Adopting Best Care, the 2002 report of the regional inspection of the statutory adoption service (including intercountry adoption) by the Department’s former Social Services Inspectorate (SSI, 2002).
• regional intercountry adoption preparation training for all applicants; and
• a structured post-adoption/post-placement support plan for each child adopted from overseas and their family.

In comparison with other parts of the UK, most notably England, Northern Ireland has few intercountry adoptions; between 20 to 30 adoption applications are sent abroad each year and approximately the same number of children are placed each year with Northern Ireland couples by overseas authorities. However, a significant number of applicants are waiting to go through the assessment and approval process. While voluntary adoption agencies who are registered with the Department may seek accreditation to process intercountry adoption applications, only one agency has sought it and has not, as yet, approved any intercountry applicants in Northern Ireland. All applications have therefore to date been received from Trusts.

The legislative and guidance framework for intercountry adoption in Northern Ireland
The functions and responsibilities of the Department, Trusts and voluntary adoption agencies accredited to process intercountry adoption applications are set out in:

• The Adoption (Intercountry Aspects) Act Northern Ireland 2001 (The 2001 Act), which gave effect to the Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption concluded at The Hague on 29 May 1993 (‘The Hague Convention’);

• The Intercountry Adoption (Hague Convention) Regulations (Northern Ireland) 2003 (‘the 2003 regulations’);

• The Adoption of Children from Overseas Regulations (Northern Ireland) 2002 (‘the 2002 regulations’); and

• The Departmental guidance document, Implementing the Adoption (Intercountry Aspects) Act (Northern Ireland) 2001: a summary of the regulations and procedures (Department of Health, Social Services and Public Safety, 2003b) (‘the Departmental guidance’).

It is evident from the above legal and procedural framework that intercountry adoption, in its social, administrative and legal aspects, is a highly complex process. There is international recognition that intercountry adopted children are among the most vulnerable. This is not just because of the often unknown conditions and circumstances which pertain in their birth families and their early lives, including poor ante- and post-natal maternal care, but also because of the potential for the procedural and legal safeguards established to protect their welfare to be circumvented in both their own country of origin and the receiving country.

As a central authority under the Hague Convention, the Department is bound by the following overarching principles and seeks to ensure that these are upheld by Trusts in the processing of intercountry adoption applications:

• An intercountry adoption must only proceed when this is in the best interests of the child.

• A child who is to be the subject of an international adoption must enjoy the same safeguards and standards as a child who is the subject of a domestic adoption.

• The safeguards, principles and standards of the Hague Convention and its principles should apply, as far as is practicable, to the adoption of children from non-Convention states.

The Department’s responsibilities
The Department’s responsibilities as a central authority under the 2003 regulations and its duties under the 2002 regulations include: receiving and processing prospective adopter applications from Trusts or accredited volun-
tary adoption agencies; agreeing that an intercountry adoption case may proceed; issuing and arranging the issue of Certificates of Eligibility to Adopt; liaising with other government departments, foreign authorities and overseas adoption agencies in relation to specific adoption applications; receiving information from the child’s state of origin; transmitting information to Trusts; issuing in the case of Convention Adoptions the agreement under Article 17(c) of the Convention that the adoption may proceed; advising the Border and Immigration Agency of the Home Office on entry clearance for the child, where appropriate; and ensuring compliance by Trusts with post-matching and post-placement procedures, as set out in the 2003 regulations and Departmental guidance.

In addition to administrative checks by the Department’s child care policy directorate, all intercountry adoption applications received from Trusts are considered by the Department’s Office of Social Services and, where necessary, a Departmental medical officer. Amendments made in 2006 to the 2002 and 2003 regulations have clarified the role of the Department in these early stages of the application. Unlike other parts of the UK, the regulations now require that applicants must receive a notification to the effect that the Department has agreed that their case may proceed prior to the issue of a Certificate of Eligibility and the forwarding of their application to the overseas authority.

**Trust responsibilities**

Trusts are required by law to provide an intercountry adoption service. In view of the specialist nature of intercountry adoption work, two out of Northern Ireland’s five Trusts have appointed a senior social worker to oversee the service in their respective areas. In accordance with the requirements on statutory adoption services in other parts of the UK, the regulatory duties on Trusts include: providing a service to those who wish to adopt; assessing and referring applicants to the adoption panel; approving adoptive applicants; submitting the applications of approved applicants to the Department; providing any further information required by the Department; considering with the prospective adopter information on the child to be matched; receiving written confirmation from the adopters that they wish to adopt the child; and where relevant, receiving the adopter’s notice of intention to adopt and monitoring the welfare of the child until the adoption order is granted.

