Adoption
Standards of Practice
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Introduction

As the regulatory body for the practice of social work in British Columbia, the British Columbia College of Social Workers (BCCSW) establishes standards of practice for social work. This is one of the key resources the Board has to assist in meeting its mandate of protecting the public interest.

The purposes of standards of practice are to:

- set the minimum acceptable level of practice,
- provide guidelines for social workers to assess their own practice and develop high standards of practice,
- establish criteria for the assessment of complaints about the practice of social work, and
- inform the public about reasonable expectations of social work practice.

The BCCSW adopts general standards of practice which apply to all areas of social work, as well as standards which apply to specific fields of practice.

These written standards articulate specific aspects of generally accepted standards of practice. This is based on a body of knowledge developed and acquired through a combination of formal social work education, continuing education and academic literature, as well as experience in professional practice.

In some instances the standards of practice for specific fields may identify knowledge which is relevant for the field, in addition to knowledge necessary for basic social work practice. Specific standards of practice should be read as a whole along with the general standards of practice. In all areas of practice, social workers are expected to comply with the Social Workers Act, the Code of Ethics and Standards of Practice, both general and specific.

No document can ever address all situations arising in practice. Fundamental to good practice is the use of professional judgment in assessing how to apply knowledge and standards to specific situations.

Adoption Standards of Practice

Adoption is a lifelong experience, which affects all members of the adoption constellation. It is entrenched in legislation in the interests of adoptees (as children and as adults) and their birth and adoptive families. Adoption is a matter of social concern and responsibility, discharged not only through legislation but also through professional services, which reflect current social values, trends and principles.

The Standards are inclusive, reflecting the needs and rights of all members of our diverse society. They are consistent with the Canadian Charter of Rights and Freedoms, which defends the rights of all diverse groups, and the constitution of Canada, which further defines Aboriginal rights. The Aboriginal community has been included in the development of these standards.
In 1989, the Board of Registration for Social Workers (BRSW) established, in the absence of statutory regulation of private adoption, a statement of standards for social workers delivering services related to private adoption. In November 1996, a new Adoption Act was proclaimed in British Columbia regulating adoption practice. BRSW revised and expanded its Standards for Adoption Practice in 1999, and then in 2005 and 2006, to reflect current legislation and practice. These Standards address the full range of adoption services from adoption preparation and placement to post adoption and reunion services.

These Standards have been revised to reflect the change of name of the BRSW to the British Columbia College of Social Workers under the new Social Workers Act. The Standards, as well as the Code of Ethics, apply to all social workers providing adoption related services whether they are working for government, licensed agencies, in private practice or in ancillary services such as hospitals.

The British Columbia College of Social Workers’ Standards for Adoption Practice set out basic standards to be met, but are not intended to replace training, consultation and current knowledge of the literature and research which the social worker must rely on in order to properly serve adoptive clients.
Principles

**Importance of the Family**
Family life is the preferred environment for the care and upbringing of children. Raising children in a loving, stable and nurturing manner is essential to ensuring the quality of our society.

**Importance of Culture**
Cultural, racial, linguistic and religious/spiritual heritage must be respected and considered when planning for children.

**Importance of Aboriginal Heritage**
Aboriginal children, families and communities have particular needs in relation to the preservation of their racial and cultural heritage. Aboriginal communities have a special role and are an important resource in planning for their children.

**Rights of Children and Adoptees**
The best interests of the child must be the paramount consideration in all decisions affecting the child.

Children need and have the right to a permanent family, stability, continuity of care giving, safety and security.

Children have the right to grow up with birth parents or extended family whenever possible. Social work services must foster and preserve this.

A full range of planning options, including adoption, should be carefully reviewed and considered when a child cannot be raised by birth or extended family. Factors such as a child’s age, race, membership in a sibling group, physical or mental disability, must not be barriers to considering adoption.

Children have the right to information regarding the plans being made for them, to have their views considered, and to contribute to significant decisions that affect them.

Children have the right to be placed with an adoptive family who has been adequately prepared for adoption.

As children and adults, adopted persons have the right to complete and accurate social and medical history.

