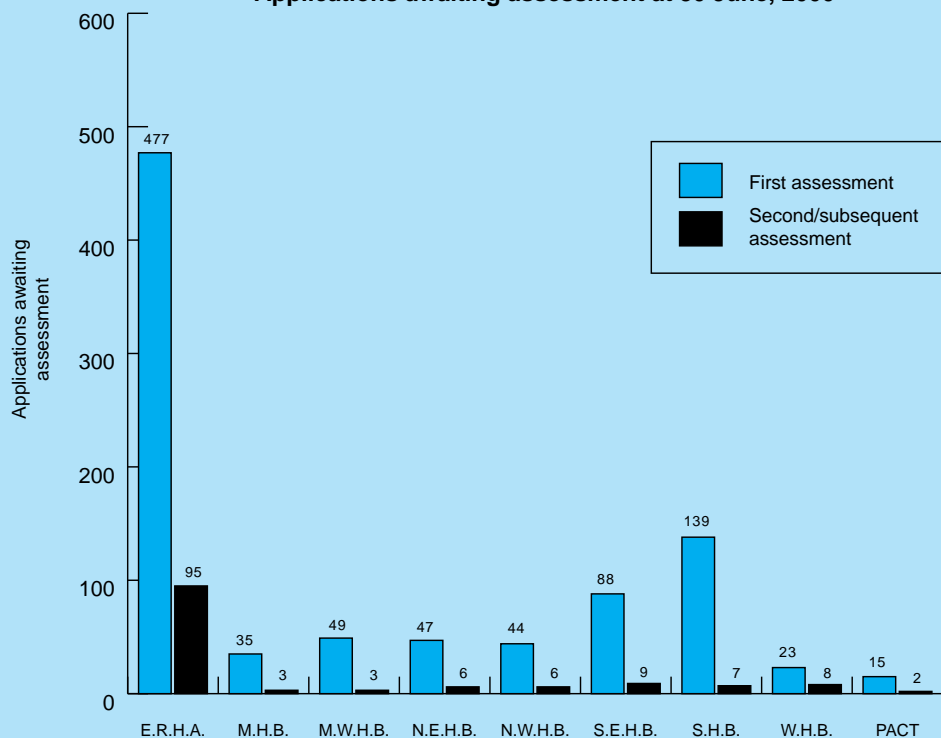
TABLE 6.3

No of applications awaiting assessment at 30 June, 2000

	First assessment	Second/subsequent assessment	Total
E.R.H.A.	477	95	572
M.H.B.	35	3	38
M.W.H.B.	49	3	52
N.E.H.B.	47	6	53
N.W.H.B.	44	6	50
S.E.H.B.	88	9	97
S.H.B.	139	7	146
W.H.B.	23	8	31
PACT	15	2	17
<b>Total</b>	<b>917</b>	<b>139</b>	<b>1,056</b>

CHART 3

Applications awaiting assessment at 30 June, 2000



**Table 6.3** and **Chart 3** show the total numbers on the waiting list at 30 June, 2000 for each agency with a breakdown between those seeking first assessments and those seeking second assessments. The total number of applications awaiting assessment continues to rise reaching a new high of 1,056 at the end of June, 2000. It is notable that those seeking second or subsequent assessments now make up 13% of the total waiting list.

**TABLE 6.4**  
**Projected waiting time for intercountry adoption assessment at 30 June, 2000**

	First assessment	Second/subsequent assessment
E.R.H.A.	36-42 months	18-20 months
M.H.B.	10 months	3 months
M.W.H.B.	30 months	6 months
N.E.H.B.	13 months	2-4 months
N.W.H.B.	6-12 months	6-12 months
S.E.H.B.	12-18 months*	6 months
S.H.B.	18 months	Kerry 4 months – Cork 2 months
W.H.B.	4-6 months	2-6 months
PACT	1½-2 months	1½-2 months

\* Projected waiting time in this board anticipates the appointment of two additional social work posts in the near future.

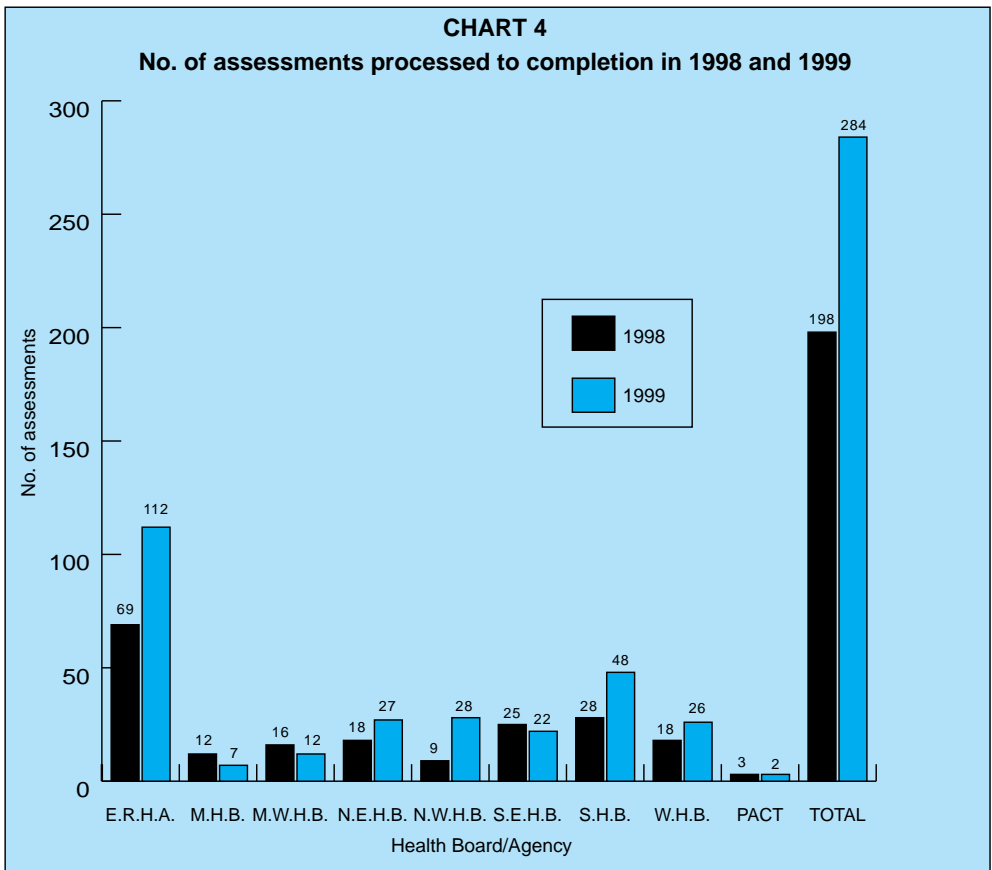
**Table 6.4** shows the waiting time for assessment for both first and second time applicants at 30 June, 2000. The calculation of waiting time has been the subject of some controversy in the past. Essentially the figure is an estimate. Some agencies calculated waiting time by referring to the date of application of applicants being assessed at the date of enquiry. Clearly, this is the waiting time for a group of people on the list but it does not reflect that waiting time likely to be experienced by applicants joining the list currently. For this dataset agencies have been asked to **project forward** to estimate what the waiting time might be for applicants who only joined the list at 30 June, 2000. “Waiting Time” has been defined as the estimated time from receipt of completed application to the commencement of the preparation/education stage (or the home study stage for those agencies which have not yet got the preparation courses in place).

