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# REVIEW OF THE FREEING ORDER PROCESSES IN NORTHERN IRELAND

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Department of Health, Social Services & Public Safety  
An Roinn Sláinte, Seirbhísí Síisialta agus Sábháilteachta Poiblí

**Review of the Freeing Order Processes  
in Northern Ireland**

**Research Report**

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# CONTENTS

Acknowledgements .....	2
Executive Summary .....	3
Introduction, Sample and Methodology .....	5
Section 1: Information on the Children .....	8
Section 2: Information on the Parents .....	15
Section 3: Reasons for Child's Admission to Care .....	21
Section 4: Freeing Process and Adoption Timescales.....	23
Section 5: Court Processes .....	41
Section 6: Placement History.....	45
Section 7: The Consultation Process, Recommendations for Policy and Practice .....	48
Bibliography.....	55
Appendices.....	56

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# Executive Summary

## Review of the Freeing Order Processes in Northern Ireland

This is a study of the processes for freeing children for adoption in Northern Ireland. The Social Services Inspectorate and the Northern Ireland Guardian ad Litem Agency on behalf of the Children's Order Advisory Committee commissioned the study.

Freeing children for adoption is provided for in Articles 17 and 18 of the Adoption (NI) Order 1987. This legislation is substantially similar to that which currently exists in England and Wales pending the implementation of the new Adoption and Children Act (2003). The study was commissioned because of the widespread perception that the process was being undermined by long delays.

Social Workers completed questionnaires in relation to 200 children who were in various stages of the process from the Adoption Panel recommending that adoption was in the child's best interests to the granting of Freeing and then Adoption Orders. The main focus of the study was the time taken for the whole process and for various stages within it. The findings confirmed that the process is dogged by delay at each of its several stages. In total the average time from the child becoming looked after to the granting of an Adoption Order was 4½ years. There was some but not conclusive evidence that, in recent practice, this period was lessening. Most of the time taken was in the stages of the process for which social services had lead responsibility, principally the decision to pursue adoption as the plan for a child. There were also problems with the legal services provided to Health and Social Services Trusts that added to delay. The social workers were very conscious of the complexity of the cases, of the gravity and difficulty of the decision to seek adoption, often against a parent's wishes, and of the level of scrutiny their work would be subject to in court. These worries appeared to contribute much to the delays in decision-making.

The children were mostly very young when admitted to care - average age 1 year 7 months. Most (80%) of the children were admitted to care because they were being neglected or in danger of being neglected. Their parents were well known to social services and had multiple problems. Almost 50% of the children's mothers had been in care themselves. Alcohol abuse was a contributory factor in the parents' failure to parent for 64% of the children. Most (74%) of the parents contested the social services' application and this contributed much to the delay. Very few parents were successful in contesting their cases in court - 94% of the Freeing Order applications were granted.

The study's findings were subject to widespread consultation before the report was finalised including an all day seminar of invited legal and social services personnel chaired by the Honourable Mr Justice Gillen, Family Judge of the Supreme Court. This provided an opportunity to engage those working in the system in debate on the issues and agree on some of the steps that needed to be taken to remedy a situation that all felt was unacceptable. The following main recommendations for consideration by COAC emerged from the review:

1. The Department should introduce adoption standards to Northern Ireland similar to the National Adoption Standards, which apply to England and Wales and ensure that Boards and Trusts are adequately resourced to implement these.
2. Health and Social Services Boards and Trusts should ensure that the policies which have been established to promote permanency planning for looked after children are implemented and appropriately monitored and resourced.
3. There should be an increase in resources in and available to child care social work teams. This should include an increase in social work staff, with particular attention being paid to training staff in permanence and adoption work and retaining experienced staff. There is also a need to increase the resources available for assessment of children and families.
4. New adoption legislation should be introduced to bring adoption law into alignment with the Children Order and allow a better balance to be struck between the paramourcy of the child's welfare and the rights of parents in adoption proceedings.
5. Efforts should be made, led by the Children's Order Advisory Committee, to rationalise the current reporting system that demands at least three different but related reports for different stages of the Freeing Order process.
6. Continuous efforts should be made to reduce delay in court proceedings. In the period covered by this research, delay in care order proceedings became an area of increasing concern and needs to be addressed urgently. Better case planning for individual cases in the court arena was widely seen as a means of reducing delay. Key elements of case planning that were thought to need further development were consolidating Care Order and Freeing Order proceedings in an increased number of cases and the rationalisation of the use of expert witnesses.
7. Parents contested 74% of freeing applications and lost 94% of the cases they contested. Contested cases are much more expensive in terms of staff, time and money and they take longer to progress than those that proceed with agreement. Alternative means of resolving the conflict that these cases generate should be explored.

# INTRODUCTION, SAMPLE AND METHODOLOGY

## Terms of reference for the review

This review was commissioned by the Adoption Sub-Committee of the Children's Order Advisory Committee and was jointly funded by the Social Services Inspectorate of the Department of Health, Social Services and Public Safety and the Northern Ireland Guardian Ad Litem Agency. The terms of reference for the review were:

'to examine the processes and timescales for securing the adoption of looked after children and specifically, to consider:

- social work planning and legal proceedings in respect of all children for whom the Adoption Panels recommended a freeing order application pursuant to Articles 17 and 18 of the Adoption (NI) Order 1987, and all children who were the subject of a Freeing Order adjudication during the period 4 November 1996 to 30 September 1999;
- decision making and legal processes within HSS Boards and Trusts between the last admission to public care and the date of issue of the Originating Summons;
- the progression of cases through the court system to the final hearing;
- the placement of children with prospective adopters and the granting of an Adoption Order;

and to make recommendations aimed at improving practice and minimising delay for children within the adoption process'.

## Introduction

Freeing Orders were introduced to Northern Ireland by Articles 17 and 18 of the Adoption (NI) Order 1987. They were intended to simplify and speed up the process of gaining or dispensing with parental consent in adoption cases. Freeing Orders have become the principal route to adoption for children in Northern Ireland who would otherwise remain looked after in the care system. Two smaller studies (Kelly & Ince 2000 and Kelly & McSherry 2001) concluded that the Freeing Order processes were prone to long delays. The purpose of this study was to conduct a more extensive review of current practice detailing the timescales involved and to provide a vehicle for discussing practical remedies to reduce delay where possible.

## Sample and Methodology

A steering group was established to oversee the project (see Appendix 1). The sample population which was chosen for analysis comprised all the children referred to each of the joint Trusts' Adoption Panels during the period 4 November 1996 to 30 September 2000 where the Panel's recommendation was to pursue the child's adoption through Article 17 or 18 of the Adoption Order. The sample also included all children who were the subject of a Freeing Order adjudication in the courts during the same period. It was anticipated that the inclusion of the latter category within the sample would provide the opportunity to examine a cohort of children who had been adopted using the freeing process.

A preliminary exercise, which was undertaken within each Health and Social Services Trust, indicated that there were 209 children who met the study criteria. Two hundred (200) completed questionnaires were returned in respect of these children, representing a response rate of 96%.

The questionnaire (see Appendix 2) was designed to ensure that most of the information could be obtained from the social worker's report to the Adoption Panel. This allowed a centralised approach to completion in some Boards, whilst others distributed the questionnaires to the relevant social workers. The timescales for the court processes were obtained from the Northern Ireland Guardian ad Litem Agency that maintains centralised and computerised records of court cases where Guardians are appointed. In addition to the nine questionnaires that were not returned, data were missing in a number of the completed questionnaires. This was due mainly to the 'historical' nature of some of the information requested and the turnover of social work staff.

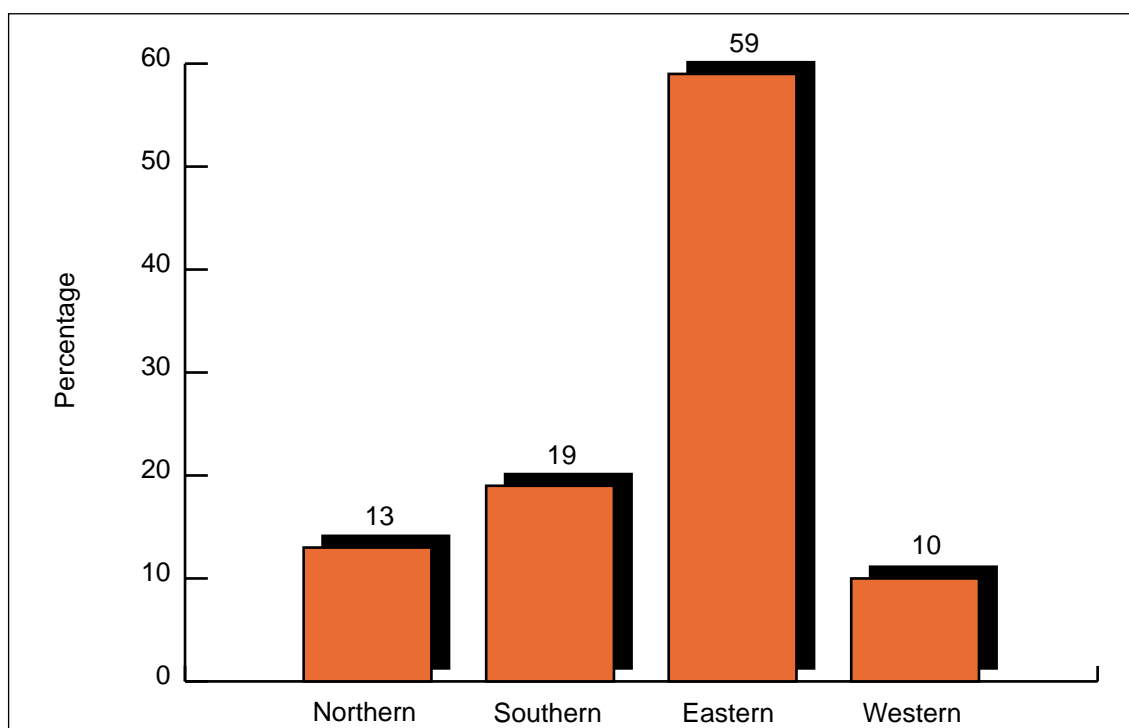
The tables presented in this report indicate the number of missing values for the question being addressed. The charts or figures exclude the missing values but each states number of cases to which they apply, using the convention  $n =$ , for example in Figure 1.1  $n = 200$ . The information was coded and analysed using Statistical Package for the Social Sciences (SPSS). Qualitative comments recorded in the questionnaires were transcribed and they are used to elucidate the statistical material contained in the report.

In advance of the completion of this report, the findings of the review were presented in a number of seminars attended mainly by lawyers and social services staff. This culminated in a major seminar chaired by the Family Judge

of the Supreme Court, The Honourable Mr. Justice Gillen, on 19 October 2001. The purpose of these seminars was to enable the findings to be discussed in the context of current practice and to generate debate, with practical ideas on how delay could be diminished. These suggestions are summarised in the final section of the report.

## Section 1: INFORMATION ON THE CHILDREN

Figure 1.1: Cases by Health and Social Services Board (n=200)



Of the 209 questionnaires administered 200 were completed and returned, representing a response rate of 96%. The 9 missing cases were from the Northern Board (NHSSB) (5) and the Southern Board (SHSSB) (4). In the returns illustrated in Figure 1.1, there is an over representation of children from the Eastern Board (EHSSB) who were the subjects of freeing processes and an under representation of children from the Northern Board (NHSSB). This may be a consequence of the calendar period from which the figures were drawn. More recent figures (SSI, 2002) show that during the period 1 April 2000 to 31 March 2001 in Northern Ireland, the numbers of children adopted and the percentage rate of the looked after population were as follows:

- EHSSB - 34 children adopted (3.0% of the Board's LAC population)
- NHSSB - 28 children adopted (5.5% of the Board's LAC population)
- WHSSB - 12 children adopted (2.4% of the Board's LAC population)
- SHSSB - 25 children adopted (9.0% of the Board's LAC population)
- Northern Ireland - 99 children adopted (4.1% of the total LAC population)

Table 1.1: Number of cases by Health and Social Services Trust (n=200)

	Number of Cases	Percentage of Total
South and East Belfast	47	23.5
North and West Belfast	33	16.5
Ulster Community	15	7.5
Down and Lisburn	22	11.0
Foyle	11	5.5
Sperrin Lakeland	8	4.0
Causeway	13	6.5
Armagh and Dungannon	11	5.5
Craigavon and Banbridge	20	10.0
Newry and Mourne	7	3.5
Homefirst	13	6.5
<b>Total</b>	<b>200</b>	<b>100.0</b>

The nine missing cases were from Newry & Mourne (4) and Homefirst (5).

Table 1.2: Gender within the total study group (n=200)

	Number of Cases	Percentage of Total
Male	93	46.5
Female	107	53.5
<b>Total</b>	<b>200</b>	<b>100.0</b>

Boys are slightly under represented and girls are slightly over represented in the sample when compared to the total population of children in care (50.5% male, 49.5% female) for all ages (Health & Social Services Executive, 1998).

Table 1.3: Religious denomination within the total study group (n=199)

	Number of Cases	Percentage of Total
Roman Catholic	92	46.2
Presbyterian in Ireland	25	12.6
Church of Ireland	69	34.7
Church of England	2	1.0
Methodist	10	5.0
Independent	1	.5
<b>Total</b>	<b>199</b>	<b>100.0</b>

The proportion of Catholic and Protestant children in this study is similar to that in the population of children in Northern Ireland.

Table 1.4: Age of children at last admission to care (n=195)

	Number of Cases	Percentage of Total	Cumulative Percentage
<1 mt	41	21.0	21.0
1-3 mts	30	15.4	36.4
4-6 mts	19	9.7	46.2
7-11 mts	20	10.3	56.4
1 yo	29	14.9	71.3
2 yo	16	8.2	79.5
3 yo	19	9.7	89.2
4 yo	11	5.6	94.9
5-6 yo	7	3.6	98.5
9-10 yo	2	1.0	99.5
>11 yo	1	.5	99.5
<b>Total</b>	<b>195</b>	<b>100.0</b>	

Figure 1.2: Percentage age variation of children at last admission to care (n=195)