Adopted persons have the right to the preservation of kinship ties and other important relationships.
**Significance of Adoption**
Adoption affects child and adult development, the family system and the community.

Adoptive families are of equal value to birth families. Nevertheless, families built through adoption are different from biologically formed families.

Adoption is a life-long process which has a unique impact on all parties involved. Members of the adoption constellation may require adoption sensitive services and supports at various stages throughout their lives.

**Openness**
Adopted persons, birth and adoptive families are best served by a process which is open and ensures access to information, recognizing individual choices and clients’ rights to privacy and safety.

**Inter-Country Adoptions**
The principles of the Hague Convention on inter-country adoption should apply in all inter-country adoptions whether or not the country involved has ratified the Convention.

**Service Delivery Principles**
Client self-determination is an important principle underlying all adoption services. Clients must be given complete information and unbiased counselling to assist them in making informed decisions.

Clients are best served by support to help them to make decisions based on identification of their strengths taking into consideration their family, group or culture, sexual orientation, disability, race, ethnicity and religious/spiritual group.

Clients are best served in their primary language in a culturally competent manner.

Adoption services and decision-making should be conducted in a timely manner.

Adoption services are most effective if there is continuity of service providers. Social workers should promote policies which maximize continuity of service for all parties to an adoption.

Significant decisions affecting children and families should not be made in isolation, therefore networking with other professionals and community members significant to the child, while respecting the importance of confidentiality, is an important component of sound adoption service.

Adoptees, birth and adoptive families are entitled to services delivered by adoption sensitive professionals who have current knowledge about the unique life long issues in adoption and knowledge about relevant legislation and policies.
Adoption Standards of Practice

1. General

1.1 Knowledge Requirements for Social Workers

1.1.1 Social workers providing adoption services must have knowledge regarding the following as it affects all members of the adoption constellation:

(a) child and adult growth and development recognizing culture differences;
(b) family dynamics;
(c) the impact of adoption;
(d) separation, loss and attachment issues as they affect various ages and stages of development;
(e) the special needs of some children requiring placement for adoption (e.g. medical, physical, learning disorders, etc.) and how these impact both the child and the adoptive family;
(f) adoption legislation, policy, practice, and related legislation and policy (e.g. immigration regulations affecting inter-country adoption);
(g) the importance of culture, diversity and religious/spiritual heritage;
(h) inter-country, inter-cultural and inter-racial adoptions;
(i) the conditions under which children are relinquished for adoption in their country of origin and the alternatives available there;
(j) support services and other professionals involved in providing comprehensive services to members of the adoption constellation;
(k) openness in adoption;
(l) how times of crisis can affect reactions and decision-making.
(m) how different cultures respond to the above issues.

1.1.2 Social workers must be aware of the impact of their own attitudes and biases regarding:

(a) adoption as a plan for children and birth parents;
(b) characteristics of suitable adoptive parents;
(c) races and religious/spiritual groups other than their own;
(d) racism and its impact on Aboriginal people;
(e) the planning of adoption for Aboriginal children;
(f) inter-racial adoption;
(g) openness and privacy in adoption placement planning and reunion services;
(h) birth mothers and fathers;
(i) diverse family constellations of prospective adoptive parents.

1.1.3 Social workers must make use of training, and must maintain knowledge of current practice, literature and research in order to serve adoptive clients.
1.1.4 Social workers must make use of consultation throughout the provision of service including those of the appropriate culture so that there will be better understanding of the clients’ family, group, community and way of life.

1.2 Ethical Considerations

1.2.1 Social workers must guard against conflicts of interest. In particular, birth parents must be assured of unbiased service whether or not it results in an adoption placement.

1.2.2 Social workers must advise clients early in their contact if the agency they are working with has any policy restricting the service it delivers which might affect the client, and the client must be advised of other agencies or the Ministry of Children and Family Development, which do not have such a policy.

1.2.3 Social workers providing adoption services should promote awareness of adoption issues and the development of adoption sensitive services amongst other professionals.