- These data highlight the delays being experienced by applicants in the Eastern Regional Health Authority, the Mid-Western Health Board, the South Eastern Health Board and the Southern Health Board. As well as existing backlogs it should be noted that the first three of these boards are experiencing large increases in numbers of applications this year.
- The data also shows that second assessments are being prioritised in all of the health boards, as recommended in the Report.

**TABLE 6.5****Duration of assessment from preparation stage to decision making stage at 30 June, 2000**

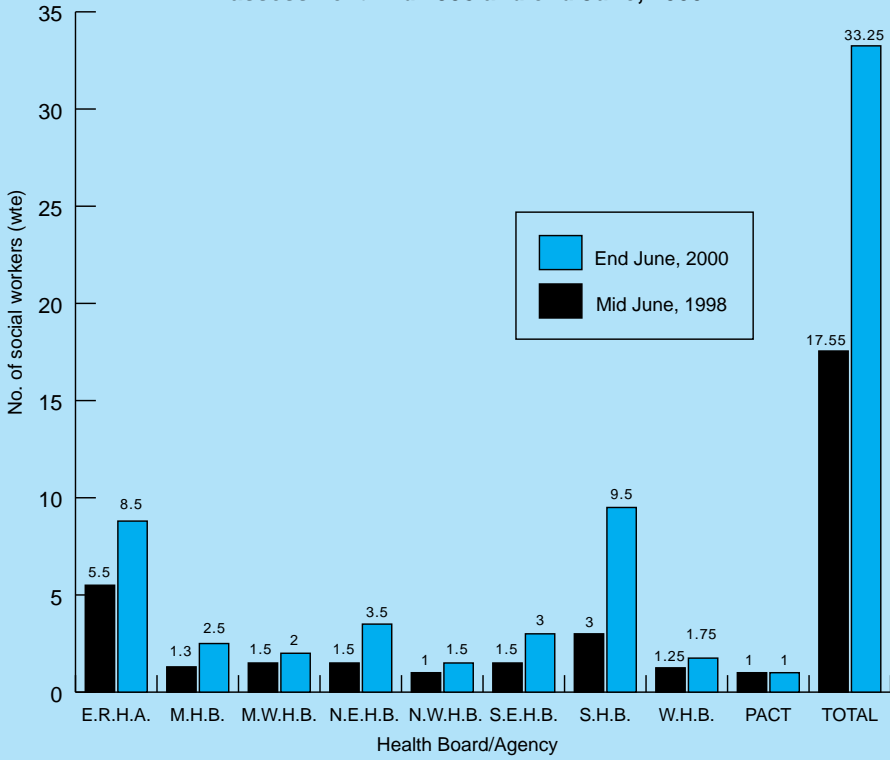
	First assessment	Second/subsequent assessment
E.R.H.A.	6-9 months	3 months
M.H.B.	11 months	4 months
M.W.H.B.	5 months	3 months
N.E.H.B.	4-6 months	3-4 months
N.W.H.B.	4 months	2 months
S.E.H.B.	6 months	2 months
S.H.B.	4 months	3 months
W.H.B.	6-9 months	4-6 months
PACT	6 months	4 months

**Table 6.5** shows the duration of assessment from preparation stage to decision-making stage for each agency. At the time of the Report review less than 20% of all assessments were completed in less than five months and another 20% took 12 or more months. The data for the situation at 30 June, 2000 shows that these upper extremes have been all but eliminated. In many boards the duration of the assessment itself has come well within suggested average duration of 9 months for the key stages of the assessment set out in the Report.



**Chart 4** shows the number of applications which were processed to completion in the years 1998 and 1999. 284 applications were processed in 1999 which is a 43% increase on the 1998 figure of 198. These data are important to note as they demonstrate the degree to which increasing waiting times and numbers on the waiting lists caused by rapidly rising demand may misrepresent progress on the ground in terms of the numbers of applications being processed in 1999.

**CHART 5**  
**No. of social workers (whole time equivalent (wte)) in intercountry adoption assessment mid 1998 and end June, 2000**



**Chart 5** shows the number of (whole time equivalent) social workers in intercountry adoption at mid 1998 and 30 June, 2000. The number of social workers has increased from a total of 17.55 in mid 1998 to 33.25 at the end of June this year (an increase of almost 90% in social work staffing alone).



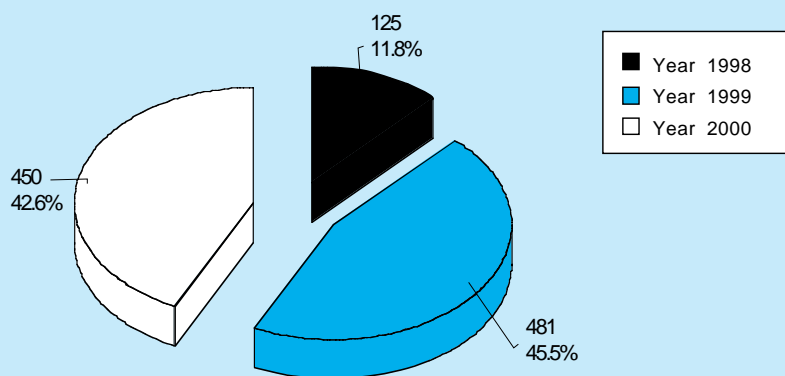
TABLE 6.6

Year of receipt of applications on the waiting list at 30 June, 2000

	1998		1999		January to June, 2000		TOTAL
	Applications received in 1998	% of total on the waiting list	Applications received in 1999	% of total on the waiting list	Applications received January to June, 2000	% of total on the waiting list	
ER.H.A.	109	19.1	245	42.8	218	38.1	572
M.H.B.	5	13.2	16	42.1	17	44.7	38
M.W.H.B.	4	7.7	25	48.1	23	44.2	52
N.E.H.B.	0	0	26	49.1	27	50.9	53
N.W.H.B.	0	0	35	70.0	15	30	50
S.E.H.B.	1	1	41	42.3	55	56.7	97
S.H.B.	6	4.1	87	59.6	53	36.3	146
W.H.B.	0	0	0	0.0	31	100	31
PACT	0	0	6	35.3	11	64.7	17
<b>TOTAL</b>	<b>125</b>	<b>11.8</b>	<b>481</b>	<b>45.50</b>	<b>450</b>	<b>42.6</b>	<b>1,056</b>

