



Report of : Interim Head of Operations, Children & Young People's Social Care

Meeting: Scrutiny Board

Date of meeting: 5th February 2009

SUBJECT: The criteria for the consideration of applications for adoption and the manner in which they are applied

This Report is for;

Discussion Only <input checked="" type="checkbox"/>	Information Only <input type="checkbox"/>	Advice/consideration prior to taking a Key or Major decision or reporting to a Committee <input type="checkbox"/>
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Decision to be taken by:

Full Council	<input type="checkbox"/>	Corporate Governance and Audit Committee	<input type="checkbox"/>
Executive Board	<input type="checkbox"/>	Standards Committee	<input type="checkbox"/>
An Area Committee	<input type="checkbox"/>	Member Management Committee	<input type="checkbox"/>
A Regulatory Committee	<input type="checkbox"/>	A Chief Officer using delegated authority	<input type="checkbox"/>

Executive Summary

This report details the way in which the criteria used in assessing prospective adopters are applied in Leeds with particular reference to the health of the applicant and the lifestyle issues. It demonstrates that the agency's policy and practice is in line with legal requirements and best practice guidance.

1.0 Purpose Of This Report

1.1 To inform Elected Members of the criteria used in assessing potential adopters.

2.0 Background Information

2.1 On 14 January 2009 The Adoption Service's Statement of Purpose was presented for the approval of the Executive Board. The Board determined that, in light of recent publicity about a prospective adopter who was advised to lose weight before his application was considered, a referral to the Scrutiny Board should be made. The Scrutiny Board was asked to examine 'the criteria for the consideration of applications for adoption and the manner in which they are applied'. It is understood that Executive Board was particularly interested in the Adoption Agency's practice in respect of obesity and smoking.

3.0 Main Issues

3.1 The Adoption Agency's Policy (appendix 1) outlines the criteria applied when assessing adopters and matching children. It provides clarity about eligibility to adopt in respect of the following matters, age of adopters, marital status, sexual orientation, other children in the family, infertility, religion, lifestyle (including alcohol consumption, smoking and drugs, dangerous pets, pornography) and criminal convictions. It also sets out the Agency's expectations of adopters on a range of issues including health. These are all addressed in the report on the adopter that is presented to the adoption panel.

3.2 In respect of health the policy states at 7.1 "It is an expectation that applicants should have sufficiently good physical and mental health to meet the needs of the child until they reach the age of independence".

3.3 In order to determine whether applicants meet this criteria the agency takes the advice of its medical adviser.

3.4 The Adoption Agency Regulations 2005 require that;

- The adoption agency must appoint at least one registered medical practitioner to be the agency's medical adviser.
- The medical adviser shall be consulted in relation to the arrangements for access to, and disclosure of, health information which is required or permitted by virtue of these Regulations. (Reg 9)

And

The adoption agency must obtain;

- A written report from a registered medical practitioner about the health of the prospective adopter following a full examination which must include matters specified in Part 2 of Schedule 4 unless the agency has received advice from its medical adviser that such an examination and report is unnecessary. (Reg 25)

Furthermore the Regulations detail the content of the report on the health of the prospective adopter

REPORT ON THE HEALTH OF THE PROSPECTIVE ADOPTER

- Name, date of birth, sex, weight and height.
- A family health history of the parents, any brothers and sisters and the children of the prospective adopter, with details of any serious physical or mental illness and hereditary disease or disorder.
- Infertility or reasons for deciding not to have children (if applicable)
- Past health history, including details of any serious physical or mental illness, disability, accident, hospital admission or attendance at an out-patient department, and in each case any treatment given
- Obstetric history (if applicable)
- Details of any present illness, including treatment and prognosis.
- Details of any consumption of alcohol that may give cause for concern or whether the prospective adopter smokes or uses habit-forming drugs.
- Any other relevant information which the adoption agency considers may assist the adoption panel and the adoption agency. (Reg 25)

3.5 In determining what other relevant information may assist the adoption panel the agency takes the advice of its medical adviser.

3.6 The British Agency for Adoption and Fostering (BAAF) in Effective Panels: Guidance on Regulations, process and good practice in adoption and permanence panels (BAAF 2006) states the role of the medical adviser as follows; “The Medical adviser is a full panel member with a responsibility equal to that of the other members to take part in panel consideration of cases and to contribute to the reaching of a recommendation.