It is widely recognised that children adopted from overseas may be particularly vulnerable to difficulties arising from institutional care, such as developmental delay, poor primary health and social care, inadequate family or personal medical history, lack of secure attachments and a range of social and emotional needs. It is vital that adoptive parents should be given the best possible support in addressing the child’s needs at the pre-arrival, post-placement and post-adoption stages. It is in these areas that professional practice in Northern Ireland has been targeted and the support offered to families may differ from other parts of the UK in the following respects:

- There is an expectation that all applicants must attend regional intercountry adoption preparation training, which takes place over a number of sessions prior to the completion of their homestudy assessment.
- Since 2003, there has been a regulatory requirement for all Trusts to appoint a ‘designated’ paediatrician to whom the information, including medical information, must be sent once the details of the child who is to be matched with the applicant/s has been received from the overseas authority. The Departmental guidance requires the paediatrician to meet the applicant/s with their social worker and discuss the information with them. The value of this arrangement has been demonstrated in a number of cases where the seeking of further medical information has enabled a more comprehensive picture of the
child to be built and, on a few occasions, this has led to the identification of significant health or developmental problems that were clearly outside the applicant/s' range of acceptance.

- There is a requirement in Departmental guidance that the Trust must draw up (a) a post-placement plan for each child from overseas who needs to be adopted in Northern Ireland or (b) a post-adoption support plan for a child whose overseas adoption is recognised by the UK.

The arrangements leading to the development of the support plan are described below.

**The role of health professionals and the social worker prior to and immediately after the child's arrival in Northern Ireland**

Under the 2003 regulations, prior to the child's arrival in Northern Ireland, the Trust's social services must send a written report to the applicant/s’ GP, the designated paediatrician and, where appropriate, the relevant Education and Library Board. Departmental guidance also requires that the senior nurse manager should be informed of the child's approximate date of arrival in Northern Ireland. These arrangements, designed to ensure that child and family receive the best possible support following their arrival in Northern Ireland, are to be carried out at all stages in partnership with the child’s prospective adopters/adoptive parents:

- The social worker should visit the child and adopter/s as soon as possible and not more than seven days after the child’s arrival.
- The child should be seen by the GP and health visitor within seven days.
- The child should have a full assessment by the designated paediatrician within 21 days of arrival.
- A multi-disciplinary support plan should be drawn up by the Trust within 28 days.

**The role of the GP**

Departmental guidance stipulates that the GP should attend to any immediate health needs and should:

- receive from the Trust the health information transmitted by the overseas authority;
- contribute to the support plan;
- carry out examinations and immunisations of the child in accordance with Northern Ireland’s child health surveillance programme;
- provide support to the child and family as detailed in the support plan in liaison with the health visitor and other members of the support team; and
- receive updated reports, where necessary, from the designated paediatrician.

**The role of community nursing services**

Departmental guidance requires the Trust to notify the senior manager responsible for community nursing, including health visiting, of the expected date of arrival of the child. The senior nurse manager should designate a health visitor to be responsible for the support of the child and the new parent/s and the community nursing contribution to the support plan.

**The designated paediatrician**

The designated paediatrician is responsible for advising prospective inter-country adopters of potential developmental and health-related issues in children at the matching stage and for assessing and monitoring, for as long as is necessary, the health of each child adopted from abroad.

Designated paediatricians should be aware of the conditions endemic in certain countries so that they can advise adopters accordingly. BAAF Practice Note 46, *Health Screening of Children Adopted from Abroad* (2004), is very useful for this purpose.

The paediatrician may, at the matching stage, request (via the Department)
the overseas authority to provide further information or to carry out tests specified by the paediatrician to ensure that there is adequate medical information on the child. This information helps the prospective adopter/s to decide whether to proceed with adoption.

When the child has arrived in Northern Ireland, the paediatrician should use her or his clinical judgement in view of the BAAF guidance regarding examinations and tests to be carried out and arrange for any specialist assessments or treatment indicated. She or he should consider the impact of the child’s health on the adoptive family, for example, if a child is infected with hepatitis B, they should be advised to arrange for a course of immunisation for themselves and their families. The paediatrician should keep the GP and other members of the support team informed at all stages and contribute to the support plan.

The support plan
The Departmental guidance states that a meeting involving the adoptive parent/s, the social worker, the designated paediatrician, GP, health visitor and others where necessary should be convened by an assistant principal social worker, no later than 28 days after the child’s arrival in Northern Ireland, to draw up a written support plan. The plan should be reviewed every three months and only concluded when the child’s adoption order has been granted or when the parent/s feel that structured support from the Trust is no longer required. It is, of course, expected that the health visitor and GP will continue to provide general health care support and, where the child has an identified need, paediatric services will continue to see the child for as long as necessary.

Conclusion
The Departmental guidance on inter-country adoption, and especially the arrangements for the support of children and their new families, have been implemented since June 2003. The professionals involved have found it helpful as it clearly identifies various roles/responsibilities and timescales to which all Trusts in Northern Ireland must adhere.

Adoptive applicants are also aware of this guidance and know what to expect at any given stage of their intercountry adoption journey, which can be a long, uncertain and expensive process.

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