

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

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The Covid-19/coronavirus emergency measures have had 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, with adoption agencies being creative in finding ways to continue placing children with their adoptive families. At the same time, this has required identifying and assessing any risks associated with making adoption placements and explicitly addressing these through a risk assessment, to ensure that the plan is compliant with the most recent of the Government’s public health announcements in relation to Covid-19.

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 any risk factors that result from the threat of Covid-19. This includes:
  - a. Assessing the CV-19 risks to the prospective adopter/s and any other members of their household, and the child who is being placed.
  - b. Assessing the CV-19 risks 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 where health risks are identified.
  - d. Ensuring that the child has sufficient opportunity to establish the beginning of a relationship with their adopter/s in a safe and meaningful way, at a pace that 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 travel, ensuring that any journey is 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. This may also be a two-way direction of communication from the adopters to the child and foster carers.

- 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 including the use of face masks.
- 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 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 child without interruption.

When planning introductions, we would recommend agencies familiarise themselves with the work of the University of East Anglia (UEA) who have developed and piloted their 'Moving to Adoption model' based on 6 key principles in introducing and arranging a child to be placed for adoption. <https://www.movingtoadoption.co.uk/wp-content/uploads/2020/07/Moving-to-Adoption-Key-Principles-Leaflet-v3F.pdf>. The issues for practitioners are set out on the Moving to Adoption website - <https://www.movingtoadoption.co.uk/>

The UEA team **Beth Neil, Mary Beek and Gillian Schofield** have more recently developed practice guidance for applying this model during Covid 19 - <https://www.movingtoadoption.co.uk/wp-content/uploads/2020/08/Applying-the-UEA-model-during-COVID-19.pdf> which provides helpful suggestions of how to help build positive working relationships between foster carers and prospective adopters and start building familiarity and attachments between the child/ren being placed and their prospective adopters.

There is also an account from a foster carer's perspective of her experience of a transition using the model during Covid 19 - <https://www.movingtoadoption.co.uk/wp-content/uploads/2020/08/Foster-carer-reflections-on-applying-the-model-during-COVID-19.pdf>.

During the next few months it is likely that there may be further Government announcements which may introduce restrictions on social distancing, and/or travel. Planning at that time will need to take account of that guidance.

The latest guidance at the time of writing (October 2020) relates to Tier 1, Tier 2 and Tier 3 Regulations - which have provided an exception to 'the rule of six' and to the rule of household mixing for the purpose of making arrangements for prospective adopters (including their household) to meet a child or children who may be placed with them for adoption where it is. <https://corambaaf.org.uk/updates/department-education-publish-guidance-new-three-tier-covid-system-and-how-it-impacts>