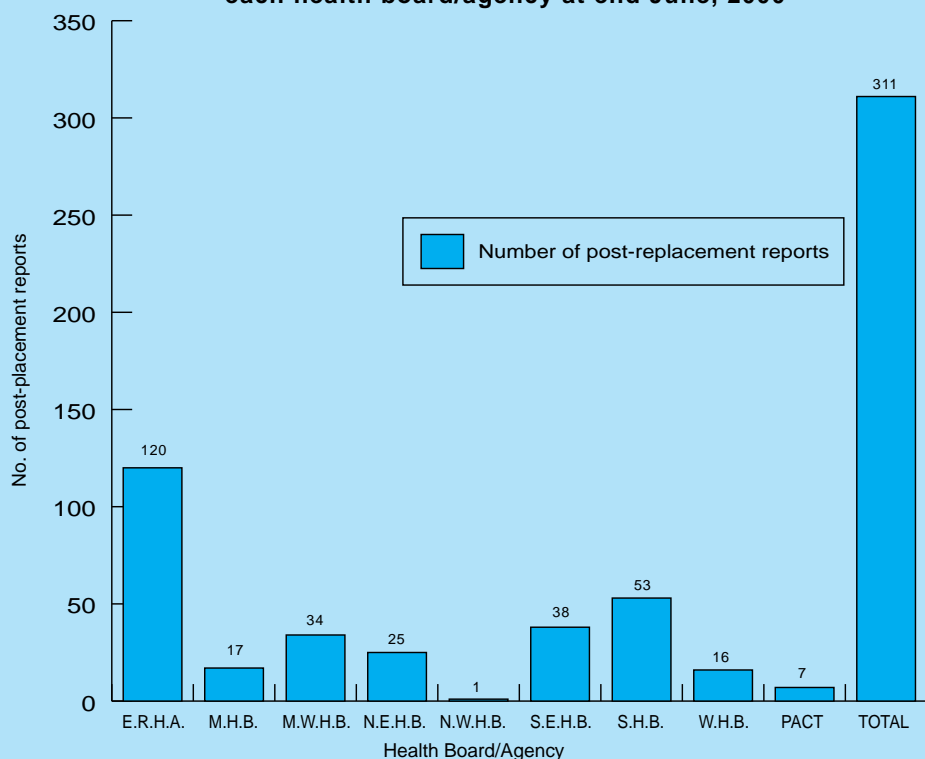
CHART 6

Year of receipt of the applications on the waiting list at 30 June, 2000



**Table 6.6** and **Chart 6** shows the breakdown of the current waiting list by year of receipt of application for each agency. As can be seen the bulk of agencies have cleared all of the 1998 backlog at this stage, with the exception of the Eastern Regional Health Authority.

**CHART 7**  
**No. of post-replacement reports (follow-up reports) on hand in each health board/agency at end June, 2000**



**Chart 7** shows the number of post-placement reports on hand in each agency at the end of June, 2000. Data for post-placement reports was not collected at the time of the report. Almost all countries of origin seek agreement for the provision of post-placement or “follow-up reports” in respect of adopted children. The more applicants who are assessed and granted declarations of eligibility and suitability, the more children that will be adopted. These, in turn, will create a demand for further reports. These data demonstrate the impact that the completion of such reports is already having on limited staffing resources.

Considerable progress has been made towards the implementation of the Report’s recommendations. Priority areas are now well advanced. Outstanding recommendations, in general, are linked to other broader developments in structures and other service priorities. The identification of key performance indicators and development of management information systems, which are already underway will ensure that this service continues to be developed and monitored for the future.

## **PART 3**

# **Findings and Recommendations of the Implementation Group**



# Findings

## 7.1 Contextual Issues

**7.1.1 Recruitment:** The Implementation Group have found that the main difficulty in relation to reducing the waiting times for assessment has been in the recruitment and retention of social workers in the intercountry adoption assessment service. This has been exacerbated by the adverse media comments on the intercountry adoption service, particularly in the Eastern Regional Health Authority area. The difficulties being experienced are also linked to the general shortage of social workers in child care services generally.

Since the publication of the report the Implementation Group note that those boards which have recruited clerical and administrative staff as part of the team have succeeded in freeing up more social work time for carrying out assessments.

**7.1.2 Backlogs/Waiting Lists:** At present (June, 2000) there are approximately 1,056 applicants awaiting assessment, 13% of which relate to second assessments. A number of health boards are targeting the backlogs in applications in the short-term. This means assigning social work staff to intercountry adoption services on an interim basis to clear waiting lists. However, there is an understandable reluctance by health board managers to prioritise intercountry adoption assessments over other priorities. Health boards are also under-resourced in relation to the provision of tracing and reunion services for adult domestic adoptees and their birth parents. This is apart from the obvious priority of child protection work which is a service area in which there are major ongoing developments and where there are also shortfalls in service provision.

## 7.2 Looking Forward

**7.2.1 Planning for the Future:** One of the key finding of the implementation group relates to the demand-led nature of this service. While all health services are to some degree demand-led there is no doubt that patterns of demand in intercountry adoption services, are, at this time, almost impossible to predict. The inability of service providers to respond to the enormous increase in demand was one of the reasons which led to the review of the assessment service. Intercountry adoption in Ireland is a relatively new phenomenon compared to many of our European and Scandinavian neighbours. Therefore patterns of demand have not yet “settled” down. While such patterns are undoubtedly linked to the decreasing availability of Irish children for domestic adoption, this alone does not explain the “bulges” of demand which some boards are experiencing.

Clearly, it is possible to identify “high” levels of demand in particular boards and as part of this exercise, such boards have been allocated the bulk of funding to address the backlogs that have developed. However, it is very important to note that it is not possible to establish:

- (i) if these levels are “peak” levels in boards with the highest demands or whether they could increase even more;
- (ii) if the high levels of demand being experienced in these boards will in the future spread to boards currently keeping abreast of demand;
- (iii) what impact current or future patterns of demographic settlement may have on demand levels in individual health boards e.g. the settlement of people working in Dublin and other urban centres in more rural bordering counties where they will fall to be assessed.
- (iv) what impact, if any, economic prosperity is having on the demand level;
- (v) what the likely impact of international developments might be on future demand e.g. some sending countries may “close down” for adoption whereas due to natural disasters or political upheaval other countries may “open up” in terms of availability of children for adoption.

There is no doubt that this service has been considerably under-resourced in the past and in some boards, still needs further investment. The legislative background to the provision of services, in particular the statutory right to an assessment “as soon as practicable” under section 8 of the Adoption Act 1991 needs to be taken into account in this context.

Demand for assessments is continuing to increase at a rapid rate in some boards. Therefore, the Implementation Group consider that open-ended commitments to continue to meet demand, could, potentially, begin to have an impact on the prioritisation and/ or the allocation of resources within child care services generally.

**7.2.2 Funding/Charges:** The Implementation Group invited the views of the Chief Executive Officers of the boards in relation to the application of charges. The CEO Group indicated that it is not in favour of applying charges on the basis that (1) it would be unusual to charge for child care services, and (2) there would be costs attached in administering the collection of charges – particularly if this was to be a means tested scheme of charges.

The Implementation Group also found that the key delay in relation to the processing of assessments relates to insufficient social work resources. Those boards with the greatest shortfalls in terms of numbers of social workers are also those experiencing the greatest difficulties in relation to recruitment. It was considered that, at this time, the additional income that might be generated in large boards would not, in fact, have the impact anticipated, due to the inability of boards to spend income generated on the recruitment of additional staffing.

Having considered the Report's recommendations; the CEOs' views; and the ongoing recruitment difficulties, the Implementation Group has formed the view that charging for these services is not appropriate at this time.

## **7.3 Key Considerations in the Future of Intercountry Adoption Services**

**7.3.1 Diversity in Intercountry Adoption Services:** The Report identified diversity between the health boards, in relation to the delivery of the service (i.e. regionally, on a community care basis, or in conjunction with voluntary adoption societies). The Implementation Group has found, and wishes to formally acknowledge, that because of the nature of the structures in each of the health boards, some diversity will continue to be a feature of the intercountry adoption service. Although structural aspects of service delivery will continue to vary, this should not impact on the delivery of the Standardised Framework to applicants.