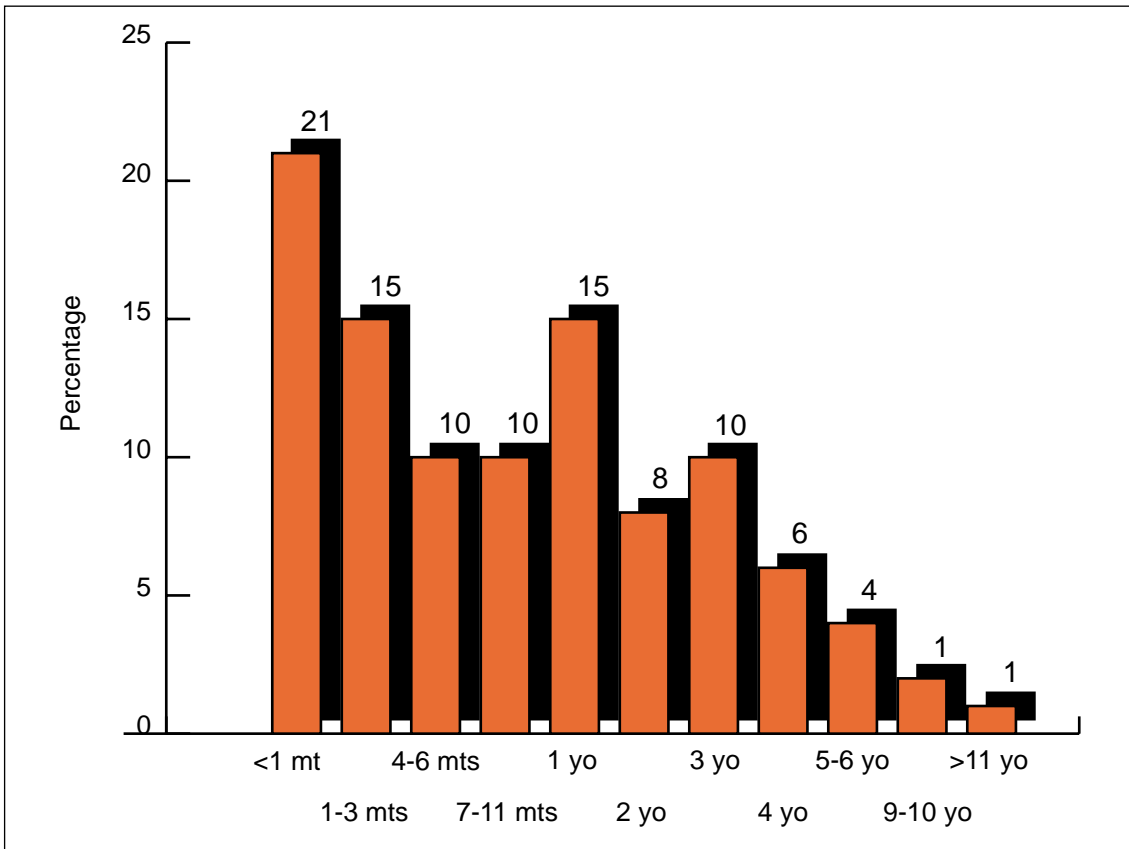


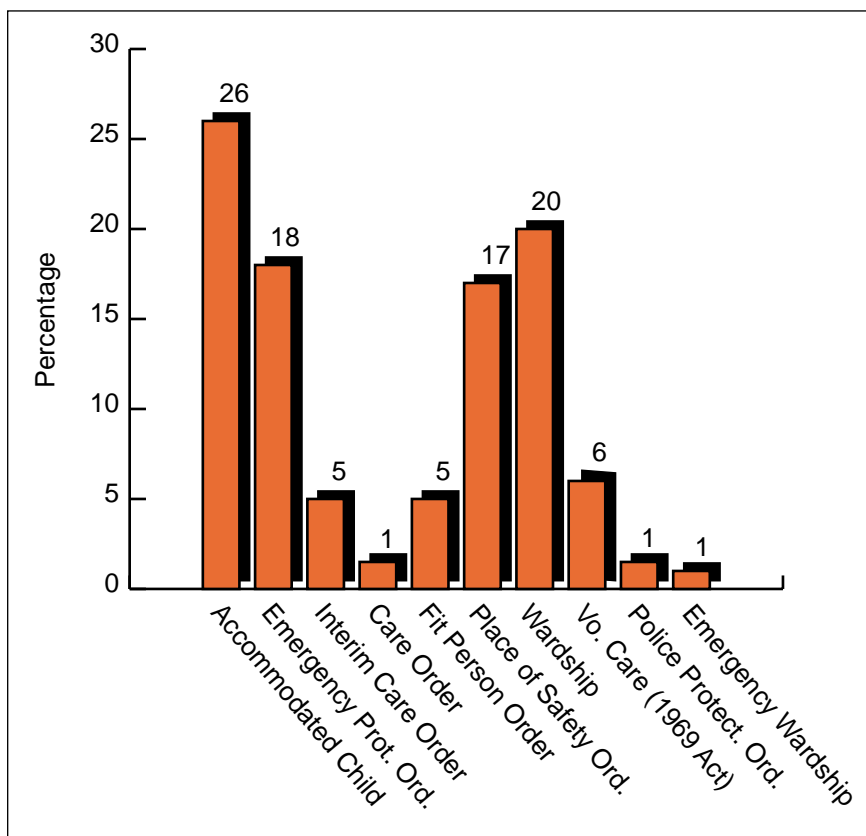
Table 1.4 and Figure 1.2 set out the age distribution of the children at the beginning of the care episode that led to the application for the Freeing Order. The average age of the children at this last admission to care was 1 year 7 months. Almost 95% of the children were under 5, 56% were under a year old and 21% were under 1 month at admission. There were no children in the 7-8 age within the sample. Most of the children, who on admission to care were aged less than 1 month, were admitted on discharge from hospital. These figures compare to those in England and Wales where 66% of the children came into care under a year old whilst 33% were under one month (Ivaldi, 2000).

Thus as in England and Wales, the children who are currently being adopted from care in Northern Ireland are mostly infants when they come into public care. Social services, legal and court services have therefore a particularly onerous duty of responsibility towards them. Most of these children are not old enough to know their families and most of their families have been or will be judged incapable of looking after them. The State therefore becomes, in a very complete sense, *in loco parentis*. Attachment theory and its associated research stress the vulnerability of children in these early years. For healthy emotional and psychological growth, pre-school children need at least one stable parent or

parent figure that loves and cares for them and to whom they can attach in a loving relationship. The distress associated with the absence of an attachment figure, the loss of an attachment figure or moving from one to another can be acute and can have implications for children's short-term and long-term emotional and psychological health (Fahlberg, 1994). The 'no delay' principle was enshrined in the Children Order in an effort to ensure that legal and other decision making processes take account of 'the child's timescale'.

Slightly over half of the children in this study had siblings who were also in the freeing process. As adoptive families for sibling groups are more difficult to find than those for single children and siblings should be placed together (if this is possible and appropriate for each child), this finding has significant implications for the recruitment policies of adoption agencies.

Figure 1.3: Legal provision under which children were admitted to care (percentages) (n=198)



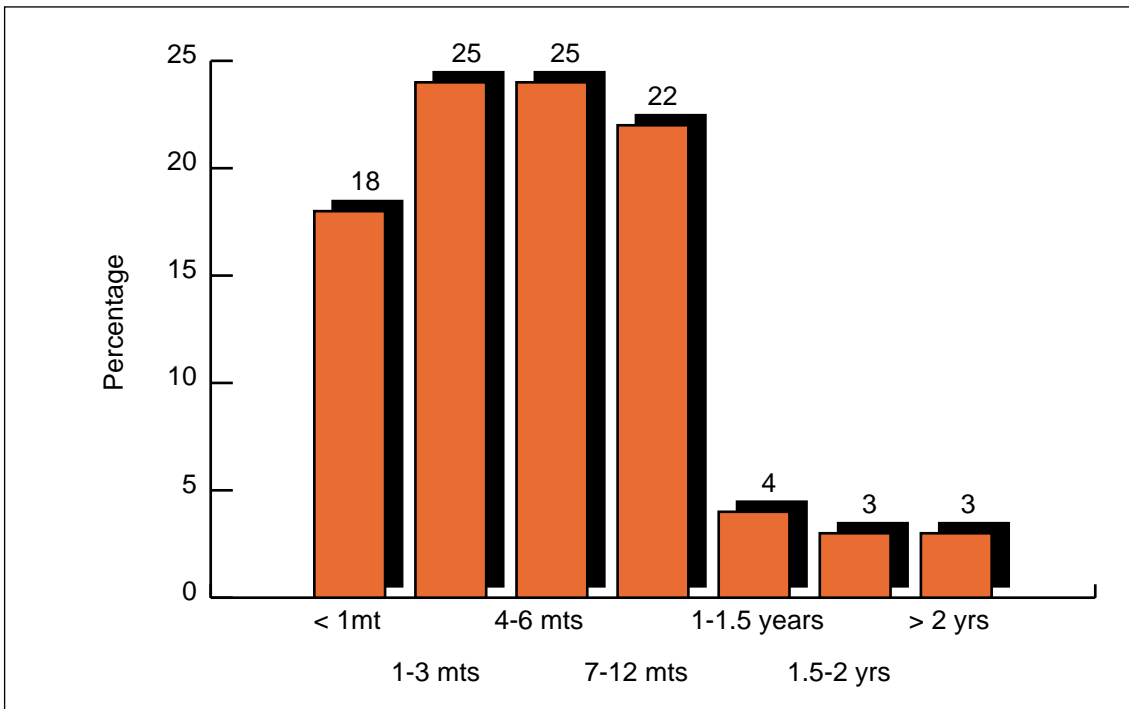
The range of legal routes used to admit the children to care is a reflection of the sample having been drawn from before and after the implementation of the Children Order 1995. It is interesting that whilst Pre-Children Order, the Wardship jurisdiction was very popular as a means of admitting children to care, the Children Order largely excluded this as a possibility. In discussing this material, many practitioners 'lamented' the passing of the Wardship jurisdiction

for looked after children for whom adoption is the plan. Its scope for flexibility and judicial discretion were seen as particular strengths. Almost one third of the children were accommodated under Section 21 of the Children Order or admitted into voluntary care under the Children and Young Persons Act. These may have included many of the children where the plan from the outset was adoption by way of Article 17, i.e. whose parents agreed to their child being freed for adoption.

Problems can emerge where children are accommodated under Section 21 and the Trust then decides to proceed with a plan for adoption without parental consent. In order to apply for a Freeing Order under Article 18 of the Adoption Order the child must be in the care of the adoption agency, not merely accommodated by it. In the case of an accommodated child, it can be more difficult to demonstrate that the threshold criteria for a Care Order have been met, when the reasons for the child's admission, which often constitute the grounds for meeting the threshold criteria, have receded.

At the time of referral to the Adoption Panel the proportion of children accommodated diminished by 50% (to 13%) when compared with their legal status on admission. This finding was not unexpected in view of the need for the child to be in care of the adoption agency in order to proceed with an application for a Freeing Order. Comparable figures for England show that 77% of children were the subject of a Care Order and 22% were accommodated when the decision was taken that adoption was in the child's best interest (Ivaldi, 2000). The figures, however, included all local authority adoptions and not just those processed by the Freeing Order route and this may account for the higher percentage of accommodated children in the Ivaldi study.

Figure 1.4: Length of care order proceedings (percentages) (n=98)



Just over two thirds of Care Orders in Northern Ireland were completed in 6 months and 90% were completed within a year, this compares favourably with those in England where the average duration of care proceedings is about 9 months. In discussions of these findings the professional community was concerned that care proceedings appear to be lengthening in Northern Ireland. NIGALA reported, however, that the average length of care proceedings was 7.4 months in 2001/2002, which represents a decrease from an average of 8.2 months in the previous year (NIGALA, 2002).

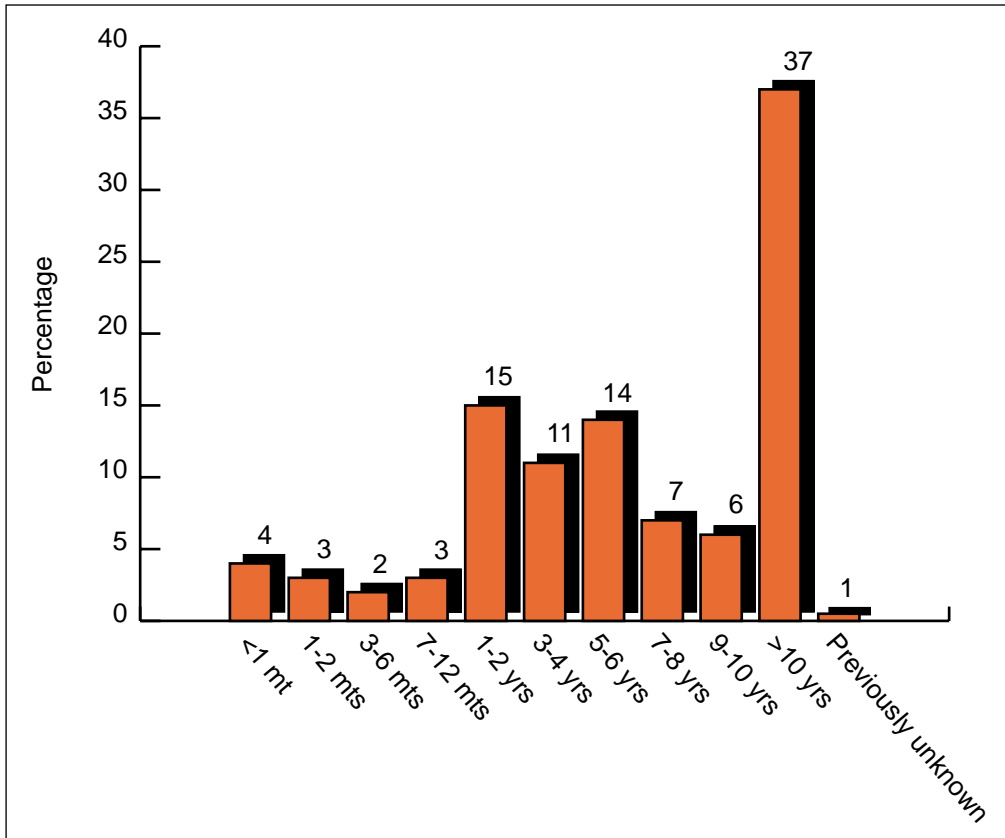
Table 1.5: Number of cases where the child's name was currently or previously on the Child Protection Register (n=193)

	Number of Cases	Percentage of Total
Registered	123	63.7
Non-Registered	70	36.3
<b>Total</b>	<b>193</b>	<b>100.0</b>

The high number of non-registered children may be a consequence of the practice of some Trusts not to register children in care on the Child Protection Register. They take the view that although children may have been abused or neglected, they are no longer considered to be at risk once they have been accommodated by the Trust.

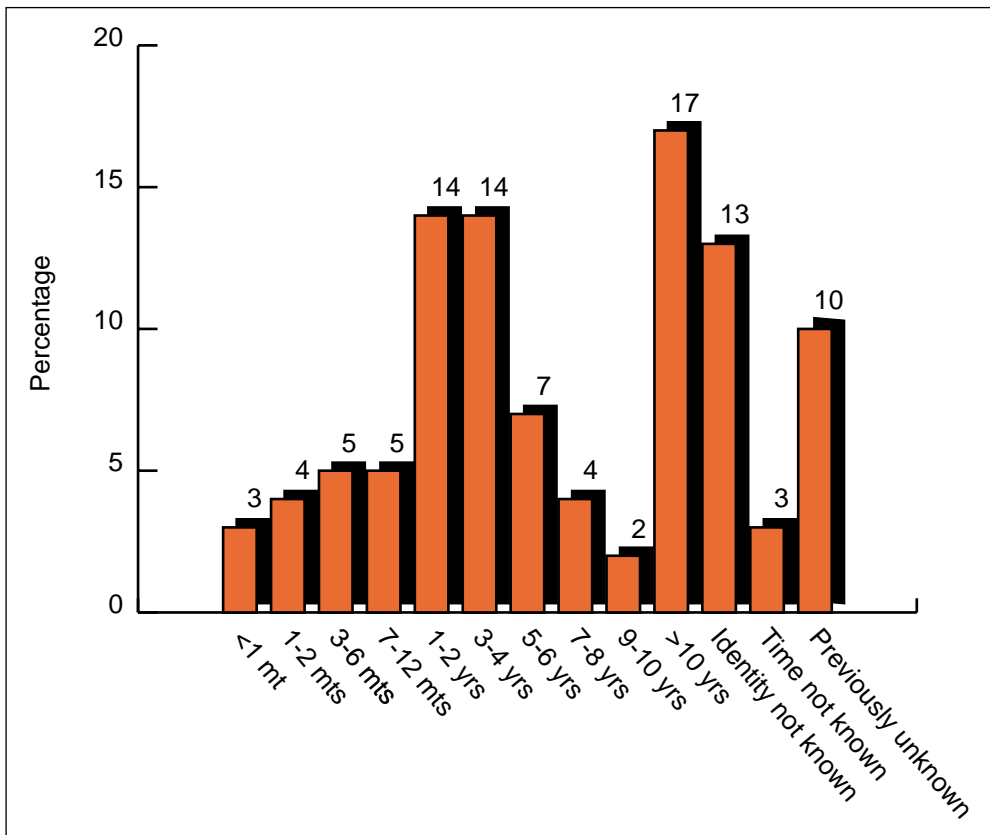
## Section 2: INFORMATION ON THE PARENTS

Figure 2.1: Length of time mother known to the Trust prior to child's final admission to care (n=198), in percentages



Ninety per cent of mothers were known to Trusts for at least a year prior to the child's admission to care. Sixty-four per cent were known for longer than five years, with over 37% known for longer than 10 years. In addition 86% of fathers were known to Trusts before the child's admission. It could be inferred, therefore that Trusts were aware of problems in almost all these families even before the child's last admission to care. This is an important finding in considering the decision-making process, which is set out below.

Figure 2.2: Length of time father known to Trusts prior to child's final admission to care (n=195), in percentages



Fathers were not known to the Trusts as long as mothers. Only 40% were known for a year or longer and 10% were unknown.