1.2.4 In the event that clients have concerns regarding the conduct of the social worker that cannot be resolved, the social worker must ensure the clients are aware that they can contact the social worker’s employer or contracting licensed agency and/or British Columbia College of Social Workers regarding the social worker’s practice.
2. Standards for Social Work Services to the Child

2.1 The Child’s Best Interests

2.1.1 The best interests of the child must be the paramount consideration in planning and decision-making in both domestic and inter-country adoptions.

2.1.2 The child’s best interests are (adapted from the Adoption Act):
(a) the child’s safety;
(b) the child’s physical, intellectual, emotional needs and level of development;
(c) the importance of continuity in the child’s care;
(d) the importance to the child’s development of having a positive relationship with a parent and a secure place as a member of a family;
(e) the quality of the relationship the child has with a birth parent or other significant caregiver or individual and the effect of maintaining that relationship;
(f) preservation of the child’s cultural, racial, linguistic and religious/spiritual heritage;
(g) the child’s views;
(h) the effect on the child if there is a delay in making a decision;
(i) if the child is an Aboriginal child, the importance of preserving the child’s cultural identity.

2.2 Placement Planning for the Child

2.2.1 When birth parents voluntarily request adoption placement for their child, the social worker must assist them in determining whether they or their extended family (and in the case of Aboriginal children, their Band or Aboriginal community) are able, or can be supported to care for the child, or whether voluntary adoption placement is the birth parent’s choice and the best plan for the child.

2.2.2 When children have been legally separated from their birth parents, a full range of planning options, including adoption, must be explored in order to determine the plan most suited to the child.

2.2.3 The child’s age, race, being a member of a sibling group, physical or mental disability should not be barriers to adoption if adoption is otherwise in the child’s best interest.

2.2.4 Reasons for the permanent plan which has been chosen, must be documented outlining how it meets the child’s best interest and noting other options explored.
2.2.5 If adoption is considered to be the best plan for the child the social worker should ensure that an adoption placement takes place at as early an age as possible. Temporary foster care should be made available where necessary to allow time for appropriate planning. However, repeated foster placements should be avoided because of the harmful effect of multiple separations and losses.

2.2.6 A thorough assessment of the child as outlined in Section 2.3 must be completed.

2.2.7 The child’s age, developmental level and views, as age appropriate, must be considered in determining an adoption plan.

2.2.8 Siblings must be placed together whenever possible. If they are to be separated, all relevant factors concerning their best interests are to be considered and documented. When siblings have been placed separately, whether at the same time or at various times, plans should be made to ensure that they know about each other and have suitable contact.

2.2.9 The child must have the opportunity to be placed with a family of the same race whenever possible. All reasonable attempts to find a home of the child’s race must be made before considering a home of another race. When birth parents are involved in the planning they may ultimately choose a family of another race, but must at least have the opportunity to consider suitable families of the child’s race whenever possible.

2.2.10 When adoption planning is being considered for a child, the social worker must consider the following options in order of priority, unless the child’s needs dictate a different priority, or unless there are sound reasons for not doing so:
   (a) the child’s extended family;
   (b) families who have adopted a sibling or half-sibling of the child;
   (c) a child’s caregivers who have significant emotional ties and attachments to the child and have demonstrated skills and a level of commitment to meet the current and anticipated future needs of the child;
   (d) others who have significant emotional ties to the child;
   (e) approved adoptive families who would preserve the child’s cultural, racial, linguistic and religious heritage.

See also Section 6 when planning for Aboriginal children.

See Section 4 and Appendix A for information regarding preparation and assessment of adoptive parents. A home study, which meets these standards, must be completed before a home can be considered as an adoption placement for a child.

2.2.11 If the child has special needs, the child’s eligibility for financial post-adoption assistance must be explored.
2.3 Social/Medical History and Assessment of the Child

2.3.1 The social worker must prepare a complete social and medical history of the child using the following sources as relevant:
(a) birth parents;
(b) other birth relatives;
(c) medical practitioners (preferably a paediatrician for infants and children with special needs);
(d) professionals who have been involved in the child’s life such as social workers, teachers, therapists, psychologists;
(e) caregivers, foster parents and others who are significant in the child’s life.