**7.3.2 Decision-Making:** The issue of the devolution of certain powers from the Adoption Board to health boards arose, with particular regard to the granting of declarations of eligibility and suitability. The Implementation Group agreed that this matter should be given consideration in the context of the Organisational and Management Review of the Adoption Board and the preparation of legislation to ratify the Hague Convention. As any devolution of these powers will require legislative change a final decision can only be taken regarding this issue in the context of the drafting of the legislation on the ratification of the Hague Convention.

**7.3.3 Management and Leadership:** The Implementation Group have taken a very active role in driving forward the agenda for change in relation to the implementation of the Report *"Towards A Standardised Framework for Intercountry Adoption Assessment Procedures"*. During the period of its operation the Department of Health and Children has provided considerable support through its Child Care Legislation Unit, with particular regard to

- the organisation of the November Seminar on intercountry adoption,
- the preparation of adoption information booklets,
- the handling of tendering, contract award and liaison with BAAF in relation to the production of the *Guide for Practitioners* and
- the collection and collation of statistics in relation to the service.

The Implementation Group has noted that there still remains a considerable amount of progress to be made in many boards towards full implementation of the Standardised Framework. However, in view of the legislative priorities of the Child Care Legislation Unit and the need for the Department to concentrate on policy rather than operational matters (as per the Strategic Management Initiative) it is not considered appropriate that the Department should continue to have such a "hands-on" role.

## 7.4 Key Areas for Development

**7.4.1 Planning for Follow-up Reports for Countries of Origin:** The Implementation Group has become aware of the increase in the number of post-placement reports being completed in respect of children adopted from abroad. These reports have been undertaken by health board social workers with the voluntary co-operation of the parents in the context of commitments to the countries of origin of these children. The Group has identified the increasing number of follow-up reports as becoming a contributing factor in delays in the processing of new applications for assessment. It is estimated, at present, that a considerable proportion of social work time is spent on the completion of such reports and there are currently 311 children in respect of whom such reports are being completed. Most countries require reports to be completed at six monthly intervals for 2 years. ( It should be noted that the Standardised Framework Report does not take account of the time required to complete follow-up reports in drawing up their recommendations on expected outputs per social worker.)

While the Group is concerned to maximise social work availability for assessments, at the same time, it emphasises that, in the absence of structured post-adoption services for these children and their families, the opportunity for both the social worker and the family to interact in order to provide support in the initial stages of the placement and to identify further service needs, is very valuable. It is also envisaged that information gained from the follow up reports could feed into the assessment of couples for adoption of a second or subsequent child.

**7.4.2 Accommodation and Information Technology:** The Implementation Group noted that many boards are still in need of investment in basic accommodation and information technology resources. Apart from the ERHA, which was in a position to use a large amount of its additional funding in 1999 on a once off basis for accommodation and I.T. investment, many boards still have to address accommodation and I.T. needs. In terms of accommodation, the facility for office-based interviews can free-up social worker time spent travelling to clients at present. In terms of I.T., office management systems will impact on customer service and information systems.

**7.4.3 Research:** The Implementation Group also noted that many myths in relation to intercountry adoption arise due to a lack of evidence based studies on the impact of intercountry adoption on adoptees and their families. There is international evidence to support the approach being taken to preparation and assessment of couples. However, the Group agree that it is vital that Irish-based research is available to guide practice in this field in Irish society and this is not the case currently.



## CHAPTER 8

# Recommendations of the Implementation Group

Arising from these findings the Implementation Group makes the following recommendations:

### 8.1 Future Service Provision

The Group is agreed that its recommendations regarding the future of this service need to be framed in the context of one key issue i.e. the level of priority this service will have vis-a-vis other health services and particularly other services for children. The establishment of service delivery targets which are achievable and reasonable in a service area where demand is unpredictable is very difficult. At the same time, the setting of such targets will be central to delineating the extent of any commitments in relation to the resourcing of this service on an ongoing basis.

The Group is of the view that it is not appropriate to give open-ended commitments to funding given the unpredictability of demand. However, it is of the view that this service needs to be brought to certain minimum resource levels immediately. We recommend that:

- Outstanding vacancies should be filled as a matter of urgency and development of accommodation, I.T. and other non-pay resources should be given priority. In some boards this will require additional resources, in other boards, existing resources could be utilised more effectively to maximise their impact.
- Staffing levels in those boards with large imbalances between demand and social work staffing, which did not receive proportionate additional funding in 1999 or 2000, should be reviewed with a view to approval of additional funding to meet these deficits. Based on the current waiting times this would apply to the Mid-West and South Eastern Health Board areas in particular. Resources in some of the smaller boards may also need to be consolidated to ensure current waiting times can be maintained.
- The output targets per social worker and the length of assessment outlined in the Report should be used as indicators of performance for service delivery. The Report suggested that an average output rate of 20 cases per whole time equivalent social worker per annum could be expected. It is acknowledged that work on post-placement reports will impact on this suggested output – a figure of between 18 – 20 is considered an appropriate target in the context of the full implementation of the new framework. The Report suggested that the processing time required to complete an assessment could be reduced to 10 months from application stage to decision-making stage (excluding waiting time which arises after receipt of the application and

commencement of stage three – the preparation/education stage). This target time is already being achieved in many board areas and should continue to be used as a performance indicator.

- Demand levels should be monitored on an ongoing basis to allow for the review of resource allocation for this service. Quarterly statistical returns have been collated by the Department of Health and Children for the first and second quarters of 2000. It is recommended that these returns continue to be provided by the boards on an ongoing basis.

## **8.2 Application of Charges**

While the Implementation Group wishes to emphasise that is not opposed to the application of (means tested) charges, it considers that generating increased income for the service is not a priority at this time. In some boards, income generated from charges are unlikely to impact on waiting times to the extent that applicants might expect given the difficulties in recruiting social work staff. The imposition of a charge in relation to this service would also require legislative change. The Group recommend that this matter be considered further in the context of the legislation to ratify the Hague Convention. Consideration might be given, for example, to the Minister being given the power to levy charges at some stage in the future should s/he consider this appropriate.

## **8.3 Achieving Recruitment and Skill Mix Objectives**

**8.3.1 Skill Mix and Partnership with The Voluntary Sector:** The Implementation Group wishes to reiterate the Report's recommendations regarding the appropriate freeing up of social work time through (i) the use of an appropriate mix of clerical/administrative and professional staff in adoption services, and (ii) the enhancing of the partnership with the voluntary sector in the delivery of preparation courses.

**8.3.2 Atypical Employment:** The Implementation Group also recommends that recruitment of social work staff should be prioritised, and that the employment of social workers with more flexible terms of employment should be promoted, eg. sessional basis, temporary, job-sharing.

**8.3.3 Additional Training Places for Social Workers:** The Group recommends that additional social work places be allocated in the third level sector. It is understood that the National Social Work Qualifications Board have already embarked on a Manpower Planning study in relation to this issue. The study is ongoing and its recommendations are due to be issued soon.