Table 2.1: Number of cases where the child's mother was or was not previously in care (n=199)

	Number of Cases	Percentage of Total
In Care	95	47.7
Not in Care	88	44.2
Not Known	16	8.0
<b>Total</b>	<b>199</b>	<b>100.0</b>

Table 2.2: Number of cases where the child's father was or was not previously in care (n = 199)

	Number of Cases	Percentage of Total
In Care	24	12.1
Not in Care	102	51.3
Not Known	73	36.7
<b>Total</b>	<b>199</b>	<b>100.0</b>

Figure 2.3: Time child's mother spent in care (n=95), in percentages

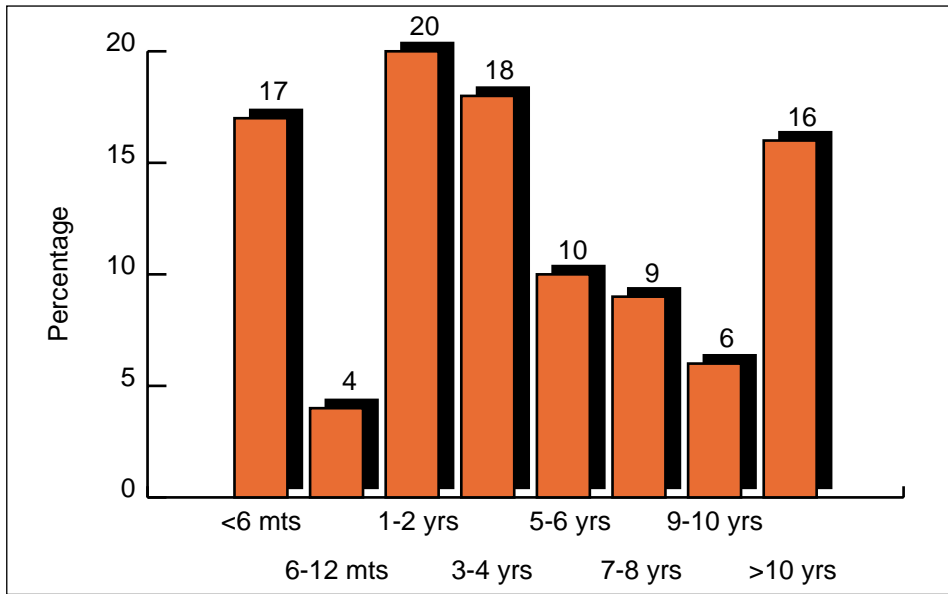
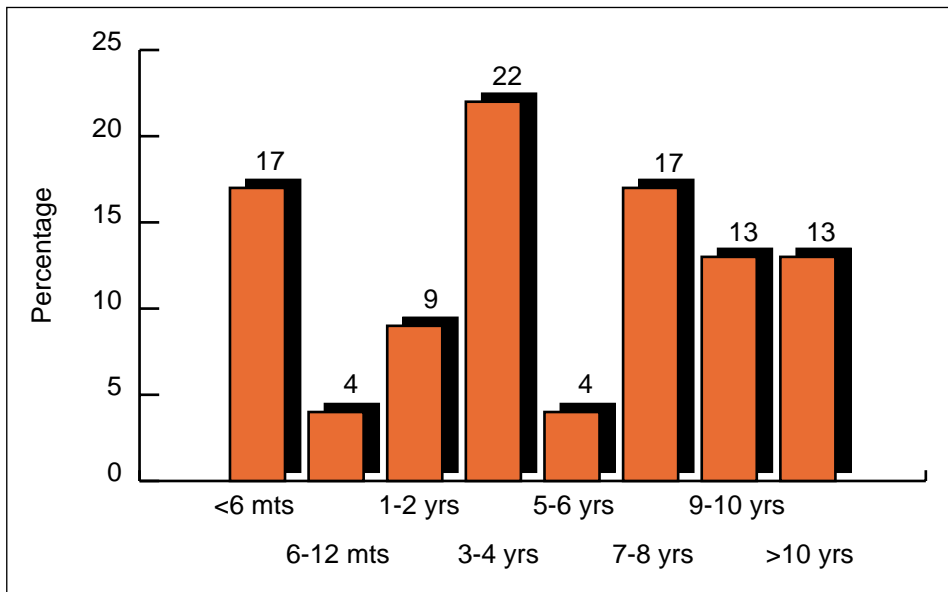


Figure 2.4: Time child's father spent in care (n=24), in percentages



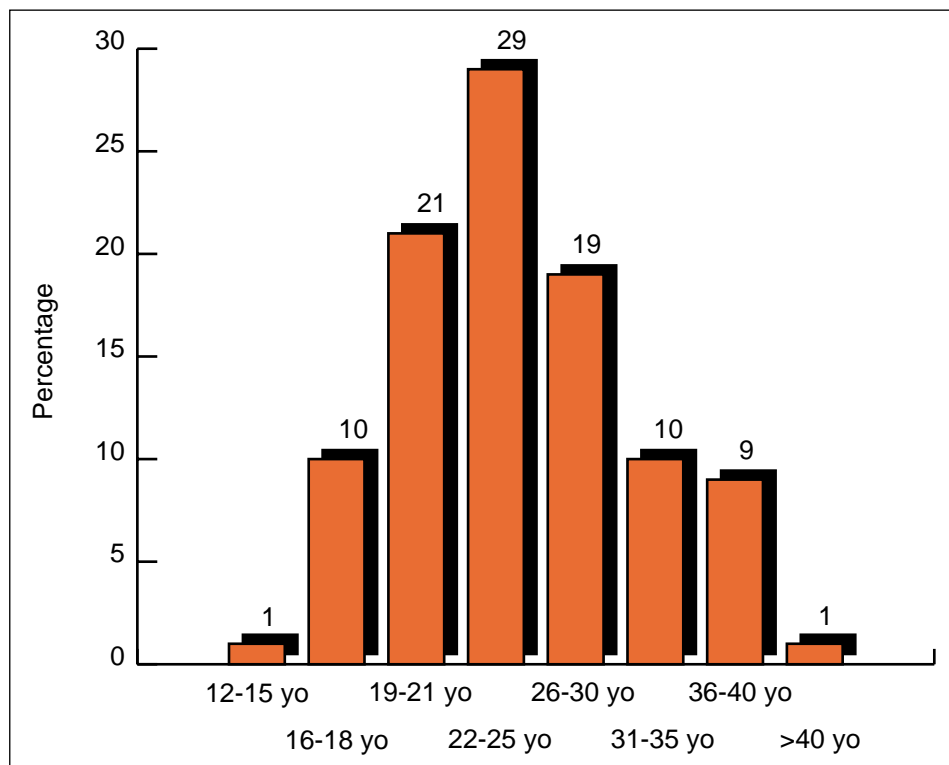
Tables 2.1 and 2.2 and Figures 2.3 and 2.4 summarise the 'care' history of the parents. If only those parents for whom the information was known are considered, over 50% of the mothers had been in care and almost 20% of the fathers. The generally sketchy information about fathers is evidenced in the large number for whom this key information was not known. If the 20% was applied to the whole sample the number of fathers who had been in care would rise to 40. Of the mothers who had been in care, almost 60% had been there for longer than 2 years and 40% longer than 4 years. With only 0.5% of the children in Northern Ireland in care on an annual basis it is clear that parents who have

been in care are heavily over represented in this population. Katz and Robinson (1999) include a parent with a childhood in public care in the second most serious category of their risk assessment matrix. This matrix is designed to assist in the identification of children for whom a return home from care is unlikely. One of the arguments for a greater use of adoption for children who are likely to spend their lives in public care, is to prevent this cycle in which poor care experiences as children and adolescents leave young adults ill-equipped to parent their own children.

Table 2.3: Number of cases where the child was the mother's first born (n =200)

	Number of Cases	Percentage of Total
First Born	57	28.5
Not First Born	143	71.5
<b>Total</b>	<b>200</b>	<b>100.0</b>

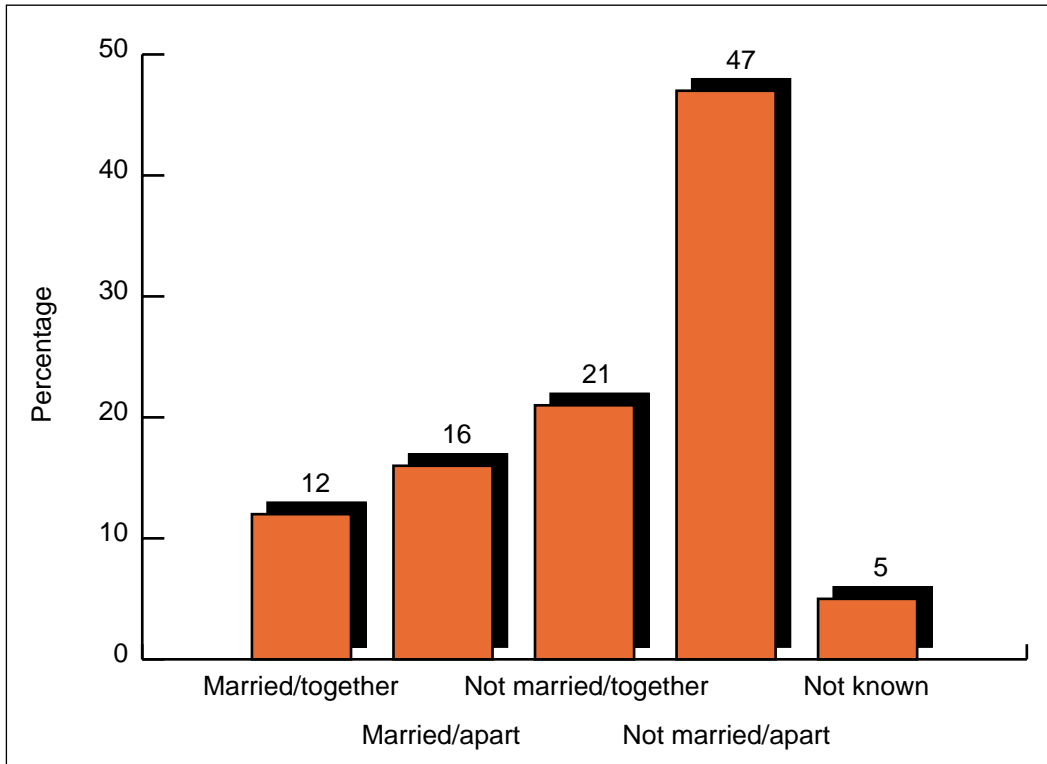
Figure 2.5: Age of mother when this child was born (n=195), in percentages



Sixty-eight percent of the mothers were over 22 when the child in the sample was born and only 11% were under 19 years old. Almost 1/3 of the mothers, however, had their 'first child' when they were under nineteen. Nonetheless, these figures do not support the popular picture of the young teenage mother

'unable to cope' as a predominant feature of this population. In England the figures are similar, with only 12% under 18 years of age when the adopted child was born (Ivaldi, 2000 p.81).

Figure 2.6: The relationship between the child's mother and father at the time of the Adoption Panel meeting (n=195), in percentages



One third of the parents were together either as a married couple or living together at the time of the Adoption Panel meeting. Twenty-eight percent had been married at one time. Forty-seven percent of parents were not married and were not living together as a couple. Sixty-three percent of birth mothers were therefore single when the child was referred to the Adoption Panel. Less than a third of the fathers were reported as having parental responsibility. These figures are comparable with England where 'nearly two thirds of the birth mothers were single' and 'only 27% of the fathers were described as legally responsible for the child' (Ivaldi, 2000 p.84). They do point to unstable and non-existent partner relationships as being a predominant feature of the parents of these children and to the absence of fathers from these children's lives.

Table 2.4: Placement of mother's other children at the time of the Adoption Panel meeting (encompassing all siblings to the sixth child in a family) (n=338)

	Number of Cases	Percentage of Total
In care	164	48.5
Adopted	47	13.9
With extended family	23	6.8
Mother caring for child	58	17.2
Father caring for child	41	12.1
Deceased	5	1.5
<b>Total</b>	<b>338</b>	<b>100.0</b>

Table 2.5: Placement of father's other children (where it is not the same as the mother's) at the time of the Adoption Panel meeting (encompassing all siblings to the third child in a family) (n=80)

	Number of Cases	Percentage of Total
In care	9	11.3
Adopted	1	1.2
With extended family	40	50.0
Mother caring for child	2	2.5
Father caring for child	1	1.2
Deceased	27	33.8
<b>Total</b>	<b>80</b>	<b>100.0</b>

Tables 2.4 & 2.5 indicate the depth of problems these parents have had in parenting their children. The mothers of the sample children were caring for only 17% of their other children and the fathers for only 2.5% of their other children. Sixty-two percent (62%) of the mothers' other children were in care or adopted. This inability to parent other and usually previous children needs to be borne in mind when we consider the decision making processes in relation to the adoption of the children in this sample. Katz and Robinson (1991), writing in the USA, suggested that when 'parental rights to another child have been terminated...and *no significant change has occurred* in the interim' this is a category 1 risk situation which makes 'family reunification a very low probability'.

## Section 3: REASONS FOR CHILD'S ADMISSION TO CARE

Table 3.1: Principle reason/s cited for child's final admission to care (from most to least often cited) (n=200)

	Number of Cases	Percentage of Total
Inability to Parent	109	54.5
Neglect	81	40.5
Failure to Protect	55	27.5
Not Permitted to Parent	43	21.5
Unwillingness to Parent	30	15.0
Physical abuse	24	12.0
Abandonment	20	10.0
Schedule Offender	20	10.0
Management/Control Problems	16	8.0
Sexual Abuse	15	7.5

The social worker respondents to the questionnaire were asked to choose from a checklist of reasons for the child's admission to care. Many chose more than one principal reason. Incidents of physical or sexual abuse featured as a reason for admission to care for less than 20% of these children. The reasons for the final admission to care of 80% of the children involved an element of parental incapacity. This incapacity was also present in many of those 20% for whom abuse was a factor in admission. The most common reasons cited were 'inability to parent' and 'neglect'. The key parenting failure in the majority of these cases was incapacity. The relative absence of clear, clinical abuse and the predominance of the 'greyer areas' of parental incapacity or inability to parent may account for some of the slowness of decision making evident in the sections that follow. For many of these parents their own childhood in care with its legacy of poor support from their families, their non-existent or fractured partner relationships and their failure with previous children has placed them in a very weakened situation in relation to parenting another child.

Table 3.2: Contributing factors cited for failure of parents to parent child (from most to least often cited) (n=189)

	Number of Cases	Percentage of Total
Mother Abused/Neglected as Child	97	48.5
Mother's Alcohol Abuse	79	41.8
Father's Alcohol Abuse	53	28.0
Mother's Mental Health Problems	48	25.4
Mother's Learning Disability	42	22.2
Poor Social Conditions	41	21.7
Poor Support for Parents	37	19.6
Father Abused/Neglected as Child	28	14.8
Mother's Drug Abuse	18	9.5
Father's Mental Health Problems	18	9.5
Father's Learning Disability	13	6.5
Father's Drug Abuse	9	4.8
Mother's Physical Health Problems	6	3.1
Father's Physical Health Problems	2	1.1

The most common contributing factors to the parents' failure to parent the child are the mothers' poor parenting experience, and this includes most of the mothers who have been in care. The role of alcohol in families who fail to parent their children is understated in Table 3.2. When the families where mother or father, individually or together, are reported as abusing alcohol are totalled, the percentage of children where the mother's and/or father's alcohol abuse is a contributory factor rises to 70%. Katz and Robinson (1999, p.352) place alcohol (or drug addiction) as a risk factor in their assessment matrix and suggest that there is 'High risk that addiction prevents reunifying family and leaves children in limbo of foster care indefinitely'.

These contributing factors are overwhelmingly reported in combination and groups usually of two or three factors but as many as five. It is worth noting how intractable many of the factors are, i.e. learning disability, mental illness, severe alcohol and drug abuse and poor social conditions. Furthermore most of the families experienced not just one but a multiplicity of these problems.

