

Adoption





ADOPTION

This booklet is written primarily for people – of either short or average stature – who are interested in, or actively considering, adopting a child of restricted growth. It seeks to answer many of the questions people have when they are thinking about adoption:

- Who should we contact if we are interested in adopting a child?
- What does the adoption process involve?
- Are there any restrictions on people of short stature adopting a child?
- Whom can we contact for advice, help and support?

It is a sad fact that some children of restricted growth are rejected by their parents, who are unable to come to terms with their child's condition or feel unable to cope with a child who is different and decide to have him or her adopted. Other circumstances, such as family breakdown, parental illness or death, may result in a child of short stature being put up for fostering or adoption.

The need for adoption

Couples where one or both partners is of restricted growth often feel that, through their own experience, they have a great deal to offer such children. Adoptive parents include people who have decided not to have children of their own, as well as others who have children of their own and are keen to offer a home to other children. Many people of short stature feel passionate about helping to find homes for children with a condition similar to their own.

Being small ourselves, we knew that we could offer a secure and loving home to a child with restricted growth. We would understand what the child's particular needs were and would be able to offer support as the child grew up and learnt to live with their condition.

Many parents of average stature who have had a child of restricted growth also feel that their experience makes them highly suitable adoptive parents and take the step of adopting another child of restricted growth into the family to keep the first child company. Indeed, where families of average growth wish to adopt short-statured children, some social

services departments like to see some link in the family with restricted growth, e.g. through a sister or uncle.

- 6 Having had an older child with restricted growth, we adopted a baby with a similar condition not just for company, but to let them both know they aren't the only small people in the world and to help them realise that they can carry on their lives in the same way as taller people do. 9
- 6 I feel lucky to have grown up in a really happy family. I knew my mum and dad would always be there for me—and that's what's important, especially when you're short and have to deal with the other problems people chuck at you. I know I'm adopted, but to me they're just mum and dad. And the best mum and dad you could ask for!

Are there any restrictions on who can adopt?

There should be no discrimination against people of restricted growth, so long as any child they propose to adopt is also of restricted growth. However, different social services departments have different procedures and some are not interested in considering people they regard as being disabled.

In the case of a marriage where one partner is of short stature and one is of average stature, it may be possible to adopt a child of either short or average stature.

How do I go about adopting a child?

Having made the decision to adopt or become a foster parent, you need to gain approval from your local social services (see below). This can be a lengthy process, so it is important to start as early as possible. Contact your local social services - you will find their telephone number in the Phone Book. You can also be approved by neighbouring social services areas, and it may be worth getting in touch with two or three different areas. If you make no progress with them (e.g. because their waiting lists are closed), contact BAAF (British Agencies for Adoption and Fostering) or Barnados (details at end of the booklet).

In any case, we recommend that you contact the Restricted Growth Association (RGA). Within the RGA, there is one person responsible for keeping a confidential 'register', a list of people – both approved adopters, and those not (yet)

approved who are awaiting approval – who feel they would like to adopt a baby or child with a restricted growth condition. When a child with a restricted growth condition comes up for adoption, social workers sometimes contact the Association and are put in touch with those who have expressed interest.

Our social worker told us that for every child waiting for adoption there was a perfect couple somewhere – the trick is getting them together.

RGA can also give you advice if you are in the process of seeking approval, or are just thinking about it. They can support you as you seek to gain approval for adoption. They can also put you in touch with people who have already adopted or fostered a child with a RG condition and who will be happy to discuss their experiences. Contact with other families who have been through the adoption process can be invaluable and can provide an important source of support.

The adoption process

In the UK adoptions are handled by adoption agencies, working in close conjunction with social workers. Adoption agencies may be run by the local social services department or may be private. Agencies have their own adoption lists for different types of children. While these lists are often closed for some types of children, adoptive families are needed and welcomed for children who are considered harder to place – which may include children with a restricted growth condition. Some agencies actually give priority to recruiting and assessing families specifically interested in the children who come into this category.

6 It's the best thing in the world to be able to adopt a child. The last thing in the world I want to see is children like us growing up without a good home.

Assessment

Your suitability as adoptive parents is determined by the adoption agency. Before any agency can place a child in your care they will want to talk to you about adoption. A social worker will visit your family over a period of several months – a 'home study'. They will want to get all the information that they can about you as a person: where you live, how you live, what your expectations are, and so on. Although many people find this a stressful process, you should not

worry too much about it. If you are right for a particular child and that child is right for you, then you have nothing to be afraid of.

Importantly, you will also have the support of RGA members who have been through this process and who will be only too happy to help in any way they can.

All the information you give to the social worker is confidential. It will never be divulged to anyone except with your permission.