## 8.4 Maintaining Momentum

**8.4.1 Establishment of Health Board Steering Group:** The Implementation Group recommends that the Chief Executive Officers of the health boards establish a high level steering group (comprised of senior managers, practitioners and representation from the Department of Health and Children) to oversee the continuing implementation of the Report's recommendations and to monitor trends throughout the health boards.

**8.4.2 Developing Shared Health Board Services:** It is noted that this service is one which lends itself well to joint board initiatives/projects because of the small specialised teams involved (e.g. the adult education/ facilitation and communication skills training which has already taken place and the supervision training due to be organised later in the year). In that context, the Implementation Group recommends that it would be a suitable service area to come within the remit of the new Health Board Executive Agency.

**8.4.3 Promoting Networks in Intercountry Adoption to Share Best Practice:** The Implementation Group recommends that a national forum, akin to the 1999 Seminar on Intercountry Adoption Services should be held on at least an annual basis to review service developments, identify new issues and provide an appropriate mutual support network for social workers and managers in this service. This national forum should be organised on a rotating basis by Health Board representatives on the to-be-established health board steering group.

## 8.5 Post Adoption Reports

**8.5.1 Utilisation of Outputs for Second Assessment Applications:** The implementation group recommends that the framework for second assessments should take account of visits being conducted in respect of the completion of follow-up reports so that these visits could have dual purpose for those families adopting on a second or subsequent occasion. To this end the material being prepared by BAAF is to include a standardised framework for second assessments taking account of this factor.

**8.5.2 Containing Demand – the Role of the Adoption Board:** The Implementation Group recommends that the Adoption Board, in its role as Central Authority under the pending Hague Convention legislation, should use its influence to ensure that demand for these follow-up reports for the countries of origin is managed, to minimise the impact on social work resources. The Group wish to emphasise that it is accepted that any attempt to reduce or eliminate the demands for such reports should be linked to the provision of adequate post-adoption contact between the family and the health board, providing support for families following initial placement – including assistance in accessing any health board services they might need.

## **8.6 Post Adoption Research**

Related to the above, the Group recommends that research is commissioned into (i) the general outcomes for intercountry adoptees taking account of country of origin, age when adopted and pre-adoption care etc. as well as (ii) an analysis of post adoption needs of intercountry adoptees and their families including the availability of appropriate specialist services in the health and education sectors, for those children that may need them.

## **8.7 Training of Social Workers for a Future in Intercountry Adoption**

The Implementation Group recommends that social work training curricula should be examined to assess if some of the practice, skills and supervision shortfalls in adoption services identified in the Report “*Towards a Standardised Framework for Intercountry Adoption Assessment Procedures*” need greater development in social work training. The Department of Health and Children will liaise with the National Social Work Qualifications Board in this regard.

# Appendices



**APPENDIX 1**

**Use of Additional Resources in 1999**

<b>ERHA</b>	<b>£213,000</b>	
	£30,000	1 Additional Social Work Post
	£40,000	1 Additional Grade V and Grade III posts
	£100,000	Office Accommodation Rental (for Year 2000)
	£15,000	I.T. Resources
	£10,000	External Consultation / Training

**NOTE:** The Board originally provided for the recruitment of 5 additional social work posts from the funding provided. However, it did not prove possible to recruit such staff in this period. Therefore a considerable portion of the funding was used for once off purposes in 1999.

<b>MHB</b>	<b>£11,000</b>	Additional 0.5 Social Work Post
<b>MWHB</b>	<b>£40,000</b>	
	£25,000	Additional 0.5 Social Work Post
	£15,000	Seminar on Intercountry Adoption (i) Additional I.T. and Training Resources (ii)

**NOTE:** (i) The Mid-Western Health Board agreed to hold some additional funding in respect of consultancy and other costs arising from national initiatives on the implementation of the Report. This Board bore the costs of holding the November Seminar on Intercountry Adoption (including costs associated with speakers, conference facilities and professional facilitation).

(ii) Due to the delay in recruitment of the additional 0.5 Social Worker, full year funding associated with the employment of the worker was not used in 1999. The surplus was used for these once off purposes.

<b>NEHB</b>	<b>£38,000</b>	
	£30,000	Additional Social Work Post
	£8,000	Additional 0.5 Grade III Post
<b>NWHB</b>	<b>£33,000</b>	1 Additional Social Work Post

<b>SEHB</b>	<b>£26,000</b>	
	£26,000	Training of Staff, Adoption Placement Committee, Additional I.T. Resources and Consultancy Report on the Provision of Adoption Services in the SEHB Region.

**NOTE:** The Board originally provided for the recruitment of an additional social worker and Grade IV administrative post for the Adoption Services. It was not possible to have these staff in place before the end of 1999. Therefore funding allocated in 1999 was used for once off purposes. Both the additional social worker and grade IV post are now in situ.

<b>SHB</b>	<b>£108,000</b>	3 Additional Social Work Posts 1 Additional Grade V Post
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**NOTE:** As staff were not recruited for the *full* year of 1999, unspent funds were allocated on a once-off basis to the provision of additional I.T. resources and computer training for staff.

<b>WHB</b>	<b>£26,000</b>	0.5 Additional Social Work Post (Galway) 0.5 Additional Grade III Post (Mayo)
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**NOTE:** The Board has advised that the 1999 spend of funding was a once off use of the funds. The ongoing use of the funding from year 2000 will provide for 0.5 social worker post in Galway and 0.5 social work post in Mayo.



APPENDIX 2

Use of Additional Resources in 2000

<b>ERHA</b>	<b>£236,000</b>	
	£236,000	8 Additional Social Work Posts

**NOTE:** The Board has indicated its ongoing concern about its ability to recruit the additional staffing provided for in 1999 and 2000. Advertisements have been placed in the national press for temporary staff on a wholetime, part-time or sessional basis. In addition the Board has invited registered Adoption Societies to take a quota of assessments from the waiting list in order to off set the large backlog.

<b>MHB</b>	<b>£17,000</b>	Additional administrative support
<b>MWHB</b>	<b>£26,000</b>	Additional 0.5 Social Work Post Additional 0.5 Grade III Post Upgrade of one existing post to supervisory level

**NOTE:** The £15,000 used on a once off basis in 1999 to fund the Seminar on intercountry adoption was held by the Mid-Western Health Board in 2000 in respect of additional consultancy being undertaken at the behest of the Implementation Group.

<b>NEHB</b>	<b>£31,000</b>	1 Additional Social Work Post
<b>NWHB</b>	<b>£12,000</b>	

**NOTE:** The NWHB has decided to allocate £113,000 from child care funding to ICA services in respect of the establishment of a regional adoption team. The Board’s Operational Service Plan for 2000 sets out a detailed plan of their need to restructure and establish a regional adoption service on a firm footing following the withdrawal of adoption societies from the service.

<b>SEHB</b>	<b>£48,000</b>	1.5 Additional Social Work Post
<b>SHB</b>	<b>£113,000</b>	
	£80,000	1 Additional Team Leader Post, 1 Additional Social Work Post, 1 Additional Secretarial Support Post
	£6,000	Implementation of the Preparation/Education Stage of the Standardised Framework
	£27,000	Office Refurbishment
<b>WHB</b>	<b>£17,000</b>	Additional 0.5 clerical Post (Galway) Additional sessional support one day per week to assist with processing of intercountry adoption applicants



## APPENDIX 3

### An Bord Uchtála

Teach Shelbourne,  
Bóthar Shelbourne,  
Droichead na Dothra,  
Baile Átha Cliath 4.