## Section 4: FREEING PROCESS AND ADOPTION TIMESCALES

### 4.1 Last admission to care to LAC review decision to pursue adoption

Figure 4.1: Time from last admission to care to 'Looked After Child (LAC)' review (n=169)

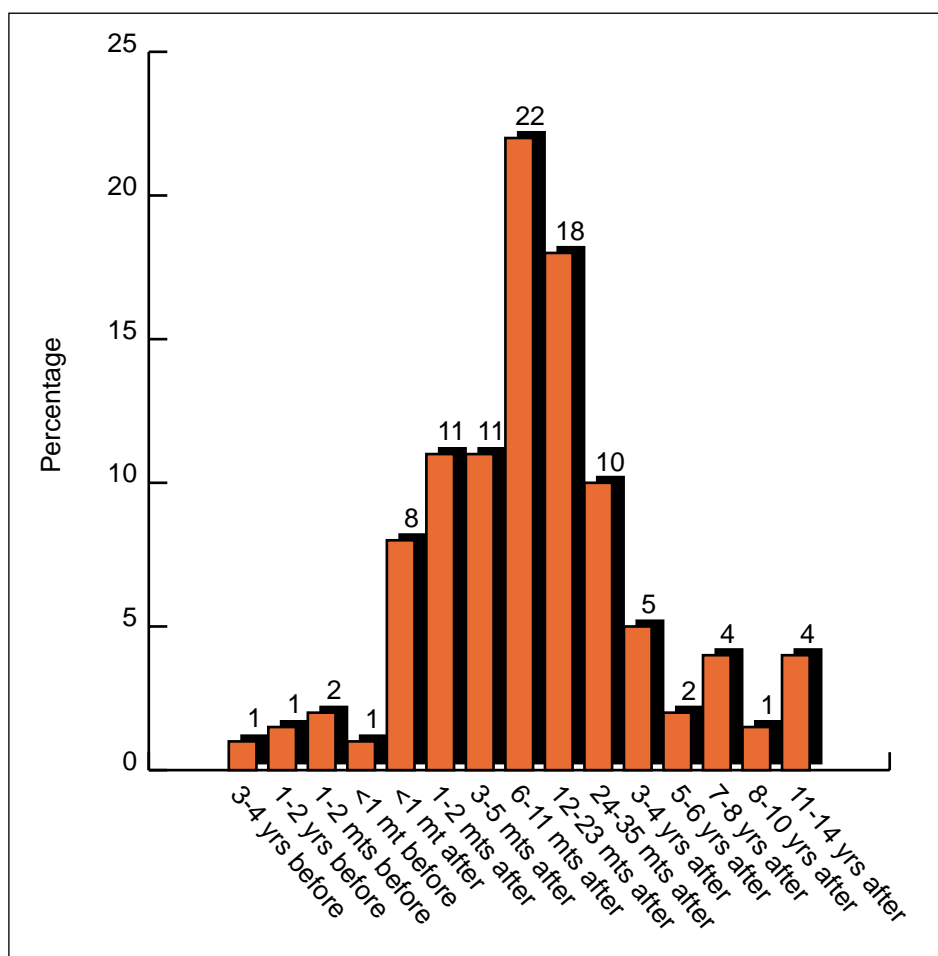


Figure 4.1 sets out the timescale from the child's last admission to care, (i.e. the admission from which the child has remained continuously in care), to the LAC review where the agency decided to pursue adoption as a plan for the child. Some children had no doubt been in care on previous occasions prior to this final admission. This, in part, explains why in the case of a small number of children the decision to pursue adoption was recorded as having been made before this last admission. The children were then discharged from care for an attempted rehabilitation or final assessment, which broke down. Where the information was supplied, the average time for all the cases between the date of the last admission to care and the LAC review decision to pursue adoption as the care plan, was 1 year 11 months. This was the longest average time for a single

phase in the whole process from admission to care to the making of an Adoption Order. The average was, however, inflated by the cases that took many years. These cases in the main were situations where children were settled in long-term foster care and adoption by their foster parents was pursued late in childhood. There was no intention to pursue adoption at admission or shortly thereafter because it was not policy or practice in those years. If the cases that took longer than four years are excluded then the average time span for this phase drops to approximately one year. This remains well outside the time limits set, for example in the EHSSB's permanence policy, which sets the date of the second LAC review, i.e. 3 ½ months after admission, as the deadline for a plan for a permanent placement for the child. The deadline set by the National Adoption Standards for England and Wales is four months: 'The child's need for a permanent home will be addressed at the four month review and a plan for permanence made' (DOH 2001).

The questionnaire survey invited comment from social workers about the time taken to pursue adoption as the care plan. The survey findings were also discussed with staff during the consultation process. The reasons given for the time taken at this stage fell into two main areas:

1. The gravity of the decision to be taken and the complexity of the work to be done before a decision can be made to pursue adoption.
2. Resource issues particularly assessment resources and the availability of experienced social workers.

The main points made by social workers are summarised below:

- The partnership ethos of the Children Order militates against taking decisions to which parents are hostile. It is difficult to move from the dominant 'partnership mode' to the 'conflict mode', which is necessary in pursuing adoption against parents' wishes.
- Adoption is a very final step and social workers can be reluctant to consider it if there is an option available to which parents may be less opposed.
- Social workers are aware of the levels of scrutiny to which their assessment and related work will be subjected in the court and in other processes. This can lead to excessive caution and consequent delay at each step.

- The necessary assessments of parents are in themselves very time consuming and they are often further lengthened by the chaotic lifestyles of many of the parents.
- Assessment resources are in short supply.
- There are not many experienced social workers capable of working confidently in this area. Delay is caused by the staff movement that appears to be endemic in child care social work, principally at social worker level but in senior grades as well.
- If the child is settled in a foster home she/he may not attract as high a priority as others at risk in the community. A heavily pressurised service tends to be a crisis service, with little scope for the longer term planning which these cases need.
- During the early lives of the children considered in this study, permanence and the use of adoption had a low profile within the service. In recent years since adoption has been more developed as an option for children, it is more likely to be considered in reviews at an early stage.

A second analysis of the data found that the average time for this phase had reduced steadily over the period of the study as Table 4.1 below shows. This table also excludes those who were in long-term foster care whose adoption became an issue at a much later stage.

Table 4.1: Mean time from admission to care to LAC review where decision taken to pursue adoption by year of admission (n=135)

Year of Admission	Number of children	Mean time (months)
Pre Children Order	53	15
Nov 1996-Dec 1997	24	14
1998	30	7
1999	28	4

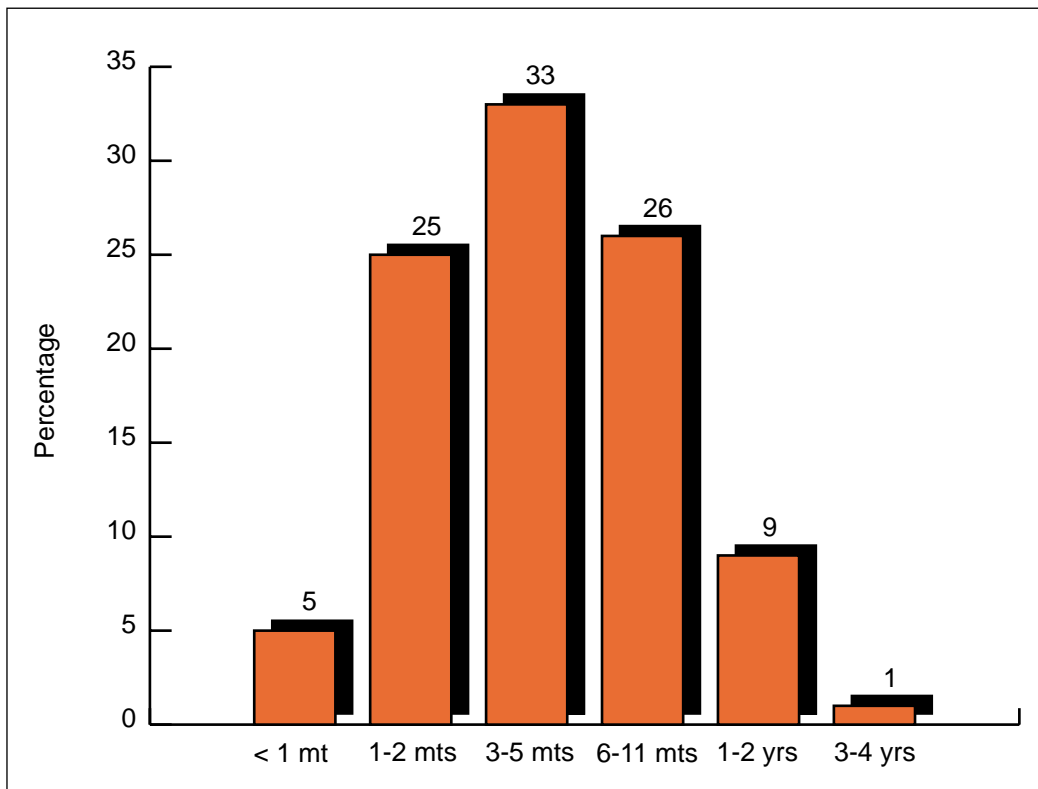
It was encouraging to find that the mean time taken to pursue adoption had reduced year on year between the Pre-Children Order period and 1999. This may, however, be accounted for in whole or in part by the fact that children who came into care in the later years 1998/1999 had not reached the Adoption Panel stage by September 2000, and so are not in our sample. The sample is therefore biased towards those cases where the decision was made early. Nonetheless it

suggests that for a significant number of children, the service is capable of achieving or getting close to current best practice.

In conclusion, in the whole sample approximately 30% of these cases met the proposed England & Wales standard for this phase of work. There is some evidence that current practice is capable of achieving this standard but this would need continuous monitoring.

#### 4.2 LAC review to Adoption Panel meeting

Figure 4.2: Time from LAC review to the first Adoption Panel meeting (n=173)



The mean time from the LAC review where the decision was taken to pursue adoption to the first Adoption Panel meeting was 6 months. The National Adoption Standards for England & Wales state that 'Where adoption has been identified as the plan for the child at a review, the Adoption Panel will make its recommendation within 2 months'. This standard was achieved in 30% of this sample. In approximately 33% of cases the time taken was between three and five months and in over 36% of cases, it took longer than 6 months to bring the child before the Adoption Panel. In 83 % of cases where the relevant dates were provided (n=192), the recommendation to the agency that adoption was in the child's best interests and to proceed with a freeing application was made at the first Panel at which the case was discussed.

The functions of the Panel are governed by the Adoption Agencies Regulations (NI) 1989. An agency is prevented by the Regulations from taking decisions in relation to the adoption of a child without first inviting a recommendation from the Panel (O'Halloran, 1997). Health and Social Services Trusts have a series of functions to fulfil before bringing the case to the Panel, including counselling the parents and making a detailed report on the decision to consider adoption for the child. In the EHSSB each of the two joint Trusts Adoption Panels meet twice a month. In the other Boards the Adoption Panels meet at least on a monthly basis. Thus, waiting for a Panel to meet is not a cause of delay.

The adoption managers who contributed to the consultation considered that three months was a reasonable timescale within which to complete necessary work between the LAC review and the Adoption Panel meeting. The social workers who completed the questionnaires were asked to state the reasons for the interval in the cases in which they were involved. Their responses fell within two main areas:

1. Delay was attributable to intrinsic difficulties in the cases.
2. Delay was attributable to factors within the social services agency.

The following response to the above question illustrates that these categories were by no means mutually exclusive. '1. *The complexity of the case and the birth family's opposition to adoption.* 2. *SW's caseload was such that other cases required greater priority - child was considered safe and would not be moving. Foster carers wished to become her adoptive parents*'. They will however be discussed separately here for illustrative purposes.

#### **4.2.1 Examples of case difficulties that contributed to delay**

Freeing cases pose particular problems for social workers and Trusts. The families concerned, as we have seen above, have many serious and deep-rooted problems. They are frequently oppositional in their approach to social services. The decision to consider adoption is among the most difficult that social workers have to take.

The following responses illustrate some of the complexities that social workers felt they had to work with and that contributed to the time it took to progress the case to the Adoption Panel:

*'1. Difficulty in engaging with mother regarding emotional and personality problems. (She) Attempted suicide during this period. 2. Establishing parenthood of this child. Mother had named former husband on birth certificate and he had to be traced. 3. Attempting to contact putative father in city in England. 4. Obtaining birth details i.e. from mainland European country, GP's record inadequate'.*

*'1. Child initially took some time in deciding if adoption was her preferred option. 2. The Trust sought to obtain mother's consent to child's adoption but had difficulty locating her. 3. Mother withheld consent so legal option sought. 4. Decision to pursue adoption. 5. Setting up Panel date (gap of 9 months since LAC)'.*

*'Allegations made of sexual abuse by the older children and much energy expended in investigating this and considering prosecution of parents (gap of 1 year 8 months since LAC)'.*

*'Delay due to the need to gather relevant information and reports for 3 siblings, it was agreed at LAC review on xx.xx.98 (4 months before Panel) that it would take four months to prepare documentation for Panel'.*

*'Presentation to the Panel did not take place for 2 years and 8 months following the decision to proceed with this option at a LAC review xx.xx.97. The social worker felt that pressure of work precluded him from addressing the matter at an earlier date. The SW also indicated that he felt time was needed to be given to the birth mother with a view to ensuring that she understood the adoption process. Such was the Panel's concern about the delay that the Chair was asked to write to the Director of Social Work'.*

#### **4.2.2 Examples of factors within the Trusts that contributed to delay**

*Because of pressure of child protection conferences in the past 18 months it has been impossible to prepare an application for the Adoption Panel before now. Situation was felt to be further exacerbated by preparation for implementation of the Children (NI) Order 1995'.*

*'Change of SW in July 1999. SW in consultation with SSW had to deal with other work priorities'.*

*'SW commenced work following Looked After Review on xx.xx.99. Birth parents opposed to adoption plan. Social Work staff had difficulty finding time to complete documentation'.*

*'Trust's efforts to engage with the birth mother required considerable time. Over time she demonstrated a degree of co-operation. SW off on maternity leave. Senior Social Worker had to find time to complete documentation'.*

*'Given that there were 3 children in separate placements, it took time to complete lengthy reports. As well as legal proceedings were on going in relation to child M, there was also a change of SSW and Assistant Principal (Social Worker) in this time. Relatives enquired about parenting child but eventually decided not to because of likely interference of parent and mental health risk of child in the future'.*

The time from the child's admission to care to the Panel recommendation is approximately<sup>1</sup> the time taken for the agency to decide that adoption is in the child's best interests, described as the 'best interests decision' by Ivaldi (2000). In this survey the average time for all children was 2 years 5 months compared to 1 year 4 months in England, but as already stated above, Ivaldi's survey included all adoptions in contrast to the current study, which focused only on adoptions progressed through the freeing order route. A greater proportion of the latter adoptions are contested by parents.

The time span from the LAC review to the Adoption Panel is completely within the control of the Trust. It has been suggested that when the LAC review decides to pursue adoption as the care plan for a child, a target Panel date should be set which takes account of the work to be done in the case and the pressures within the agency.

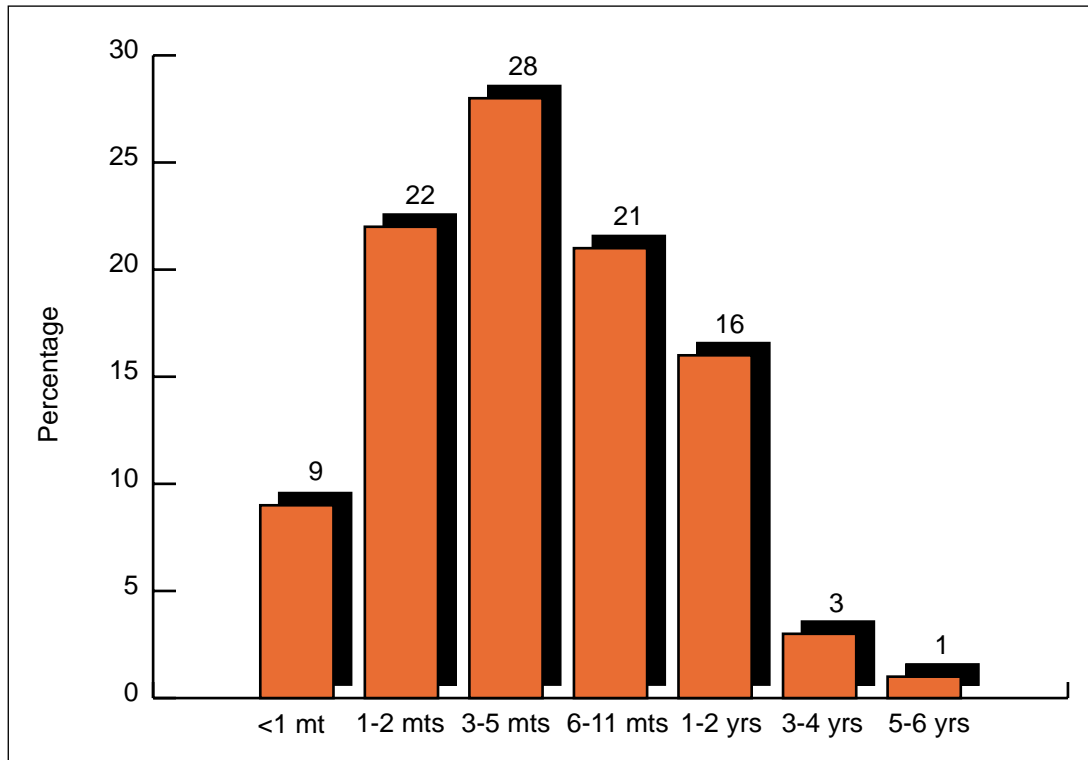
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<sup>1</sup> Each Trust has a designated senior manager who, for the purposes of adoption, is the Trust's Decision Maker. The role of the Decision Maker is to consider the recommendation of the Adoption Panel and make a decision on behalf of the Trust about whether adoption is in the best interests of the child.

