

## **Managing introductions and the placement of children with their prospective adopters**

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The Covid-19/coronavirus emergency measures have significant consequences for those children who are matched with prospective adopters and where introductions are being planned or are in process. Children who are “looked after” have been defined by the Government as “vulnerable children”. The placement of a child with prospective adopter/s is a key intervention in ensuring the safety, welfare and future of the child, but the risks associated with making such placements must be identified and explicitly addressed, and be compliant with the Government’s public health announcements in relation to Covid-19.

Where introductions have already begun, there will be a priority to complete those introductions and for the child to be placed, but that must include an assessment of all potential risks and identification of how those risks will be mitigated. Where a match has been approved and a plan is being made, the placement of the child must be treated as a priority as it is a life-changing and a life-sustaining intervention for the child and their adopters. But where introductions have not started, then there must be a thorough assessment of the risk factors, as set out below, to decide whether introductions can begin or whether there needs to be a suspension of those introductions until the risk factors have been mitigated.

There are a number of issues that must be addressed.

- 1) The plan must be focused on the key issues that maximise the child becoming settled into their new family while minimising the risk factors that result from the threat of Covid-19. This includes:
  - a. Assessing the risk to the prospective adopter/s that any other members of their household, and the child who is being placed, may become infected.
  - b. Assessing any risks of infection to the child’s foster carers, and any other members of their household, and the way that these risks might impact on the plan for introductions and the foster carer’s role in that plan.
  - c. Seeking appropriate advice from health professionals on any health risks.
  - d. Ensuring that the child will have sufficient opportunity to establish the beginning of a relationship with their adopter/s in a safe and meaningful way, at a pace that safely meets their needs and level of understanding.
  - e. Ensuring that every child will be given age-appropriate information about their adoptive parents. When it is agreed that the child will move to their adopter/s, that they will sensitively be told that they will be leaving their current carers.
  - f. Recognising any anxieties the child may experience from what they have come to know about Covid-19, and how to address these in a child-centred way. This information may have re-invoked other trauma-related experiences for the child.
  - g. Where introductions involve making journeys, ensuring that these journeys are identified as “essential travel”, and are accompanied by a letter of authorisation from the adoption agency. Wherever possible, these journeys should not use public transport, with a private car being the first option and a taxi the second (where the taxi company guarantees measures in place to disinfect the taxi before travel).

- h. Where the child is of an age/level of understanding for this to be meaningful, recognising that online forms of communication may also be helpful, both prior to and following direct contact with the prospective adopters.
- 2) Where a child is moving to the adopter's home, there must be an explicit plan to minimise the possibility of transmitting Covid-19 through the child's clothing or other possessions.
  - 3) The use of hand sanitisers and hand washing should be routine for all forms of direct contact.
  - 4) There must be a support plan that explicitly recognises the risks, alongside all the other issues that are typically included in a support plan, including regular contact with the social worker and with the foster carer. This can include using online forms of communication. There should also be discussions about the role that the adopter's extended family members can play remotely, and, if available, the role of an "adopter buddy".
  - 5) If the child has a health plan that requires interventions or medication, there will need to be an agreed plan to ensure that these continue to be available in the new placement without interruption.
  - 6) Best practice guidance from the University of East Anglia (UEA) on the key principles in introducing and arranging a child to be placed for adoption is set out in six principles ([https://people.uea.ac.uk/files/179945044/Moving\\_to\\_Adoption\\_Key\\_Principles\\_Leaflet\\_for\\_foster\\_carers\\_and\\_adopters.pdf](https://people.uea.ac.uk/files/179945044/Moving_to_Adoption_Key_Principles_Leaflet_for_foster_carers_and_adopters.pdf)). These principles are no less relevant because of the Covid-19 crisis. There may need to be case-by-case adaptations where specific issues conflict with the prioritisation of emerging public health measures in ensuring that every child and adult is kept safe.