### Adoption Board

Shelbourne House,  
Shelbourne Road,  
Ballsbridge,  
Dublin 4.

Reference No.:

Tel: (01) 667 1392

Your Reference:

Fax: (01) 667 1438

**14th February, 2000**

**Ms Frances Spillane**

**Principal Officer**

**Child Care Legislation Unit**

**Department of Health and Children**

**Hawkins House**

**Dublin 2**

**Towards a Standardised Framework for Inter-Country Adoption  
Assessment Procedures**

Dear Ms Spillane

I have been requested by the Board to write to the Department concerning the Board's formal response to the Report "**Towards a Standardised Framework for Inter-Country Adoption Assessment Procedures**". Board members found the training seminar on the standardised framework on ICA assessment in Kilkenny last November/December very informative and it provided them with an opportunity to meet with practitioners and discuss issues of concern with them.

The Board welcomed the Minister's initiative in commissioning the Report and it endorses the majority of recommendations in the Report. The Board has discussed a number of Report's recommendations and its response to these recommendations is as follows:—

- **Central Authority**

The Board agrees with the recommendations in the Report that it should become the new Central Authority and that it should be responsible for co-ordinating the ICA service.

- **Decision Making**

The Board is not in agreement with the recommendations in the Report that responsibility for making declarations of eligibility and suitability to adopt abroad be devolved to the assessing agencies. If decision making were devolved then assessing agencies would be responsible for assessing applicants, recommending applications, managing an internal appeals tribunal in relation to negative recommendations and making decisions on whether to grant or refuse declarations of eligibility and suitability to adopt abroad. The Board considers that it is important to separate the assessment process from the decision making process to ensure that there is no disparity between assessing agencies in making decisions over whether to grant or refuse declarations.

- **Length of Declaration**

The Board agrees with the recommendation in the Report that the life span of declarations be extended to two years. Legislation will be required to allow the Board to make declarations which will be valid for two years. In the interim the Board has introduced a new procedure whereby it is requesting applicants to provide it with a written undertaking at the time of the making of their declaration that they will inform the Board of any material change to their circumstances during the life span of the declaration. Applicants who have not adopted within twelve months and who request an extension to their declaration will be required to swear an affidavit confirming that their circumstances have not changed. The Board has started to extend declarations on foot of a sworn affidavit from applicants without requiring the assessing agency to provide it with an up-dated report on the applicants.

- **Age Limits for Inter-Country Adopters**

The Board has decided to introduce age limits for inter-country adopters in the interests and welfare of children adopted from abroad. In the case of joint applications the Board has decided that the youngest applicant should be no more than 42 years of age and the oldest applicant no more than 45 years of age at the time of application to the assessing agency for an assessment for inter-country adoption. The Board also decided in the case of sole applicants that the applicant should be no more than 42 years of age at the time of application to the assessing agency. The Board has further decided that it will consider each application on its individual merits and retain the power to waive the age limits in individual cases where there is a pre-existing relationship between the applicant(s) and the child or where a sibling of an adopted child becomes available for adoption.

- **Multiple Placements**

The Board considers that applicants should be entitled to apply to an assessing agency to be assessed for one child or for siblings. In the case of an assessment for siblings the assessing social worker should, as part of the assessment process, examine the childrens' needs, the applicants parenting capacity and the competencies required to parent two children and refer to these issues specifically in the assessment report. The Board does not recommend the placement of unrelated children with applicants at the same time but it reserves the right to consider individual cases in **very** exceptional cases.

- **Second Assessments**

The Board considers that applications for second assessments from applicants who have adopted abroad should be accepted by assessing agencies as soon as the applicants have returned home with the adopted child in their care. It also decided that assessing agencies should advise applicants who are in the process of adopting abroad that they can submit an application for a second assessment on their return home but that the assessment should not commence until they have had the child in their care for nine months. The Board has decided that post-placement visits should be used as a central component in the preparation of the second assessment report and that assessing agencies should introduce a fast-tracking system for second assessments similar to the procedure introduced by the Eastern Health Board in consultation with the International Adoption Association.

- **Health Status**

The Board noted the recommendation in the Report that a representative group of medical advisors with a knowledge of ICA issues be established under the aegis of the Adoption Board to review the subject of the health status of applicants and to prepare guidance for doctors preparing medical reports on applicants. The Board has decided to write to the CEOs of the Health Boards noting the recommendation on health status in the Report and enquiring how they considered this matter should be addressed. It is hoped that a greater understanding of the medical issues involved in inter-country adoption can be developed through this process and that the expertise gained can be used for the benefit of children adopted through inter-country adoption.

- **Referees**

The Board has decided that a standard reference form for domestic and inter-country adoption should be drawn up and that referees should be informed in advance of the Guidelines on Child Protection and that the confidentiality of any information given which might effect the welfare of the child could not be guaranteed. It has also decided

that referees nominated by the applicants should personally know both of the applicants, that references from clergy for both domestic and inter-country adoption should only be taken where the member of the clergy personally knows both of the applicants, and that the originals of the references should be submitted to the Board in support of the application.

The Board will be issuing further guidance to assessing agencies in relation to the above.

I trust the above will be of assistance to the Department in its deliberations.

Yours sincerely,

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**David Wolfe**  
**Registrar**

## An Bord Uchtála

Teach Shelbourne,  
Bóthar Shelbourne,  
Droichead na Dothra,  
Baile Átha Cliath 4.



## Adoption Board

Shelbourne House,  
Shelbourne Road,  
Ballsbridge,  
Dublin 4.

Reference No.:

Tel: (01) 667 1392

Your Reference:

Fax: (01) 667 1438

**24th May, 2000**

**Ms Frances Spillane**  
**Principal Officer**  
**Child Care Legislation Unit**  
**Department of Health and Children**  
**Hawkins House**  
**Dublin 2**

**Re: Towards a Standardised Framework for Inter-Country  
Adoption Assessment Procedures**

Dear Ms Spillane

I refer to your letter of the 21st inst. and enclosed extract from the Implementation Group's draft report to the Minister on the progress being made in implementing the recommendations in the Report **Towards a Standardised Framework for Inter-Country Adoption Assessment Procedures.**

The Board considered the draft extract from the Report and it has requested me to reply as follows:—

**Standards to be Applied in Assessment**

The Board recognises the legal differences between the statutory entitlement of applicants to apply for an assessment for inter-country adoption compared to the lack of such an entitlement to apply for assessment for domestic adoption. Since the introduction of the Adoption Act, 1991 different standards of practice have developed between assessing agencies in the assessment process for inter-country adoption compared to the assessment process for domestic adoption.

The Board considers that the question of introducing a standardised framework for assessment for domestic adoption should be examined in the context of the

Standardised Framework which is being introduced for inter-country adoption. Such a development would ensure that there was standardisation in the assessment process for domestic adoption throughout the country and provide agencies with guidance on best practice.

### **Extension of Life Span of Declaration of Eligibility and Suitability.**

The Board introduced a system of extending declarations for one year on affidavit where there had been no material change to the applicants' circumstances. The system is working very well and it has reduced the workload on social workers who heretofore had to visit applicants and make a recommendation which then had to go before the agency's Placement Committee for approval.