<sup>2</sup> When an application is made to the court for an Adoption Order, the Trust must submit to the court a report covering the matters specified in Part 1 of Appendix G, High Court Rules or Form 249B, County Court Rules. As the majority of adoption proceedings are heard in the High Court, the report has come to be commonly known as the Appendix G report.

### 4.3 Adoption Panel to the completion of the Appendix G2 report

Figure 4.3: Time from Adoption Panel meeting when recommendation made to agency to proceed with freeing, to forwarding of Appendix G to legal representatives (n=136)



The mean time from the Adoption Panel meeting, when a recommendation was made to the Trust to proceed with freeing, to the date when the Appendix G report was forwarded to the Trust's legal representatives was 9 months. The adoption managers who were consulted indicated that two months should be a reasonable time within which to complete this task, in that much of the information required to complete the Appendix G report is contained in the report that the social worker prepares for the Adoption Panel. As illustrated in Figure 4.3 above, in 31% of the children's cases the Appendix G report was forwarded to the legal representatives within a two-month interval and in 20% of cases this took longer than a year. The reasons given for delays in this phase fell within three main areas. The two most common areas were the same as those cited above in relation to delay in the interval between the LAC review and the Adoption Panel. The third, in a smaller number of cases, was related to the role of legal services. Thus delay was attributed to:

- The intrinsic difficulties within the cases, including, in a small number of cases, the need to seek the opinion of expert witnesses
- Factors within the Trust

- Having to take account of legal advice or delay in the provision of legal services

Many of the points made in relation to the first two issues are similar to those made above. One contribution illustrates these:

*'There was a change of social worker in June 1999 (2 months prior to Panel) who needed time to familiarise herself with case before Appendix G could be prepared. In Jan. 2000 a new baby was born into this family and court proceedings began on that baby at birth. There was then considerable effort to bring all 3 care plans together. This was further complicated by suicide of putative father in October 2000. The social worker was involved in at least 5 other sets of court proceedings and completion of the Appendix G was very hard to achieve. Ultimately it had to be completed on Saturdays (1 year 6 months after Panel).'*

The lack of expertise of staff in adoption, the priorities within childcare teams and reorganisation of services within Trusts were also mentioned:

*'Social worker's inexperience with freeing case and possible ambivalence to taking this course of action.'*

*'Child protection work takes priority over that of adoption. There was also considerable time given to trying to obtain relevant information in relation to the birth family history.'*

#### **4.3.1 Delay attributable to legal services**

*'Placement went through a number of difficulties, which were resolved. The Trust also met with legal services in respect of significant delay (1 year and 10 months since Panel).'*

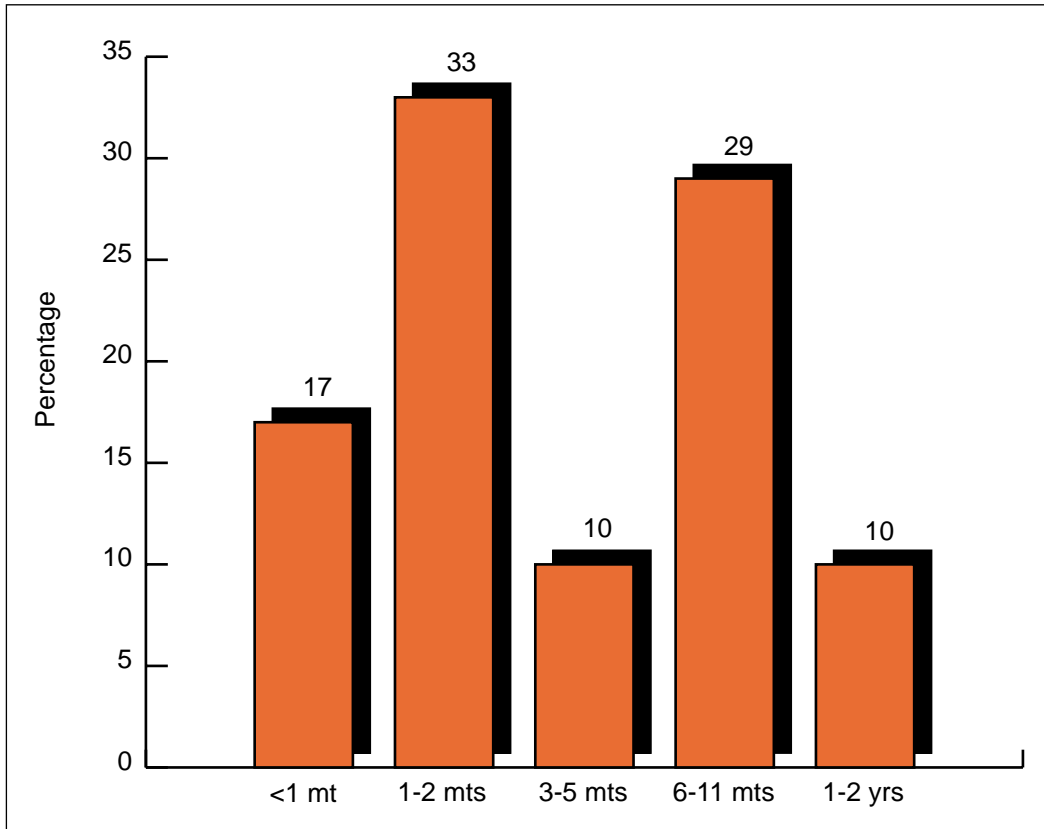
This was one of the few direct comments which criticised legal services at this stage, but delay was more often attributed to legal advice to complete further assessments or to delay application to court for a variety of reasons. The vexed question of the use of expert witnesses in assessment processes also arose at this stage.

*'Appendix G not yet completed for a number of reasons. Firstly, the Trust had to seek reports from two expert witnesses who had different opinions. There then followed a period when expert A was invited to reconsider his opinion in light of B's recommendation. This accounted for a significant delay. Since June 2000*

*the social worker, because of other work priorities, has not been in a position to complete Appendix G. SSW has requested that other priority work be dealt with'.*

#### 4.4 Appendix G to the Statement of Facts<sup>3</sup>

Figure 4.4: Time from Appendix G report to finalising and signing of the Statement of Facts by the Trust (n=96)



The mean time from the completion of the Appendix G report to the finalising and signing of the Statement of Facts by the Trust was five months. The consultative group suggested that this work should be completed within a month. This work essentially involves consultation between social services and their legal advisers including counsel on the basis of the already prepared Appendix G report and the recommendations of the Adoption Panel. Only 17% of the cases examined made this target but 50% were completed within 2 months. Therefore, for half of the cases this phase did not involve undue delay. For a significant minority, however, delay at this stage was considerable, with 39% taking longer than 6 months. The social workers completing the questionnaires attributed this delay

<sup>3</sup> The Statement of Facts is a statement setting out the evidence that the Trust will rely on to meet the criteria for adoption.

almost exclusively to legal services. Some referred to the legal services generally, some to the role of the solicitor and some to the part played by the barrister. The following are a sample of the comments:

*'The Social Worker forwarded Appendix G report in September 1998 (13 months before Statement of Facts) as soon as a family had been identified for child and before he was placed. However, (the solicitor) and the barrister involved moved very slowly and an official complaint had to be lodged by the Trust.'*

*'Delay (of 7 months since Appendix G report) in legal process and failure of barrister to draw up Statement of Facts - This was completed by a different barrister.'*

*'No satisfactory reason ever given by legal representatives, despite frequent phone and written enquiries (gap of 1 year 4 months to Originating Summons).'*

*'Papers (Appendix G report) lodged with solicitor "May 1997" (1 months after Panel) - listed for hearing June 1998 (13 months after Appendix G)...responsibility for the delay rests with the Trust's legal department whose contract has since been terminated.'*

*'There was a considerable delay - 1 ½ - 2 years...delay in legal services.'*

*'Was over a year (from Appendix G)...file expresses concern that legal services had papers and no court date set, legal advisers changed of April 1998, case listed October 1998...counsel took over a year to complete statement of facts.'*

*'Time taken for documents to go back and forward between trust, legal advisers and barrister.'*

In the consultations there was general agreement that delay in this particular phase was currently being successfully addressed. Many felt that the use of a wider range of providers of legal services has been important in this improvement. However, in the consultation sessions there was comment on the complexity of the overall procedures to enable a looked after child to be considered for adoption. In particular three different reports have to be prepared - the report for the Adoption Panel, the Appendix G report and the Statement of Facts. The first two ask for much of the same information and the Statement of Facts is a summary of this material. Given that each step with its associated report appears to add delay and that each report deals with substantially the same facts, the issue discussed during the consultation processes was how one report might suffice for the three stages.

#### 4.5 Statement of Facts to the Originating Summons<sup>4</sup>

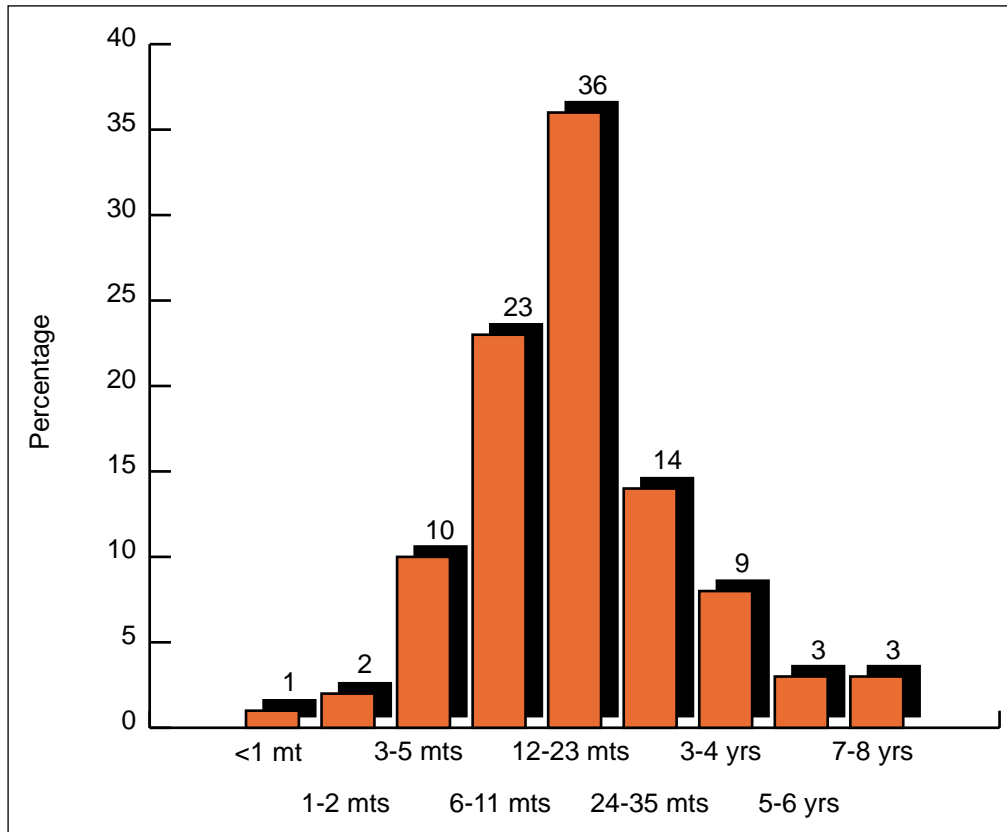
In 60% of cases where the relevant dates were provided (n=94), the finalising and signing of the Statement of Facts was made on the same day that the Originating Summons was issued. Twenty one per cent of cases took less than 1 month, whilst 13% took between one to three months. In only 6 cases (6%) did the interval between the finalising and signing of the Statement of Facts and the issuing of the Originating Summons take longer than 4 months.

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<sup>4</sup> The Originating Summons (Form 8, Rule 15 High Court Rules or Form 254 Country Court Rules) is the means by which an application for an Adoption Order is made to the court by the Trust.

## 4.6 LAC review to Originating Summons

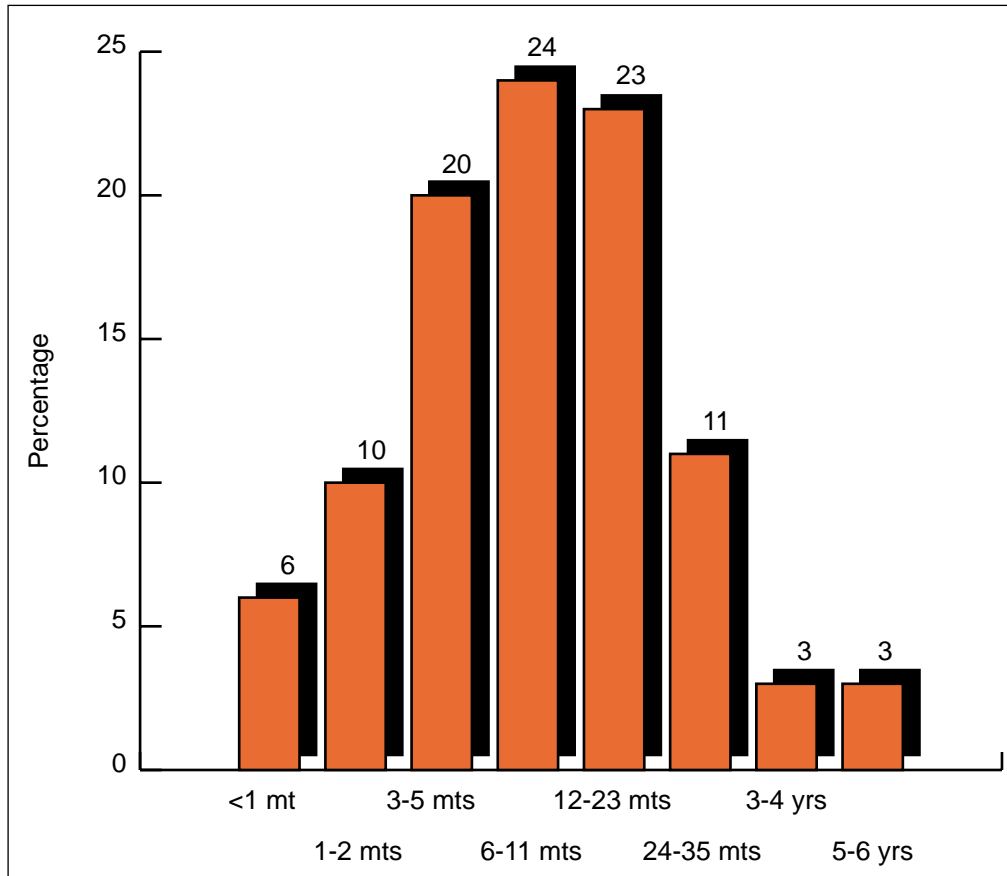
Figure 4.5: Time from LAC review to issuing of Originating Summons (n=118)



This represents the total timescale from the Trusts having decided that adoption should be pursued as a permanent placement for a child until the case began its journey through the court towards a freeing order and then ultimately, with the issue of the Originating Summons, towards an Adoption Order. The mean time from LAC review to issuing of the Originating Summons by the Trust was 1 year 9 months.

## 4.7 Adoption Panel to Originating Summons

Figure 4.6: Time from Adoption Panel meeting to issuing of Originating Summons (n=133)



This is the total timescale from the point at which the Adoption Panel recommended that adoption was in the child's best interests and that a freeing order should be sought until the case entered the court arena. Figure 4.6 shows that for 40% of children this took longer than a year. The average time from the Adoption Panel to the issuing of the Originating Summons by the Trust was 1 year 2 months. During the consultations the following propositions were considered as a means of addressing this delay:

- Where the Panel has made a recommendation that adoption is in the child's best interests, the Panel should keep the progress of the case under review. The Panel should also be given powers to ask those responsible to account for the delay.