2.3.2 The purpose of the social and medical history of the child is to:
(a) provide an assessment of the child’s physical, medical, hereditary/genetic, and personality characteristics, current development and special needs. A complete assessment of the child is critical for sound decision making;
(b) assist in determining how the child’s needs can be met through adoption;
(c) assist in preparing the child for adoption;
(d) assist in selecting an appropriate adoption placement;
(e) help prospective adoptive parents understand the child, arrive at a decision about adopting the child and obtain facts about the child and birth family that they will need in child rearing;
(f) determine what birth family or other contacts should be maintained for the child and how these contacts should be maintained;
(g) establish the resources necessary to meet the child’s need to know about their birth history at the appropriate time;
(h) identify the resources which may be required to meet the child’s needs in the future.
2.3.3 The child’s social and medical history must contain:

(a) the reason why adoption has been selected as a plan for the child;
(b) a complete birth family history (as outlined under Section 3.5.9);
(c) a medical report regarding the child’s condition at birth;
(d) all subsequent available medical reports;
(e) a current medical report which includes an interpretation of relevant information such as genetic or medical conditions;
(f) the child’s developmental history;
(g) the child’s current physical, mental and emotional functioning;
(h) the nature and degree of any existing handicap or condition, the child’s response to treatment, future prognosis, and the type of treatment and support which will be necessary in the future;
(i) the child’s life experiences and adaptations to previous living situations;
(j) a history of the child’s placements and caregivers;
(k) any separations, losses or traumas the child has experienced and how the child has adjusted to them;
(l) the quality of parenting the child has received from birth parents or others;
(m) information regarding any access orders which apply;
(n) the child’s other significant relationships;
(o) the child’s relationship with peers;
(p) a physical description of the child;
(q) the child’s personality, likes and dislikes, characteristic ways of responding to people and situations;
(r) the child’s language skills;
(s) an educational assessment including schooling history, current school functioning and current school records;
(t) the child’s religion/spirituality, its meaning for the child, and a copy of the child’s baptismal certificate if relevant;
(u) the child’s cultural, racial and ethnic background and, as age appropriate, the child’s understanding of their heritage;
(v) as age appropriate, the child’s understanding of their life experience, why they are not living with birth parents, and future plans being made for them;
(w) plans for ongoing contact with birth family or others.

If any of the above information is not recorded in the social/medical history, the social worker must document why it is unavailable (with the exception of information not relevant because of the child’s age).
2.4 Selecting an Adoption Home for the Child

2.4.1 Birth parents should be involved in selecting an adoptive family whenever possible and their reasons for selecting a particular home should be documented and given to the adoptive parents for sharing with the child in the future.

2.4.2 Other caregivers, birth family members or significant people in the child’s life who have an established relationship with the child should be canvassed for their ideas regarding a suitable home.

2.4.3 Adoptive parents should be selected for a child based on their ability to meet the child’s particular needs as outlined in the Child’s Assessment, Social and Medical History, now and in the future. *(See also Appendix A, Item 4, Capacity To Parent Children In Need Of Family Membership).*

2.5 Preparing and Placing the Child

2.5.1 Infants should be placed for adoption directly from hospital whenever possible in order to allow early bonding to occur. Newborn photographs should be taken and provided to adoptive parents and offered to birth parents. It is in a newborn’s best interest to ensure that the transition from the birth parent, hospital or caregiver is done with sensitivity to an infant’s awareness of change.

2.5.2 The child must be thoroughly prepared for adoption placement in a manner consistent with the child’s age, level of understanding, sense of time and with sensitivity to the child’s needs.

2.5.3 The social worker must consider the following in preparing a child for adoption placement:

(a) the child’s need for predictability in moving from the familiar to the unfamiliar;
(b) the child’s need to feel they have a sense of control over their life;
(c) the child’s need for information about past experiences and the opportunity to grieve past separations and losses;
(d) the child’s need and ability to freely express his or her feelings and views about adoption, to ask questions and seek clarification of what he or she does not understand if the child is mature enough to do so;
(e) the child’s understanding of “family” and what expectations or fantasies the child has about what an adoptive family may provide;
(f) the child’s need for contact with birth family or significant others and how this will be arranged;
(g) the child’s need for a way to explain their situation to peers.
2.5.4 The social worker must ensure that the child,
   (a) if developmentally capable, understands the meaning of adoption
       and its life-long implications;
   (b) if of legal age to consent to adoption, understands the meaning
       of his or her consent to adoption;
   (c) where age appropriate, is involved in the decision regarding any
       change of names.