You really need a social worker you can trust 100%. There are times when everything seems all too much — and you need support and someone you feel able to ring and talk to.

One of the things the social worker will discuss with you is the issue of contact with the birth parents.

Since 1990, there has been a policy of 'open adoption', whereby birth parents can ask for regular updates about the child's progress throughout their childhood. Some adoptive parents have concerns about this, so there needs to be discussion between the parties concerned about how updates will be given, how often, and so on. In other cases there will be little or no contact with birth parents.

- We have little information and no contact with – or even photos of – our child's birth parents and this makes explaining things quite difficult.
- 6 It does help to know that my birth parents didn't completely forget me and that they did keep in contact – especially my grandparents.
- As someone who has adopted a child, I am often asked, 'What do you feel about parents who give their children up?'
 I always reply that I admire them because I believe in doing that and it's never an easy decision they have given the child a better quality of life.

Approval

The social worker presents a report to the agency panel. The panel will make the final recommendation about your suitability as adoptive parents.

You will have to take a medical. This is not to ensure that you are in absolute perfect health, but gives you a chance to discuss confidentially with your doctor the implications of adopting a child into the family. It also gives the adoption panel information that will help them in deciding if you are the right family for a particular child. A child who may be placed with you also has to have a medical.

Usually, the medical is about the last legality completed. By this stage you should be well aware of what you are doing and should have discussed any possible problems with the agency. So, unless you have been deliberately keeping something major hidden (never a wise move!), there should be no difficulties.

- We heard we had been approved when we were standing in a call box in the middle of Devon! It was one of the best days of our lives.
- We first heard about our son in February and saw one very blurred photo of him taken a year before. We talked about him with our social worker, his social worker and between ourselves for hours on end. A meeting with him was arranged in May. We were very nervous, but as soon as we met him we knew we could make a family together.

After adoption

Once a child is placed with adoptive parents, the law requires that the child live with them for a minimum of three months before an adoption order can be granted by the court. During this period the child is subject to supervision by the adoption agency.

Help with financial costs

Adoption can be an expensive process. Most local authorities understand this and will try to reimburse all your necessary expenses. The only thing they will not pay for is your medical, which is legally your responsibility.

If you would like to adopt, but are genuinely worried about the expenses involved in bringing up a child, you may qualify for help from the social services of the adoptive child, in the form of an adoption allowance. This allowance is there to assist families to adopt who otherwise would find adoption financially difficult or impossible. These schemes are usually meanstested, i.e. whether you qualify depends on your income. Any allowance given is entirely at the discretion of the social services department concerned, in terms of both how much (if anything) is given and for how long. The policies of social services departments can also alter on a yearly basis.

6 Having been through it, I would say that even if you don't think you need financial help, apply anyway – there are always unexpected expenses.

Sources of information & help

- British Agencies for Adoption and Fostering, Skyline House, 200 Union Street, London SEI 0LX, tel: 0171 593 2000, fax: 0171 593 2001 – committed to promoting best practice in adoption and fostering services, BAAF also publishes books, journals and leaflets. They will send you a free catalogue listing over 100 titles, including:
 - Adopting a Child by Prue
 Chennells & Chris Hammond
 what adoption means and how to go about it
 - Talking About Adoption by Prue Chennells & Marjorie Morrison – the whys, whens and hows of telling the truth about an adopted child's origins.
- Parent to Parent Information on Adoption Services (PPIAS), Lower Boddington, Daventry, Northants NN11 6YB, tel: 01327 260295 – PPIAS produce a quarterly newsletter with articles on all aspects of adoption, and pictures of children waiting for adoption. They also run regional support groups.
- Barnados (Head Office), tel: 0181
 550 8822 can put you in touch with the nearest regional office.

ADODTION

This booklet was written by Hugh Hillyard-Parker, with the help of the many members and their families who have contributed their experiences towards it. Their contributions were compiled by RGA Information Officer, Ros Smith.

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The RGA encourages members to share information and sources of help.

Other RGA publications

What is ...?

The What is...? series looks at particular restricted growth conditions or issues. The titles in this series are:

Achondroplasia

Hypochondroplasia

Pseudoachondroplasia

SED

Diastrophic Dysplasia

Rarer Syndromes

Lifestyles

The **Lifestyles** series focuses on particular aspects of living with a restricted growth condition. The other titles in this series are:

Babies and the Early Years

Going to School

The Teenage Years

Careers, Employment and Education

Having a Baby

The Later Years

Driving a Car

Bikes, Trikes and Ride-on Toys

Sporting Opportunities

What Shall I Wear?

Limb Surgery

Personal Hygiene



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