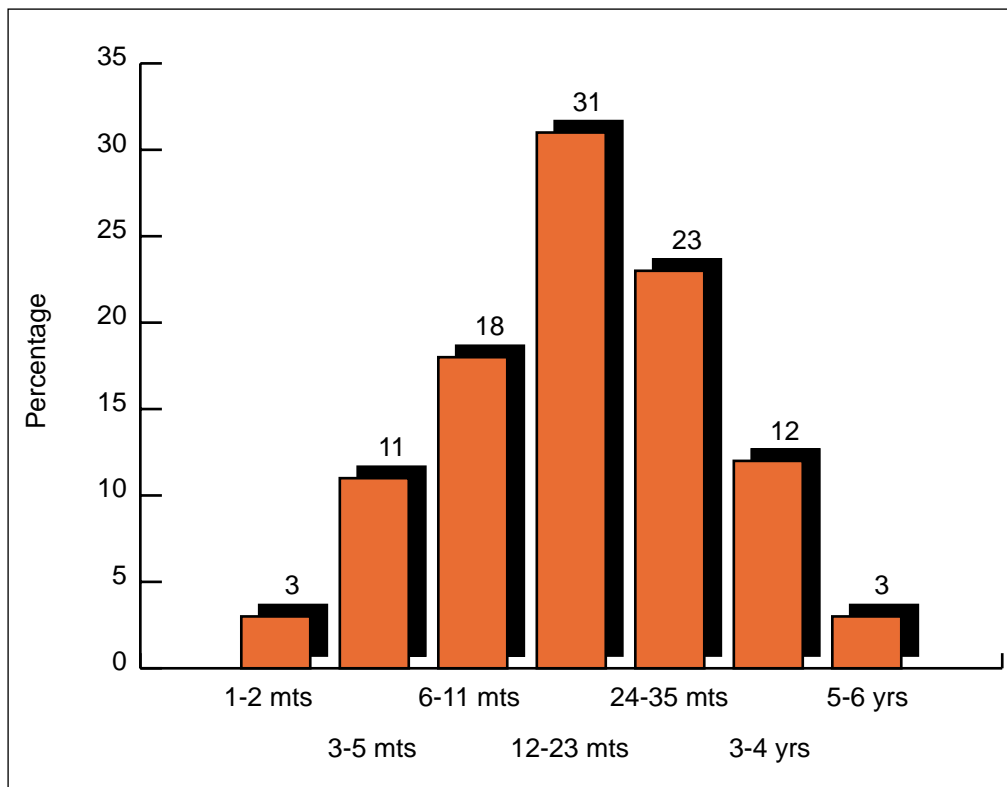
The above proposal was thought to be problematic because the Adoption Panel is a non-executive body i.e. it has no power in the management of Trust cases.

- The case could be introduced to court at the point at which the adoption agency accepts the Panel's recommendation and makes a decision that adoption is in the child's best interests. As this decision in effect signals the Agency's intention to instigate legal proceedings, the court could then set the timetable and manage the processes.

There has been a tendency on this direction with the growth of the practice of consolidating Care Order and Freeing Order proceedings and there is evidence that the development of similar practice in the USA has reduced delay in having children adopted (Festinger and Pratt 2002).

#### 4.8 The Adoption Panel to the granting of a Freeing Order

Figure 4.7: Time form Adoption Panel to the granting of a Freeing Order (n=120)



The mean time from the Adoption Panel to the granting of a freeing order was 1 year 9 months. For 38% of the children surveyed it took longer than two years. This timescale is extremely significant within current adoption processes. It is the time taken from the point at which the Adoption Panel, under its statutory functions, recommends that adoption via the freeing route is in the child's best interests, to the court adjudication in relation to the granting of a freeing order. A child who is identified for adoption is a child in acute and urgent need,

particularly when the prospective adopters are not caring for the child. Such children in social care and legal terms are in the equivalent of the health service's 'intensive care unit'. Any delay will make subsequent attachment relationships more difficult and will ultimately endanger the subsequent adoption placement.

#### 4.9 The granting of a Freeing Order to the granting of an Adoption Order

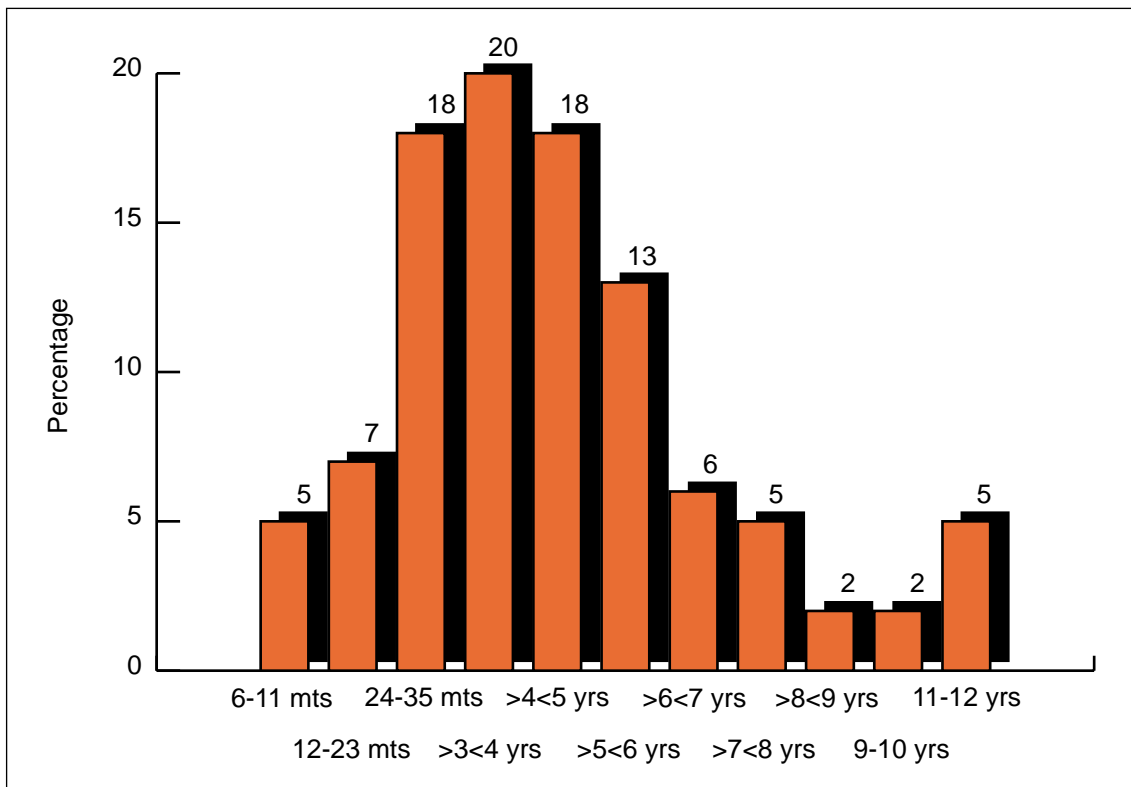
Table 4.2: Timescale from the granting of a Freeing Order to the granting of an Adoption Order (n=83)

	Number of Cases	Percentage of Total	Cumulative Percentage
<1 mt	1	1.2	1.2
1-2 mts	1	1.2	2.4
3-5 mts	21	25.3	27.7
6-11 mts	42	50.6	78.3
12-23 mts	18	21.7	100.0
<b>Total</b>	<b>83</b>	<b>100.0</b>	

The mean time from granting of the freeing order to the granting of the Adoption Order was 10 months. Once a freeing order is made, the Trust is free to place the child with adopters or finalise the process of assessing and preparing existing foster carers for their new role as adopters. In view of the age of many of the children when the freeing orders is granted, there is the delicate task of settling them with their adopters before an application to adopt is made.

#### 4.10 Last admission to care to Adoption Order

Figure 4.8: Time from last admission to care to the granting of an Adoption Order (n=85)



This was the average timescale for the entire process from admission to care to Adoption Order. Mean time from last admission to care to Adoption Order for those 85 children who had completed the whole journey was 4 years 6 months. This means that, on average the children who came into care before their first birthday (56%) do not have their final legal status settled until they are at school. In England the 'mean overall duration of care was 3 years and 1 month' (Ivaldi 2000). Thirty-six percent of looked after children were in care for longer than 3 years in England compared with 71% in this survey.

#### 4.11 Changes in timescales over time

The problem with a survey that has looked at practice over a long period of time, up to 10 years in some of these cases, is that current practice can get lost in the average of all practice. Table 4.3 is an attempt to combat this by looking at key timescales for the different years the children came before the Adoption Panel. This does not allow the conclusion that practice has improved overall because in the later years the cases wherein there is the longest delay may not have

reached the Adoption Panel by our cut off date 30 September 2000. The table does however show that for sizeable groups of children much quicker timescales are possible. For example, the average time for Adoption Panel to Originating Summons for 32 cases in 1998 was 9 months compared to 17 months for 13 cases in 1996/1997<sup>5</sup>. Although the time for the total process for the cases available, i.e. last admission to Adoption Order, the 1998 figure of 3 years and 9 months remains longer than in GB. The 1999 figure of 28 months is much more encouraging, but it is only for 13 children and almost certainly excludes many children for whom the delay would be much more substantial.

Table 4.3: Mean time in months for stages of freeing process by year of Adoption Panel (*Number of children who form the average in brackets and italics*)

<b>Stages of Freeing and Pre-Children's Adoption Process</b>	<b>Pre-Children's Order</b>	<b>November 1996-1997</b>	<b>1998</b>	<b>1999</b>	<b>January-September 2000</b>
Adoption Panel to Originating Summons	30(38)	17(13)	9(32)	6(33)	5(17)
LAC review to Originating Summons	43(30)	26(13)	14(29)	12(30)	10(16)
Originating Summons to Freeing Order	8(37)	5(13)	6(28)	6(27)	
Last admission to care to Adoption Order	71(37)	47(15)	45(19)	28(13)	

<sup>5</sup> Our returns were mostly completed in early 2001 allowing over 2 years from the 1998 Adoption Panels and therefore scope for much longer delay than this 9 month average.

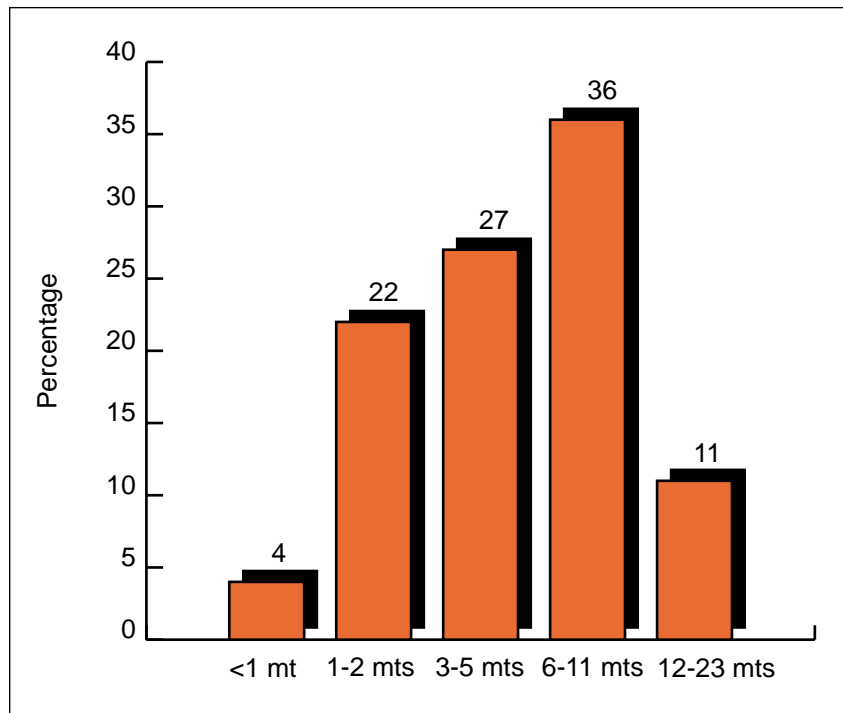
## Section 5: COURT PROCESSES

Table 5.1: Outcome of freeing order applications (n=126)

	Number of Cases	Percentage of Total
Freeing Order	119	94.4
Residency Order	1	.8
Wardship	1	.8
Care Order	1	.8
Freeing Refused	4	3.2
<b>Total</b>	<b>126</b>	<b>100.0</b>

Ninety-three percent of all the freeing applications were held in the High Court. Of the 126 freeing applications made 119 or 94% were successful and resulted in Freeing Orders. The Freeing Order was refused in only 4 of these 119 cases and other orders were made in 3 of cases. As reported in Table 5.4, 74% of the cases proceeded on a contested basis by Article 18. Out of a total of 93 contested cases, in only 7 cases or 6% was a Freeing Order not made and in 3 of these other Orders were made. This must raise questions of the basis on which cases are being contested, and whether other services might be employed or offered which might enable a greater proportion of freeing applications to proceed with agreement. Contested High Court cases take longer and are very expensive not just in terms of legal costs but also in terms of the professional time and energy of social workers and other professionals. The very high success rate also raises the issue of whether only cases with an almost 100% chance of success are being brought to court. The corollary of this is that many children whose cases may be more marginal but still with a reasonable chance of success are remaining in long-term care. It is important to recognise that this very high success rate in such a long and contested process is a tribute to the social workers and legal professionals who have prepared and brought the cases.

Figure 5.1: Time from issuing of Originating Summons by the Trust to the granting of a Freeing Order (n=113)



The mean time for the hearing of a freeing order was 6 months, which compares favourably with court times reported in other studies. Delay in court at the freeing order stage was only a major contributor to overall delay in a minority of these cases.

A key factor for social services, as well as the length of court proceedings, is the number of court hearings. Table 5.2 below shows that fifty-three per cent of the freeing applications were heard in four or fewer hearings. Nearly 40% took six or more and 13% had thirteen or more. Freeing Order applications are among the most complex of child care situations and there were vital issues to be decided not just for children but for their parents and perhaps foster parents. Social workers commented that each hearing usually involved a minimum of a half-day and often a whole day of their working time, most of which was often spent waiting for the case to be heard or to be called. The unseen cost that this generates is that work on other urgent cases, including those in the freeing order/adoption process, is in turn delayed.<sup>6</sup>

<sup>6</sup> The total number of hearings for these 113 children was 653. If one social worker was in attendance for ½ day for each hearing for each child this would consume 327 days of social work time. This is approximately the equivalent to the employment of a social worker full time for a year and a half.

Table 5.2: Number of court hearings in the Freeing Order applications (n=115)

	Number of Cases	Percentage of Total	Cumulative Percentage
One	2	1.7	1.7
Two	20	17.4	19.1
Three	22	19.1	38.2
Four	17	14.8	53.0
Five	10	8.7	61.7
Six	17	14.8	76.5
Seven	3	2.6	79.1
Eight	3	2.6	81.7
Nine	4	3.4	85.1
Ten	1	.9	86.0
Twelve	1	.9	86.9
Thirteen	8	6.9	93.8
Fourteen	1	.9	94.7
Fifteen	3	2.6	97.3
Seventeen	1	.9	98.2
Eighteen	1	.9	99.1
Twenty-four	1	.9	100.0
<b>Total</b>	<b>115</b>	<b>100.0</b>	

Table 5.3: Applications heard as straight Freeing Order proceedings or Freeing Order consolidated with Care Order application (n=128)

	Number of Cases	Percentage of Total
Straight Freeing	95	74.2
Freeing Consolidated	33	25.8
<b>Total</b>	<b>128</b>	<b>100.0</b>

The term 'freeing consolidated' refers to the practice of consolidating care proceedings and Freeing Order proceedings into one set of hearings. The logic in this development is that both hearings rely on substantially the same evidence and therefore consolidation should diminish delay. The most recent evidence on this (NIGALA 2001) is not encouraging. For 2000/2001 the average duration for

freeing consolidated was 403 days. In the same period the average duration for a straight freeing application was 160 days and that for Care Order proceedings was 246 days a total of 406 days. It must be remembered, however, that separate applications are separated by a period that some reported as running to many months while decisions are made to proceed with freeing. The total time, therefore, from initiating care proceedings to achieving a freeing order is likely to be longer for separate applications than the time for a consolidated hearing. Care proceedings were not a focus for this review.

Table 5.4: Article 17 and 18 freeing applications (n=161)

	Number of Cases	Percentage of Total
Article 17	42	26.1
Article 18	119	73.9
<b>Total</b>	<b>161</b>	<b>100.0</b>

Article 17 of the Adoption (NI) Order 1987 provides for a freeing application with the parents' consent. For Article 18 applications, parental consent has to be dispensed with through contested proceedings. When we looked at a selection of the cases, which had passed through the system relatively quickly, we found that Article 17 cases predominated. From the Adoption panel to the Originating Summons 69% took less than 6 months compared to 32% of the Article 18 cases. From Originating Summons to Freeing Order, 91% of Article 17 cases were completed in less than six months compared to 47% of Article 18 cases. When the additional court time, legal expenses and the fact that so few parents are 'successful' in contested cases are also considered, a convincing argument can be made for investing in additional services that might increase the numbers of adoptions that proceed with parents' consent by Article 17. However, in the last resort respecting parents' right to contest even the most hopeless of situations must be respected. Additional services that might lead to more negotiated agreements in these situations could include independent counselling or mediation services which would have the resources to devote to the task, who would not be parties to the contest and be more strategically placed to help parents to reflect on their situation and the long-term welfare of their child.