2.5.5 A life book or memory book should be developed containing
      information about significant people and events in the child’s life
      along with photographs and memorabilia. For very young children
      this is to be passed on to adoptive parents for their use in later
      explaining the child’s history. For children capable of understanding,
      it should be used as a tool to help them understand their past experi-
      ences and prepare them for an adoptive family. Pictures and a record
      of the adoption placement process should be included in the life book.

2.5.6 The social worker should ensure that pre-placement visits occur
       prior to a child being placed with the adoptive family. The nature
       and frequency of these visits will depend on the age and stage of
       development of the child. The extent of the visits and the time
       frame required will be greater for children over three months of age.

2.5.7 Pre-placement visits:
   (a) enable both the child and the prospective adoptive parents to
       become acquainted;
   (b) assist the child and the prospective adoptive parents to
       determine whether they wish to proceed with the adoption;
   (c) increase the prospective adoptive parents’ awareness of the
       child’s needs, personality and level of functioning;
   (d) prepare the child to join the prospective adoptive family and
       ease the child’s transition to his/her new family;
   (e) promote the establishment of new attachments for the child; and
   (f) provide the child with an opportunity to make adjustments in
       existing relationships.

2.5.8 The social worker should involve the child’s caregivers, including
       foster parents and others significant in the child’s life, in the planning
       process as they have much to offer to assist in positively preparing
       the child for a move to an adoptive family.

2.5.9 Those who have developed an attachment to the child will need help
       in grieving their loss of the child. This in turn will help them to assist
       the child in moving. There also should be some negotiation about
       their further involvement in the child’s life after placement.
2.5.10 Other professionals involved in the child’s life, such as teachers, therapists and physicians, should be involved in sharing information with the prospective adoptive parents. They also need to know what is happening to the child so that they can continue to work effectively with the child.

2.5.11 Other significant people in the child’s life such as coaches, camp counsellors and an Aboriginal child’s Band or community should be considered a resource in supporting the child through the placement and adjustment process.

2.5.12 Adequate time should be taken both in preparation and placement of the child. The child should not be placed before he or she is ready, and the adoptive family is equally prepared and ready for placement.

2.5.13 All of the child’s photographs, memorabilia, toys, clothing and possessions must accompany the child. Every effort must be made to collect all available early photographs of the child.

2.5.14 The child to be adopted by foster parents must be given the same information, support and preparation for adoption as a child moving to another home except where procedures relative to becoming acquainted clearly do not apply.

2.6 Post Placement Services
The social worker must provide support services after placement of the child, to birth and adoptive parents. (See Section 4 Standards for Social Work Services to Adoptive Parents.)

2.7 When Adoption Breaks Down
2.7.1 When an adoption breaks down, the social worker must be alert to the child’s feelings of loss and abandonment, and must provide consistent sensitive support to help the child through the grieving and adjustment process.

2.7.2 When an adoption has irrevocably broken down, the child’s social worker must show the child that he or she is supported and cared for and give consideration to:

(a) the child’s need and wishes for on-going contact with their current adoptive parents;
(b) the child’s need for help and/or therapy in adjusting to the separation from the adoptive home;
(c) the child’s need for future permanency planning, including the possibility of another adoption placement.

2.7.3 The social worker must endeavour to ensure that information regarding the child’s developmental history does not get lost as a result of the adoption breakdown.
2.7.4  The social worker must ensure that information regarding the child’s birth and family history, particularly including the presence of birth siblings, is retained and shared with the child at a time and in a manner suited to the child’s age, developmental level and emotional adjustment.