### **Preparation of Information Booklets**

The sentence beginning "At an early..." should be amended to read – professionals/clerical/administrative resources.

### **Preparation of Guidance on Final Assessment Reports/Standardised Application Form**

As is.

### **Examination of the Role of the Adoption Board and the Decision Making Process**

The Board welcomed the appointment of a Consultant to review the Organisation and Management of the Adoption Board. The Board considers that the decision making process of the Board should be examined in the light of the Board's quasi judicial function. The Board considers that it should retain the responsibility for making declarations of eligibility and suitability to adopt abroad to ensure a standardisation in the decision making process.

### **Strengthening of Communications**

The Board is currently examining how it communicates with adoption agencies and as part of this process it now meets with both social workers and applicants where there is a negative assessment. If the Board decides to overrule a negative assessment it informs the assessing agency of the reason for its decision. The Board welcomed the opportunity to meet with social workers in Kilkenny to discuss the Standardised Framework.

On a broader level the Board is examining ways of improving communications between the Board and adoption agencies through regular meetings with Central Council, individual agencies and holding workshops on different aspects of adoption.



The Board has also prepared a number of Circulars on practice issues and on the mechanics of adopting in various countries. A list of these Circulars can be found at appendix 3.

### **Preparation of Guidance Regarding the Adoption of More than One Child at a Time and the Processing of Second Assessments**

The Board has issued practice guidelines to assessing agencies on how assessments for more than one child and second assessments should be dealt with by the agencies.

Agencies have put in place procedures to ensure applicants applying for a second assessment are not put to the bottom of the waiting list and in some agencies separate waiting lists for first time and second time adopters are in operation.

### **Preparation of Guidance for Doctors Preparing Reports etc.**

The Board has written to the CEOs to establish their views on how this recommendation can be progressed. The Board is aware of the need to provide guidance to agency medical advisors on issues such as the health status of applicants insofar as it effects their suitability to adopt on medical grounds and the preparation of medical reports. There is also a need to examine the medical forms which are completed by GPs in support of adoption applications for both domestic and inter-country adoption in the light of advances in medical treatments over the years.

At present the Board has no medical advisor and it deals with each case on an individual basis having regard to GP and consultant medical reports presented in support of applications. The Board has been in discussions with the Department of Health and Children with a view to recruiting a medical adviser.

I trust the above will be of assistance to the Implementation Group in the preparation of its report for the Minister.

The Board has requested me to seek copies of the draft information booklets and guidance on final reports which it will be providing to applicants and agencies in order that it can comment on same. I await hearing from you in this regard.

Yours sincerely

D. Wolfe

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**David Wolfe**  
**Registrar**



## APPENDIX 4

### An Bord Uchtála

Teach Shelbourne,  
Bóthar Shelbourne,  
Droichead na Dothra,  
Baile Átha Cliath 4.



### Adoption Board

Shelbourne House,  
Shelbourne Road,  
Ballsbridge,  
Dublin 4.

Reference No.:

Tel: (01) 667 1392

Your Reference:

Fax: (01) 667 1438

## **ADOPTION BOARD CIRCULAR**

### **GUIDE FOR INTER-COUNTRY ADOPTION PERSONNEL**

I have been requested by the Board to write to you in connection with the Report **“Towards A Standardised Framework For Inter-country Adoption Assessment Procedures – A Study of Assessment Procedures in Inter-Country Adoption”**.

The Board welcomed the Minister’s initiative in commissioning the Report and the introduction of the Standardised Framework for assessment for inter-country adoption.

The Board has decided to introduce new procedures for dealing with applications for declarations of eligibility and suitability to adopt abroad and to issue guidance to relevant social work personnel involved in inter-country adoption assessment.

#### **1. NEGATIVE ASSESSMENT REPORTS AND RECOMMENDATIONS**

The Board is aware of the concerns of practitioners at the way the Board has dealt with negative assessment reports and recommendations from Placement Committees in the past. The Board has decided that in the future when it receives a negative report and recommendation in relation to any particular application that the following procedures will apply:—

- (a) The Board will examine each negative assessment report in detail and it will take the advice of its own Social Work staff on the report.

- (b) The Board will identify the negative issues identified by the Social Worker in the report and it will write to the applicants and the Health Board Social Worker outlining the issues which the Board wishes to discuss with them.
- (c) The Board will offer the applicants and the Social Worker/s who carried out the assessment a hearing on the application.
- (d) After hearing both parties the Board will make its decision and inform both parties of the basis for its decision in each individual case.

## **2. LENGTH OF DECLARATIONS**

The Board has noted the recommendation in the Report that the life span of the declaration of eligibility and suitability to adopt abroad should be extended to two years and it has decided that it supports the recommendation. However, legislation will have to be enacted before the Board is in a position to make declarations which are valid for two years. In the interim the Board will continue to make declarations of eligibility and suitability to adopt abroad which are valid for twelve months.

## **3. FIRST EXTENSION TO A DECLARATION**

At the time of the making of the original declaration the Board will require applicants to provide it with a written undertaking that they will inform the Board of any material changes to their circumstances during the lifetime of the original declaration. Applicants who have been unsuccessful in adopting during the lifetime of the original declaration and who wish to have the declaration extended will be required to swear an affidavit that their circumstances have not changed before the Board will consider their application to extend the original declaration. The Board will **not** require an up-dated assessment report on the applicants from the assessing agency in the case of an application for a twelve month extension to the original declaration. Applicants will not have to contact the assessing agency if they are applying to extend their declaration for the first time and the Board will draw up the affidavit for swearing by the applicants.

## **4. SECOND EXTENSION TO A DECLARATION**

Assessing agencies will have to provide the Board with a detailed up-dated assessment report on applicants who apply to have their original declaration extended for a second time. It is expected that the vast majority of applicants will be successful in adopting during the lifetime of the original declaration and only a small number will have to apply to have their declaration extended for a second time.

## **5. AGE LIMITS FOR INTER-COUNTRY ADOPTERS**

The Board has carefully considered the question of specifying age limits for eligibility for inter-country adoption and it has decided, in the interests and welfare of a child adopted from abroad, to introduce an age limit for inter-country adoption. The following age limits are to be applied with immediate effect in respect of any applicants applying in writing to an adoption agency for assessment for inter-country adoption. Adoption agencies should ensure that procedures are put in place to record the date of receipt of each written application for assessment for inter-country adoption and that the date of application is noted on the assessment report.

- (a) In the case of a joint application the youngest applicant should be no more than 42 years of age and the older of the applicants no more than 45 years of age at the time of application to the agency for assessment for inter-country adoption. Age limits for joint applications cannot be aggregated for eligibility purposes.
- (b) In the case of sole applicants the applicant should be no more than 42 years of age at the time of application to the assessing agency.
- (c) The Board will consider each application on its individual merits and retain the right to waive the age limits in individual cases where there is a pre-existing relationship between the applicants and the child or where a sibling of a child already adopted becomes available for adoption. The number of such applications should be small and the Board will require documentary evidence from the sending country that the applicants have a pre-existing relationship with the child or that a sibling is available for adoption by the applicants.

## **6. INFERTILITY INVESTIGATION AND TREATMENT**

The Board has decided that it concurs with the recommendations in the Report that it is inappropriate to have a blanket policy that infertility investigation and treatment should be completed before an assessment commences.