## Section 6: PLACEMENT HISTORY

Table 6.1: Number of board, foster parent and voluntary agency completed adoptions (n=89)

	Number of Cases	Percentage of Total
Board Adopters	46	51.7
Former Foster Parents	40	44.9
Voluntary Agency Adopters	3	3.4
<b>Total</b>	<b>89</b>	<b>100.0</b>

Eighty-nine of the total sample of 200 had been adopted by the time the questionnaires were completed in 2001. Forty-five percent were adopted by their former foster parents i.e. foster parents with whom the children were originally placed as foster children in the belief that they would move elsewhere or that they would remain in foster care. This is dramatically different from the position in England where foster parents (Ivaldi, 2000) adopted only 13% of the children. This may be a reflection of the fact that this sample was drawn only from children being freed for adoption and therefore children previously in care whereas Ivaldi's incorporated all routes to adoption.

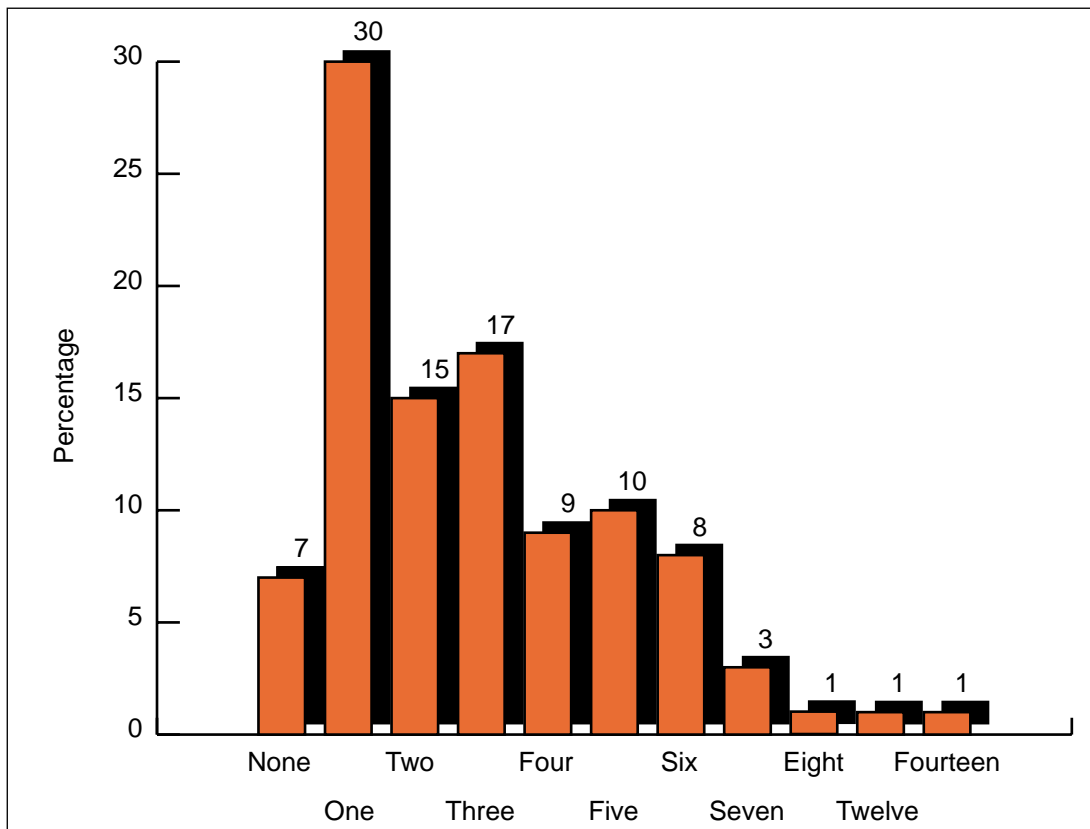
A key advantage of foster parents adopting is that the child misses a major and possibly damaging move from foster parent to adopter. The disadvantage may be that when foster parents are drawn to adopt a child to whom they have become attached, this may be seen to outweigh other factors (e.g. their age or their own family structure) that might otherwise make them less than ideal adopters. This dilemma can be avoided if the child is placed with carers who, although initially foster parents, are recognised, recruited and trained from the beginning as prospective adopters. Only children where adoption is, or there is a reasonable expectation that it will become, the plan should be placed with such carers. This approach has been described as 'concurrent planning' (Katz 1994).

Table 6.2: Time from foster placement to Adoption Order for children adopted by their foster parents (n=40)

	Number of Cases	Percentage of Total	Cumulative Percentage
12-23 mts	1	2.5	2.5
24-35 mts	6	15.0	17.5
>3<4 yrs	8	20.0	37.5
>4<5 yrs	3	7.5	45.0
>5<6 yrs	6	15.0	60.0
>6<7 yrs	7	17.5	77.5
>7<8 yrs	3	7.5	85.0
9-10 yrs	6	15.0	100.0
<b>Total</b>	<b>40</b>	<b>100.0</b>	

This table provides ample evidence of the tendency in Trusts to see children settled in foster homes, for whom the plan is or becomes adoption, as less urgent in terms of processing their cases through freeing to adoption. Fifty-five percent were in foster care for longer than 5 years before their adoption. This is not ideal but at least those who will become their parents for life are caring for the children all of this time.

Figure 6.1: Number of moves since birth (n=196)



Fifty-two percent of the children have had 3 or more moves in care. With an average age of 1 year 7 months at last admission to care, this represents the potential for seriously disrupted attachment relationships and the unhappiness and problems consequent upon these. This figure understates the problem because only 45% of the sample is adopted and many of the remainder may have further moves in care or a final move to adopters.

Table 6.3: Comparison of Social Services Board, former foster parent and voluntary agency adoptions in relation to number of caregivers since birth (n=86)

	Board Adopters	Former Foster Parents	Voluntary Agency Adopters	Total
One	2	4		6
Two	13	14	1	28
Three	11	11	1	23
Four	9	5		14
Five	7	2	1	10
Six	3	1		4
Seven	1			1
<b>Total</b>	<b>46</b>	<b>37</b>	<b>3</b>	<b>86</b>

This table demonstrates the potential for adoption by former foster parents to reduce the movement of children between carers. Of the adopted children with former foster parents 78% had 3 or fewer moves. Of those who moved to Trust adopters only 57% had 3 or fewer moves. Only 8% of the children with former foster parents had 5 or more moves compared to 24% of those who were moved to Trust adopters.

## Section 7: THE CONSULTATION PROCESS, RECOMMENDATIONS FOR POLICY AND PRACTICE

The original plan for the review included an agreement to consult with the various participants in the freeing order processes in relation to the findings that emerged from the survey of the 200 children. It was felt that this would be a useful means of checking the findings against the perceptions and experience of those engaged in the work and, in particular, it would enable this report to be informed by current as well as past practice. It was hoped it would also open up a debate on the findings and help generate discussion on ways in which the issue of delay could be addressed. The consultation sessions were hosted by: The Directorate of Legal Services on 6 September 2001, the WHSSB on 13 September 2001, Brangham & Bagnall 8 October 2001, NIGALA 8th November 2001. The NIGALA and the WHSSB seminars were attended exclusively by their own staff. The other two seminars had mixed audiences, which included solicitors, barristers and court service staff. The main consultation/dissemination event was hosted by NIGALA on behalf of the project's steering group on 19 October 2001. It was chaired by Justice Gillen and consisted of an invited audience from the legal and social work professions. In addition to these events the project's steering group (see Appendix 1) has debated the findings and commented on them as they emerged.

In reporting the consultations we will concentrate on the current practices and suggestions for change that addressed the fundamental problem of delay that the review highlights. It should be said that all the audiences, experienced though they were in the area of child care and adoption, were shocked at the extent of the delay that the review has revealed. We set out the suggestions to diminish delay in relation to each of the main stages of the process. Where appropriate, we divide the suggestions into those that are currently being implemented or might be in the **short-term** and those that need **long-term** solutions. Inevitably some of the comment and recommendations will apply to more than one part of the process.

## 7.1 Stage 1: From Admission to Care to the Looked After Children Review that establishes adoption as the plan for the child

### Short-term

1. Permanence policies should be introduced and consistently applied in all Trusts. These can be a valuable means of guarding against children drifting in care by ensuring that the need for a permanent placement is considered for all children from a set time after their admission. The policy usually includes a 'Permanence Panel' which seeks to ensure that these plans are actioned. As well as their checking role the Permanence Panel can give staff access to expert help and resources in relation to the particular case.
2. Provide staff with training in the identification of children who from an early stage in their care histories appear to need permanent placement away from their parents.

### Long-term

3. Adopt the relevant standard from the '*National Adoption Standards for England*' (DOH 2001). It advises that 'the child's need for a permanent home will be addressed at the four month review and a plan for permanence made' and that the issue of permanence should be addressed at every review thereafter. The adherence to this much improved standard would need to be resourced.
4. Increase the availability of assessment resources. The assessment of parenting and the related issue of attachment are complex tasks requiring the expertise of a range of professionals and considerable physical resources - family centres, parent-child residential units.
5. Increase and organise the resources available to child care teams so that they are not continually having to make choices between emergency situations, often in relation to child protection, and the longer term planned work that these cases need. In the Eastern Health and Social Services Board in 1997/1998, only 2.3% of the expenditure on social workers in child care and less than 1% of the total social services spend on children's services was devoted to adoption services.

6. The Adoption (NI) Order and the Children (NI) Order need to be reviewed and aligned to allow a better balance to be struck between the welfare of the child and the rights of the parents. In the consultation process many social workers expressed the view that the emphasis on partnership in current practice under the Children Order militates against taking the decisions against parents' wishes that are often necessary to achieve adoption placements for children; children who would otherwise remain in long term care.

## **7.2 Stage 2: From the Looked After Children Review that establishes adoption as the plan for the child to the Adoption Panel**

### **Short-Term**

7. The Adoption Panel or, where it exists, the Permanence Panel should be informed immediately of all children where the LAC review has identified adoption as the plan for a child and assistance/expertise offered with key tasks e.g. counselling parents, collecting information and writing the report for the Panel.

### **Long-Term**

Recommendations 4 and 5 above apply to this phase also.

8. The '*National Adoption Standards for England*' (DOH 2001) which advises that: 'Where adoption has been identified as the plan for the child at a review, the Adoption Panel will make its recommendation within three months' should be adopted. The adherence to this standard will need to be resourced.
9. Develop policies to encourage experienced social workers to remain in child care in order to prevent the movement of frontline and team management staff that was frequently mentioned as a source of delay.

### 7.3 Stage 3: From the Adoption Panel to the preparation of the Appendix G report and then to the Statement of Facts and the Originating Summons

#### Short-Term

10. The Appendix G report demands much of the same information as the report for the Adoption Panel. Consideration should be given to one set of guidelines being devised to ensure that one report fulfilled both functions. Based on the figures in this report this could reduce delay by an average of nine months (the average time from the Adoption Panel to the completion of Appendix G report).
11. There could be fruitful communication between social services and their legal representatives in this phase to ensure the preparation of the material and the case for court are co-ordinated and promptly prepared.
12. The Permanence Panel, or where none exists, the Trust child care manager, should receive regular reports on the progress of children for whom the Trust has accepted Adoption Panel recommendations that adoption is in their best interests. The chair of the subsequent LAC reviews could furnish these reports for the child.
13. The production of the Statement of Facts from the Appendix G report was generally agreed to be a routine task for a lawyer and, outside cases where there were exceptional difficulties, this should not be a source of delay. There seemed general agreement that, given the increased competition for work in this area among the legal profession, it was no longer a source of delay and could be remedied by Social Services changing their lawyers.

#### Long Term

14. A standard should be set to govern the time taken for the work in this phase. This should be monitored by the court before which the child subsequently appears and by the existing means for quality assuring work in this area.
15. It was suggested that a radical means of combating delay in this phase would be to bring the case to court as soon as the adoption agency had

accepted the Adoption Panel's recommendation that adoption is in the child's best interests. This would then allow the court to set the timetable and this would be under the court's purview until adjudication was made. This would require a change in the Court Rules.

#### **7.4 Stage 4: From the Originating Summons to Freeing Order and on to Adoption Order**

##### **Short-Term**

16. The issue of delay in these proceedings has been overtaken by concerns in relation to the increasing delay in care proceedings. An emerging current pattern commented on in the consultations, was for care proceedings to take up to or over a year in these type of contentious cases and this to be then followed by freeing order/adoption proceedings. There may be potential for more of these proceedings to be consolidated and while court time for these proceedings is considerable, they do at least ensure that the issues are dealt with continuously and do not permit an interval between separate proceedings.
17. Much delay in court proceedings was reported to be associated with the use of expert witnesses. Some of this delay is due to the time taken to obtain legal aid authority for engaging expert witnesses. There were a number of calls for the use of expert witnesses to be rationalised and for there to be local register of 'experts'.
18. The clearer guidance and planning of individual cases in court, already a feature of current practice, should eliminate the need for social services staff to appear at other than those hearings where their presence was specifically required.
19. To date there have been few cases where there has been undue delay between the achieving of a Freeing Order, the placement of the child for adoption and the subsequent Adoption Order. This is a commendable feature of NI practice, compared with that in GB or the USA. There is evidence, however, that this is a consequence of the low numbers of children who have been adopted from care in Northern Ireland in the past

and the high proportion that are adopted by their existing foster parents. This work indicates that the number of children identified as needing permanent placements is increasing. A major and immediate task is the recruitment, assessment and training of adoptive parents (and foster parents) to meet the particular needs of these children for permanent placements.

## Long-Term

20. A major factor contributing to delay throughout these processes, culminating in the court hearings is that the child's parents contest three quarters of the cases. Very few of these contests are successful (from the parents point of view). Given the resources expended in these contested situations, the examination of other means of arriving at these decisions should be a priority. Within the current legislative framework an adequately resourced and evaluated demonstration project that provided independent counselling and other services to the parents of these children should be considered a priority. They are, by any standard, a group of people who have enormous needs.

## 7.5 Conclusion

This review confirms that delay is a serious problem in the Freeing Order process. The function of the Freeing Order procedure as a whole has become to provide adoptive families for children whose birth families are not capable of caring for them. From the child and the adoptive parents' point of view the earlier the child is placed in this permanent family the better, and this is supported by much research. This review confirms that our systems are not, for the most part, meeting the needs of the children and their new families in this respect. There is some evidence that practice may be improving and much evidence in the consultation processes that there is a considerable will among the relevant professionals to improve it further. The gravity of the decisions that need to be taken in these processes mean that they cannot and should not be rushed, but this does not excuse the long periods of delay that were apparent in many of these cases. Much of this delay can be diminished by a clearer focus on the acute needs of these children at each stage of the process. The meeting of these needs through improved standards will certainly need an increased concentration of resources on adoption services. Finally, our current adoption

legislation pre-dates the Children (NI) Order. This review and the consultation processes that followed it highlight the need for a review of the Adoption (NI) Order 1987 and perhaps the Children (NI) Order itself.

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## APPENDIX 1

### The Steering Group for the project

Mr. Ronnie Williamson NIGALA, Chair.

Dr. Hilary Harrison, SSI.

Mr Greg Kelly School of Social Work QUB, Project Leader.

Ms Patricia Highland, Law Society of NI.

Ms Joan Coulter, South & East Belfast HSST.

Ms Adele O'Grady, Bar Council of NI.

Mr Eric Strain, NI Court Service.

Ms Ethel Johnson, WHSSB.

Dr. Dominic McSherry, School of Social Work QUB, Research Associate to project.

## APPENDIX 2

### QUEEN'S UNIVERSITY OF BELFAST



### SCHOOL OF SOCIAL WORK

#### Review of the Freeing Order Processes in Northern Ireland

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# Review of the Freeing Order Processes in Northern Ireland

## Questionnaire to Board and Trust Adoption Services Managers

PART A:

### Introduction:

The School of Social Work in Queen's University Belfast has been commissioned jointly by the SSI and NIGALA on behalf of the Children Order's Advisory Committee (COAC) to review the processes and timescales for securing the adoption of looked after children using the freeing order processes. The information gathered through this questionnaire, Part A, will deal specifically with agency processes associated with Freeing. Part B, relating to court processes associated with Freeing, will be completed by those within the court services and/or NIGALA. The information gathered from both parts A and B of the questionnaire will be collated and presented to the COAC sub-group in August 2001. The final report will be made publicly available and a seminar will be held to discuss the key findings that emerge from the review. Personal information about those participating in the review and their identities will be kept confidential.

It is likely that adoption policy and possibly legislation will be reviewed in the near future. It will be important to have a clear picture of how our local systems are operating. The purpose of this questionnaire is to identify the timescales involved in the freeing Process and to understand the reasons for delay where it occurs. Try to convey your understanding to us within the confines of this questionnaire - confidentiality will be respected in relation to informants as well as clients. We will examine a number of cases in more depth and may be back to you when we have identified these.