2.7.5  The social worker must consider the appropriateness of exploring contact with the child’s birth parents, other birth relatives or previous caregivers or, in the case of Aboriginal children, the child’s Aboriginal community. Options explored and the reasons for selecting or rejecting them must be documented. Any plan for a reunion or placement must include:

(a) careful consideration of the impact on the child;
(b) the child’s wishes, as age appropriate;
(c) an assessment of the family’s suitability and desire for contact with the child;
(d) an assessment of the supports available to the child (including views of current caregivers) to assist in such a step.
3. Standards for Social Work Services to Birth Parents

3.1 Introduction

3.1.1 The standards outlined below apply equally to birth parents seeking assistance in planning for a child and those who plan to place their child for adoption directly with a family known to them consistent with the provisions of existing legislation.

3.1.2 Birth parents whose child is being placed for adoption without their consent must, as much as reasonably possible, be given the same level of support or information as outlined in these standards and be given the opportunity to include family members or friends to assist them consistent with the child’s best interests.

3.1.3 Social workers must make every effort to ensure that birth parents in an inter-country adoption have received the same level of support and information as outlined in these standards.

3.2 General

3.2.1 Unbiased counselling should be made available to birth parents as early as possible before home studies are presented so that there is time to come to an appropriate decision regarding plans for the child without pressure to choose adoption.

3.2.2 It is desirable for birth parents to have a continuous relationship with one social worker.

3.2.3 No fees are to be charged to birth parents for counselling related to adoption planning. These services are available free of charge to birth parents via licensed adoption agencies or government services, and social workers must ensure that birth parents are aware of these services.

3.2.4 The social worker must ensure support is given that respects the birth parents’ ability to make a decision by:
(a) understanding and assessing the individual birth parent’s needs;
(b) ensuring that the support is racially and culturally appropriate;
(c) promoting self awareness and personal growth so that decisions are made from a position of strength, self worth and dignity;
(d) providing unbiased information, support and services that enable birth parents to make informed decisions that are best for themselves and the child both in the short and long term.
3.3 **Initial Support / Services**

3.3.1 Upon initial referral the social worker must explore with the birth mother (whether an expectant mother or with a child already born to her) basic health and safety issues and make appropriate referrals where necessary.

(a) **Medical:**
   i) support her in receiving appropriate medical and/or prenatal care and proper nutrition;
   ii) discuss the risks and complications for the child regarding the use of drugs, alcohol and tobacco;
   iii) ensure she has the opportunity to attend prenatal classes and is prepared for hospitalization, labour and delivery;
   iv) ensure that she has cultural support appropriate for her racial/ethnic background and its traditions for birthing.

(b) **Accommodation/clothing**
   i) Support the birth mother to ensure she has adequate accommodation, food and clothing.

(c) **Financial circumstances**
   i) Determine what financial support the birth mother has and ensure that she is aware of financial support options such as support from the birth father, employment insurance or maternity benefits and assistance through the government income assistance program.

3.3.2 Ideally both birth parents should be involved in planning for the child, and the following issues should be addressed with either or both of them:

(a) **Social and psychological functioning:**
   i) self esteem issues;
   ii) stress resulting from the pregnancy, child care or other causes;
   iii) impact on social life;
   iv) depression or other mental health issues;
   v) ability to make plans;
   vi) impact of cultural and religious/spiritual values and attitudes toward the pregnancy and planning for the child.

(b) **Relationship issues:**
   i) explore the status of the birth parents’ relationship;
   ii) explore the nature of relationships, i.e. do they choose positive relationships which are inter-dependent, or co-dependent relationships which are not in their best interests;
   iii) assess whether the birth parent(s) has relationship skills that will best meet her/his best interests and that of the child;
   iv) provide relationship counselling or refer elsewhere if such counselling is required.
(c) Extended Family and Support Network:
   i) explore involvement of extended family – determine who knows about the pregnancy, their feelings and attitudes, the support given birth parents in the past and what is likely to be given in the future;
   ii) explore other supports available to the birth parents (including, if Aboriginal, the birth parents’ Aboriginal Band or community) and how well they are able to use community and professional resources;
   iii) offer assistance in the process of informing extended family, and providing them service or referral elsewhere as appropriate.