The Board considers that each case should be considered on its individual merits and that in some cases applicants who are undergoing fertility treatment would be capable of also participating in an assessment but that in other cases applicants would not have the resources within themselves to undergo fertility treatment and assessment at the same time. Each case should be decided on its own merits. If a Social Worker has reservations about continuing an assessment in the case where a couple are undergoing fertility treatment that the Social Worker should bring the case to the Placement Committee for a decision. The Board has also decided that it does not have a difficulty with a couple who decide not to have their own children applying for an assessment for

inter-country adoption and that this issue will be one of a number of issues which would have to be addressed by the social worker during the assessment process.

Guidance on further aspects of the assessment process will be issued to assessing agencies in due course.

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**David Wolfe**

**Registrar**

**2nd December, 1999**

## An Bord Uchtála

Teach Shelbourne,  
Bóthar Shelbourne,  
Droichead na Dothra,  
Baile Átha Cliath 4.



## Adoption Board

Shelbourne House,  
Shelbourne Road,  
Ballsbridge,  
Dublin 4.

Reference No.:

Tel: (01) 667 1392

Your Reference:

Fax: (01) 667 1438

# **ADOPTION BOARD CIRCULAR**

## **GUIDE FOR INTER-COUNTRY ADOPTION PERSONNEL**

The Board has decided to issue further guidance to social work personnel involved in inter-country adoption assessment. This Circular should be read in conjunction with the Board's Circular of 2nd December, 1999.

1. **Multiple Placements:**– The Board has noted that some adoption agencies assess applicants for the adoption of one child only from abroad. After careful consideration the Board has decided that **all** applicants should be entitled **to apply** to an adoption agency to be assessed for the adoption of one child or two siblings abroad, if they so wish. Applicants might occasionally apply to adopt a sibling group with whom they have a relationship but normally applicants would only be seeking to adopt two siblings. The Social Worker who carries out the assessment should examine the children's needs, the applicants' parenting capacities, and the competencies required to parent two children in any case where applicants elect to be assessed for siblings. These issues should be specifically addressed by the Social Worker in the assessment report as well as the views of any other children or adults in the household. The assessment report should state whether the applicants have been assessed to adopt one child or two siblings. Both the Social Worker's recommendation in the assessment report and the Placement Committee's recommendation should clearly state if the applicants are being recommended as suitable to adopt one child or two siblings. The application form (Form C1) which the applicants complete should also clearly state if they are applying for a declaration to adopt one child or siblings.

Adoption agencies should note that the Board does not recommend the placement of unrelated children with applicants at the same time but that it reserves the right to consider individual cases in **very exceptional** circumstances. This should only happen when applicants have already identified the children whom they wish to adopt. Under no circumstances should applicants be assessed to adopt two unrelated children.

2. **Fast Tracking of Second Assessments:**– The Board considers that adoption agencies should introduce with immediate effect the fast tracking of second assessments. The Board has decided that adoption agencies should accept applications for second assessments as soon as applicants who have adopted abroad return home. Agencies should advise all applicants who are in the process of adopting abroad and who are interested in adopting abroad again that they can submit an application for a second assessment on their return from abroad with their adopted child. Second assessments should not be commenced until the applicants have the child in their care for at least nine months from the date of placement of the child, but should commence as soon as practicable thereafter. The Board would envisage that the information gathered during post-placement visits by Social Workers would be of assistance in the compilation of second assessment reports.
3. **Referees:**– The Board has decided that adoption agencies should advise referees of the Guidelines on Child Protection when seeking references on applicants. Referees should also be advised that the confidentiality of any information which might effect the welfare of an adopted child **cannot be guaranteed** in the interests and welfare of the child. References should only be taken from people, including clergymen, who know both of the applicants personally. References should not be taken from people who only casually know the applicants. The new guidelines on dealing with referees should be used for both domestic and inter-country adoption.

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**David Wolfe**

**Registrar**

**10th March, 2000**



## An Bord Uchtála

Teach Shelbourne,  
Bóthar Shelbourne,  
Droichead na Dothra,  
Baile Átha Cliath 4.



## Adoption Board

Shelbourne House,  
Shelbourne Road,  
Ballsbridge,  
Dublin 4.

Reference No.:

Tel: (01) 667 1392

Your Reference:

Fax: (01) 667 1438

### **Secretary**

### **Each Registered Adoption Society**

### **Senior Social Worker**

### **Each Health Board Community Care Area**

### **Programme Manager Community Care**

### **Each Health Board**

### **Re: Guidelines on Age Limits for Inter-Country Adoption**

I wish to refer to paragraph 5 of the Adoption Board's Circular of 2nd December, 1999 which dealt with the decision by the Board to introduce upper age limits for inter-country adoption as and from 2nd December, 1999.

I wish to advise that the Board's decision to introduce upper age limits for inter-country adoption has been the subject of Judicial Review proceedings before the High Court.

Counsel has advised on the matter and in the circumstances the Board has decided to withdraw Paragraph 5 of its Circular of 2nd December, 1999 with immediate effect and not to contest the proceedings.

You are requested to take immediate steps to ensure that all persons who have applied for an assessment for inter-country adoption and who were refused on the grounds of age are advised in writing of the Board's decision at the earliest possible stage. Applicants who were turned down on age grounds should be included on your Agency's inter-country adoption waiting list as and from the date of their original application.

Your co-operation in implementing the terms of this Circular is appreciated by the Board. You are requested to bring this Circular to the immediate attention of all relevant staff in your Agency.

Yours sincerely,

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**David Wolfe**  
**Registrar**

**10th April, 2000**

## APPENDIX 5

# Performance Indicators

## Intercountry Adoption Services — Performance Indicators

**Key performance indicators need to capture both demand and output — particularly as demand continues to increase and the composition of workers' outputs changes due to the implementation of the framework and the increased demand for post-adoption reports.**

### 1. **Service Demands:**

- (a) Number of enquiries in 2000 and rate per 100,000 population.
- (b) Numbers of applications in 2000 and rate per 100,000 population.
- (c) Ratio of applications to enquiries per 100,000 of population.

### 2. **Average Waiting Time before Preparation/Education Stage Commences**

This should be defined as beginning with the return of a completed application form by the applicants and ending with the first session of preparation course. Separate records should be kept of 1st and 2nd or later applicants.

### 3. **Average Duration of Assessment**

In this case the period should be defined as beginning with initial application (i.e. when the applicants submit a completed application form) and ending when the placement committee has seen the report and made a recommendation on it. A separate record should be kept of 1st and 2nd or later applicants.

### 4. **Assessment Outcomes**

- (a) Number of applications processed to completion;
- (b) Number of positive and negative recommendations made by Placement Committee;
- (c) Number appealed;
- (d) Number of appeals upheld by Adoption Board.

### 5. **Staffing**

- (a) Numbers of applications processed to completion per W.T.E. social work post.
- (b) Numbers of post-adoption reports completed per W.T.E. social worker post.
  - include every completed application form received as an application;

- exclude any W.T.E. social work time relating to tracing and reunion, domestic adoption or fostering.

## 6. **Financial**

- (a) Cost of ICA as a % of child care budget.
- (b) Revenue expenditure on ICA per 1000 of population.
- (c) Cost per application processed to completion.