Thank you for your co-operation in completing this questionnaire.

Greg Kelly, Dominic Mc Sherry<sup>6</sup>.

### Guidance:

- Please complete a separate questionnaire for each child.
- Please complete questionnaires for:
  1. **all children** for whom your Adoption Panel **recommended a freeing order application under Article 17 or Article 18 of the Adoption order (1989)**

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<sup>6</sup> We may be contacted as follows: Greg Kelly, tel: 90298576, e-mail g.kelly@pub.ac.uk. fax 90665465  
Dominic Mc Sherry tel: 90274738, e-mail dominic.mcsherry@qub.ac.uk. fax 90665465.

2. **all children who were subject of a freeing order adjudication during the period from the 4th November 1996 to the 30th of September 2000** (i.e. children who came to your panel before 4.11.96 and progressed to a freeing order since that date).

- Please read the whole questionnaire before beginning to answer the questions.
- Please use **block capitals** for any written information.
- Please tick the corresponding box when a selection of options is provided, for example:

- |            |                                     |
|------------|-------------------------------------|
| 1 - Blue   | <input type="checkbox"/>            |
| 2 - Green  | <input checked="" type="checkbox"/> |
| 3 - Red    | <input type="checkbox"/>            |
| 4 - Orange | <input type="checkbox"/>            |

- The average time for completion of each questionnaire in piloting was 1hour 30 minutes.

**SECTION ONE: Information on the Child**

**1 Name and contact details of person completing this form**

**2 Name and base of social worker who is currently involved with this case (if different from above)**

**3 Child's name (or code)<sup>7</sup>**

**4 SOSCARE Reference Number**

**5 Child's Gender**

1 - Male

2 - Female

**6 Child's date of birth**

**7 What religion, religious denomination or body does the child belong to?**

1 - Roman Catholic

2 - Presbyterian in Ireland

3 - Church of Ireland

4 - Other

If other, please specify:

**8 Is child the sibling of any other child for whom a form is being completed?**

1 - Yes

2 - No

---

<sup>7</sup> We need access to the child's name in order to trace the child through court processes. These questionnaires will be treated in the strictest confidentiality and security. If however you are uneasy about the child's name being on this questionnaire, you may designate the child a code and then present us with a separate listing which enables us to match the code with the child's name.

**9 If you responded 'yes' to number 8, please identify SOSCARE number of sibling child/children**

Child One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Three	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(If more than three children, please replicate the above for those remaining)*

**10 Date of current/final admission to care for this child<sup>8</sup>**

**11a Under which legal provision was the child admitted to care**

1 - Looked After child (Voluntary)	<input type="checkbox"/>
2 - Emergency Protection Order (EPO)	<input type="checkbox"/>
3 - Interim Care Order (ICO)	<input type="checkbox"/>
4 - Care Order	<input type="checkbox"/>
5 - Fit Person Order (FPO)	<input type="checkbox"/>
6 - Place of Safety Order (PSO)	<input type="checkbox"/>
7 - Ward of Court	<input type="checkbox"/>
8 - Section 103 (Voluntary)	<input type="checkbox"/>

**11b Legal status of the child at the time of the Adoption Panel that first considered this case**

1 - Looked After child (Voluntary)	<input type="checkbox"/>
2 - Emergency Protection Order (EPO)	<input type="checkbox"/>
3 - Interim Care Order (ICO)	<input type="checkbox"/>
4 - Care Order	<input type="checkbox"/>

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<sup>8</sup> The date of current / final admission to care is the date of the admission to care from which the child did not return to the care of his / her family and the beginning of the care episode in which the freeing order processes have been instituted.

- 5 - Fit Person Order (FPO)
- 6 - Place of Safety Order (PSO)
- 7 - Ward of Court
- 8 - Section 103 (Voluntary)

**11c Date of Care Order (if obtained)**               

**12 Date of the LAC review when the decision was first taken to refer the case to the Adoption Panel (please be sure to check ALL the child's available LAC reviews)**

**13a Date of the Adoption Panel meeting that first considered this case**

**13b If the date given in 13a is longer than 3 months from the date of the LAC review when the decision was first taken to refer the case to the Adoption Panel (see 12 above), summarise the reasons for this timescale**

**14a Date of the Adoption Panel meeting when recommendation made to agency to proceed with freeing application**

**14b If the date given in 14a is longer than 2 months from the date the Adoption Panel first considered this case (see 13a above), summarise the reasons for this timescale**

**15a Date Appendix G was forwarded to legal representatives**

**15b If the date given in 15a is longer than 2 months from the date of Adoption Panel when recommendation made to proceed with freeing application (see 14a above), summarise reasons for this timescale**

**16a Date the Statement of Fact was finalised and signed by the Trust**

**16b If the date given in 16a is longer than 1 month from the date Appendix G was forwarded to legal representatives (see 15a above), summarise the reasons for this timescale**

**17a Date on which Originating Summons/Petition was issued**

**17b If the date given in 17a is longer than 1 month from the date the Statement of Fact was finalised and signed by the Trust (see 16a above), summarise the reasons for this timescale**

**SECTION TWO: Information on the Parents**

**18 Principle reason/s (tick more than one if applicable) for this child's current/final admission to care**

- 1 - Neglect
- 2 - Failure to protect
- 3 - Abandonment
- 4 - Physical abuse
- 5 - Sexual abuse
- 6 - Management/control problems
- 7 - Unwillingness to parent child
- 8 - Inability to parent child
- 9 - Not permitted to parent child
- 10 - Schedule Offender
- 11 - Other

If other, please specify:

**19 Factor/s (tick more than one if applicable) contributing to failure of the parents to parent child**

- 1 - Mother's alcohol abuse
- 2 - Father's alcohol abuse
- 3 - Mother's drug abuse
- 4 - Father's drug abuse
- 5 - Mother's mental health problems
- 6 - Father's mental health problems
- 7 - Mother's physical health problems
- 8 - Father's physical health problems
- 9 - Mother's learning disability
- 10 - Father's learning disability
- 11 - Mother abused/neglected as child
- 12 - Father abused/neglected as child
- 13 - Poor support for parents
- 14 - Poor social conditions (e.g. housing)
- 15 - Other

If other, please specify:

**20 How long was this child's mother known to social services prior to current/final admission to care?**

- 1 - Less than 1 month
- 2 - 1 to 2 months
- 3 - 3 to 6 months
- 4 - 7 to 12 months
- 5 - 1 to 2 years
- 6 - 3 to 4 years
- 7 - 5 to 6 years
- 8 - 7 to 8 years

- 9 - 9 to 10 years
- 10 - More than 10 years

**21 How long was this child’s father known to social services prior to current/final admission to care?**

- 1 - Less than 1 month
- 2 - 1 to 2 months
- 3 - 3 to 6 months
- 4 - 7 to 12 months
- 5 - 1 to 2 years
- 6 - 3 to 4 years
- 7 - 5 to 6 years
- 8 - 7 to 8 years
- 9 - 9 to 10 years
- 10 - More than 10 years

**22a Was this child on the Child Protection Register?**

- Yes
- No

**22b If yes, date on which child was registered**

**23 Indicate services/guidance used (tick more than one if applicable) to support the parents and prevent the child becoming a ‘looked after’ child after birth**

Services

- 1 - Family and Child Care Team
- 2 - Adolescent Services
- 3 - After Care (for mother/father who had been in care)

- 4 - Childminding
- 5 - Social Services Family Centre
- 6 - Community Family Centre
- 7 - Community Mother Scheme
- 8 - Family Assessment Centre
- 9 - Family Aides
- 10 - Homestart
- 11 - Parenting/Education Programmes
- 12 - Playgroups
- 13 - Supported Accommodation for Young Mothers
- 14 - Drop in Centre
- 15 - Befriending Service
- 16 - Day Care
- 17 - Day Nurseries
- 18 - Parent/Toddler Group
- 19 - Toy Library
- 20 - Out of School Clubs
- 21 - Holiday Schemes
- 22 - Supervised Activities
- 23 - Respite Care
- 24 - Self-Help Groups
- 25 - Services to Facilitate Reunification
- 26 - Services to Facilitate Contact Between Child and Family
- 27 - Services for Disabled Children
- 28 - Steps to Reduce Need for Care Proceedings
- 29 - Steps to Avoid Use of Secure Accommodation
- 30 - None

Advice, Guidance and Counselling

- 1 - Support/assessment from family and child care social worker
- 2 - Other assessments of Child's Needs
- 3 - Individual Counselling, other than from social worker
- 4 - Couple Counselling, other than from social worker
- 5 - Group Counselling
- 6 - Marital Therapy
- 7 - Family Therapy
- 8 - Play Therapy
- 9 - Support from mental health services
- 10 - Support from other personal social services
- 11 - Community Action/Development

Give main reasons why these services were unsuccessful:

**24 Indicate services/guidance used to facilitate rehabilitation of the child with parents, between time of first admission to care and date of LAC review that first decided to refer case to Adoption Panel**

Services

- 1 - Family and Child Care Team
- 2 - Adolescent Services
- 3 - After Care (for mother/father who had been in care)
- 4 - Childminding
- 5 - Social Services Family Centre
- 6 - Community Family Centre
- 7 - Community Mother Scheme
- 8 - Family Assessment Centre
- 9 - Family Aides
- 10 - Homestart

- 11 - Parenting/Education Programmes
- 12 - Playgroups
- 13 - Supported Accommodation for Young Mothers
- 14 - Drop in Centre
- 15 - Befriending Service
- 16 - Day Care
- 17 - Day Nurseries
- 18 - Parent/Toddler Group
- 19 - Toy Library
- 20 - Out of School Clubs
- 21 - Holiday Schemes
- 22 - Supervised Activities
- 23 - Respite Care
- 24 - Self-Help Groups
- 25 - Services to Facilitate Reunification
- 26 - Services to Facilitate Contact Between Child and Family
- 27 - Services for Disabled Children
- 28 - Steps to Reduce Need for Care Proceedings
- 29 - Steps to Avoid Use of Secure Accommodation
- 30 - None

Advice, Guidance and Counselling

- 1 - Support/assessment from family and child care social worker
- 2 - Other assessments of Child's Needs
- 3 - Individual Counselling, other than from social worker
- 4 - Couple Counselling, other than from social worker
- 5 - Group Counselling
- 6 - Marital Therapy
- 7 - Family Therapy
- 8 - Play Therapy
- 9 - Support from mental health services

10 - Support from other personal social services

11 - Community Action/Development

Give main reasons why these services were unsuccessful:

THE CHILD'S MOTHER

**25 Was child's mother previously in care?**

1 - Yes

2 - No

3 - Not Known

**26 If you responded 'yes' to number 25, please indicate length of time mother spent in care**

1 - Less than 6 month

2 - 6 to 12 months

3 - 1 to 2 years

4 - 3 to 4 years

5 - 5 to 6 years

6 - 7 to 8 years

7 - 9 to 10 years

8 - More than 10 years

**27a Is this child the mother's first born?**

1 - Yes

2 - No

3 - Not known

**27b If you responded 'no' to 27a, please list the mother's other children by date of birth and also indicate if they are full or half siblings of this child**

Child One         
Full Sibling   
Half Sibling

Child Two         
Full Sibling   
Half Sibling

Child Three         
Full Sibling   
Half Sibling

*(If more than three children, please replicate the above for those remaining)*

**28 Age of mother when this child was born**

- 1 - 12 to 15 years
- 2 - 16 to 18 years
- 3 - 19 to 21 years
- 4 - 22 to 25 years
- 5 - 26 to 30 years
- 6 - 31 to 35 years
- 7 - 36 to 40 years
- 8 - More than 40 years

**29 If this child is not first born, age of mother when first child was born**

- 1 - 12 to 15 years
- 2 - 16 to 18 years
- 3 - 19 to 21 years
- 4 - 22 to 25 years
- 5 - 26 to 30 years
- 6 - 31 to 35 years
- 7 - 36 to 40 years
- 8 - More than 40 years

**30 Mother's relationship with this child's father at the time of the Adoption Panel report**

- 1 - Married to and living with
- 2 - Married to but not living with
- 3 - Not married to but living with
- 4 - Not married to and not living with
- 5 - Not Known

**31 What was the mother's history of parenting her other children (i.e. not the child for whom this questionnaire is being completed) at the time of the Adoption Panel report in relation to this child?**

Child one:

Date of birth:

Current Placement:

- 1 - In care
- 2 - Adopted
- 3 - With extended family
- 4 - Mother caring for child

- 5 - Father caring for child
- 6 - Other
- 7 - Not known

If other, please specify:

Child two:

Date of birth:

Current Placement:

- 1 - In care
- 2 - Adopted
- 3 - With extended family
- 4 - Mother caring for child
- 5 - Father caring for child
- 6 - Other
- 7 - Not known

If other, please specify:

Child three:

Date of birth:

Current Placement:

- 1 - In care
- 2 - Adopted
- 3 - With extended family
- 4 - Mother caring for child

- 5 - Father caring for child
- 6 - Other
- 7 - Not known

If other, please specify:

*(If child's mother had more than 3 children please replicate the above for those remaining)*

THE CHILD'S FATHER

**32 Is the identity of this child's father known to Social Services?**

- 1 - Yes
- 2 - No

**33 Does child's father have parental responsibility (as defined by articles 6 and 7 of the Children's Order)?**

- 1 - Yes
- 2 - No

**34 Was child's father previously in care?**

- 1 - Yes
- 2 - No
- 3 - Not Known

**35 If you responded 'yes' to number 34, please indicate length of time father spent in care:**

- 1 - Less than 6 month
- 2 - 6 to 12 months
- 3 - 1 to 2 years
- 4 - 3 to 4 years
- 5 - 5 to 6 years
- 6 - 7 to 8 years

7 - 9 to 10 years

8 - More than 10 years

**36a Is the father's history of parenting his other children the same as the mother's history (as indicated in question 31)?**

1 - Yes

2 - No

**36b If you responded 'No' to number 36a, please specify the father's history of parenting his other children at the time of the Adoption Panel report in relation to this child**

Child one:

Date of birth:

Current Placement:

1 - In care

2 - Adopted

3 - With extended family

4 - Mother caring for child

5 - Father caring for child

6 - Other (please specify)

7 - Not known

If other, please specify:

Child two:

Date of birth:

Current Placement:

- 1 - In care
- 2 - Adopted
- 3 - With extended family
- 4 - Mother caring for child
- 5 - Father caring for child
- 6 - Other
- 7 - Not known

If other, please specify:

*(If more than 2 children please replicate the above for those remaining)*



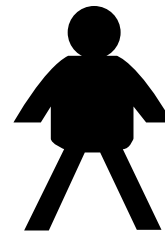
### Child's Primary Caregiver History Chart (since birth)

- Where the information is available, could you please give some explanation as to why change of caregiver (if any) occurred.
- Could you please clearly indicate (by circling) the caregiver/s who is/are intended to be the adoptive parent/s.
- Could you please indicate where the child was placed (foster care, residential care, adoption, extended family, own family) for each placement.
- Any period of respite lasting one week or less should not be included.



Date of birth:

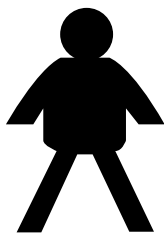
Where placed:



Date of first change:

Where placed:

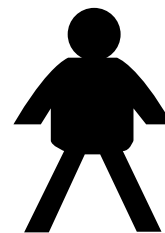
Reasons for change:



Date of third change:

Where placed:

Reasons for change:

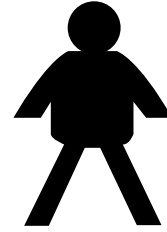
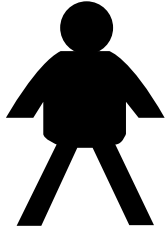


Date of second change:

Where placed:

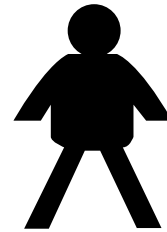
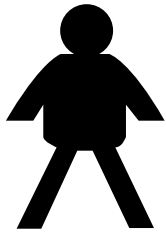
Reasons for change:





Date of fourth change:  
Where placed:  
Reasons for change:

Date of fifth change:  
Where placed:  
Reasons for change:



Date of seventh change:  
Where placed:  
Reasons for change:

Date of sixth change:  
Where placed:  
Reasons for change:

*(If any more changes of caretaker occurred, please duplicate as above)*

Please return to Greg Kelly, Department of Social Work, Queen's University of Belfast, BT7, 1NN.

**BEFORE:**

9 March 2001

Many Thanks.