However, unlike other panel members, the medical adviser also contributes to the paperwork considered by panel. He or she is required to write a summary on the child’s health which forms part of the child’s permanence report (AA 17 (1) (b), and a summary on the prospective adopter’s health which forms part of their report for panel (AAR 25(5) (b)). The medical adviser must also be consulted when the agency prepares the adoption placement report about a match for panel (Guidance 1.43). The medical adviser will be able to add verbally to their written report and to answer questions on health issues at the request of other panel members.

It is recommended in Guidance 1.44 that the agency “make arrangements for the appointment of its medical adviser with a local Primary Care Trust’s designated doctor for Looked After Children”.

3.7 The Guidance goes on to state in relation to weight issues;

- Obesity can cause health problems as can anorexia or other eating disorders. Is there evidence of unhealthy eating patterns or limited mobility, either of which could affect their parenting capacity. The medical adviser will advise on this.

3.8 Leeds designated doctor for Looked After Children is Dr Alison Share who is also a medical adviser to one of the adoption panels. Dr Share advises the agency on a range of medical issues relating to foster carers and adopters. In respect of adopters weight Dr Share’s advice is in line with a BAAF medical note issued in 2003. This note, with Dr Share’s advice, was issued as guidance to staff in August 2005. (Appendix 2). Dr Share advises that Body Mass Index (BMI) levels between 20-25 are normal and of no concern. A BMI level of 30-35 is of significant concern,

a BMI of over 40 is likely to indicate very serious concern about a person's health making it unlikely that a person be suitable to adopt, from a medical point of view.

3.9 In respect of prospective adopters who smoke, agency practice is again in line with BAAF guidance. The fact that smoking is specifically mentioned in the Adoption Regulations indicates the importance attached to it by Parliament in passing the Adoption Act 2002. The agency's policy in respect of smoking is outlined at 3.7 (ii) of the Adoption Agency Policy. It states;

- "Smoking and Drugs – The Agency takes the view that smoking and drug-taking is harmful to the individual and to others in the household. It would, therefore, wish to promote a smoke and drug-free environment for adopted children. BAAF guidance states that babies, young children up to the age of five years and children of any age with respiratory problems or disabilities should not normally be placed in households with smokers. The Agency policy is to follow this guidance and where such children are placed in households with smokers there should be positive reasons for doing so and these should be clearly recorded in the matching report. People using illegal drugs will be considered unsuitable to adopt."

The BAAF Practice note Children and Smoking (BAAF 1995) is to be found in **appendix 3**.

3.10 The BMI of applicants would form part of the medical assessment and would be of particular concern if a high BMI was found in association with other co-morbidity factors such as smoking or high blood pressure. Prospective adopters with high BMI are advised to lose weight prior to an assessment commencing.

3.11 The agency always balances this advice against other factors in adopter's personal circumstances particularly if the prospective adopter is known to the child. However, in general obesity and smoking does represent a significant barrier to an applicant being approved as an adopter but these are not the only factors taken into account.

4.0 Conclusions

4.1 It is the policy and the practice of the Adoption Agency to follow the advice of the agency's medical adviser who bases her judgement on her professional knowledge and experience, guidance provided by the Department of Health in respect of obesity and smoking and on practice guidance published by BAAF as a result of extensive discussion within its medical committee. It takes this advice very seriously but it always balances, against other factors. The interests of the child are paramount and the adopter's ability to meet the child's needs is the main consideration.

5.0 Recommendations

5.1 The committee note the context of this report and agree the adoption agency's practice complies with Adoption Agency Regulations and is in line with health information on obesity and smoking issued by the Department of Health and with BAAF practice guidance in respect of the health of adopters.

6.0 Documents Referenced in this report :

Leeds Adoption Agency Policy – 2007

The Adoption Agency Regulations – 2005

Effective Panels guidance and Regulations: process and good practice in adoption and permanence panels – BAAF 2006

Practice Note 51: Reducing the Risks of Environmental Tobacco Smoke for Looked After Children and their Carers - 2007

ATTACHED APPENDICES :-

Appendix 1

Leeds Adoption Agency Policy -
2007

Appendix 2

Practice Guidance RE: Obesity

Appendix 3

Practice Note 51: Reducing the
Risks of Environmental Tobacco
Smoke for Looked After Children
and their Carers - 2007