(d) Separation and loss issues:
   i) discuss separation, loss and grieving issues as they relate to adoption now and in the future;
   ii) provide an opportunity and a safe place for the birth parents to grieve the loss of their child.

(e) Education:
   i) explore the impact of the pregnancy on both birth parents’ educational plans;
   ii) assist the birth mother in exploring special educational programs for pregnant or parenting teens including cultural and traditional educational programs, if applicable.

(f) Employment:
   i) determine the birth parents’ current employment and future plans;
   ii) consider the impact of employment on the birth mother during and after her pregnancy;
   iii) provide support, when appropriate, in establishing employment goals.

3.3.3 The social worker must provide birth parents with clear and accurate information regarding their rights, obligations and responsibilities.

3.3.4 Birth parents must be helped to understand that the best interests of the child are of primary importance.

3.3.5 Birth parents’ right to privacy and confidentiality must be respected and the limits to confidentiality must be explained.

3.3.6 Birth parents under the age of majority may consent to adoption and plan for or raise their child without the consent of their parents or guardian. Such birth parents must be helped to explore the pros and cons of involving their parents in planning, in a manner which enhances the birth parent’s sense of dignity and self worth.

3.3.7 Whatever plan birth parents make for their child, there is potential for feelings of grief and loss which may continue to appear throughout life. Birth parents should be helped to explore these feelings as they consider various options in planning for their child. Follow up supports for subsequent grief issues are to be discussed.
3.4 Alternatives to Adoption Placement

3.4.1 In order to ensure that birth parents are able to make fully informed decisions, the social worker must explore with the birth parents all alternatives to adoption placement, whether or not this process affects a decision to place the child for adoption.

(a) Terminating the pregnancy: If the birth mother is in the early stages of pregnancy she must be given the opportunity to consider abortion, including referral for medical advice and appropriate supportive counselling.

(b) Raising the child: The pros and cons of raising the child, alone or together with the birth father, or with the support of other family members must be explored, considering the impact, now and in the future, on the child, birth parents and other family members. The social worker must assist birth parents to consider their motivation for keeping the child and ability to parent. The birth father’s continuing role in relation to the birth mother and child, including financial support must be explored. Referrals to parenting groups or the like should be considered to assist birth parents to understand the implications of child rearing. Information regarding financial assistance, day-care and culturally supportive community services must be provided.

(c) Birth father raising the child: The social worker must advise the birth parent(s) to seek legal advice regarding their legal rights and obligations, should the birth mother agree to place the child with the birth father or if the birth father seeks legal custody of the child through the court. Issues regarding on-going contact between birth parents and between the birth mother and child should be explored.

(d) Placement with relatives: The pros and cons of placement with birth relatives must be explored along with implications for guardianship and continuing contact with the birth parents. Where the child is of Aboriginal ancestry, birth parents must be advised that their Aboriginal community may be of assistance in planning for the child.

(e) Temporary foster placement: Birth parents must be advised that temporary foster placement is available to allow them time to make a permanent plan for the child.
3.5 **Planning Adoption for the Child**

3.5.1 Birth parents must be given the opportunity to fully consider adoption as a plan for their child and must understand that they are free to change their mind at any stage along the way until adoption consents are signed and any applicable revocation period has lapsed.

3.5.2 Birth parents whose parental rights have been terminated must be given the opportunity to be involved in adoption planning so long as their involvement remains in the best interest of the child.

3.5.3 The social worker must explain the meaning of adoption and its life-long implications, including:

(a) adoption is legislated by the *Adoption Act*;

(b) when adoption consents can be signed and the time frame for revocation;

(c) that the adoption order transfers parental rights and responsibilities from the birth parent to the adoptive parents.

3.5.4 All other implications of adoption must be explained, including:

(a) the birth parent’s right to notice that the adoption order has been granted;

(b) access to information provisions before and after the adopted person is 19 years of age and implications for reunions;

(c) circumstances under which the birth father’s consent to adoption is required.

3.5.5 The social worker must explain the consequences of the birth mother not naming the birth father:

(a) it is in the best interests of the child for the birth father to be involved in adoption planning to ensure the child has information about their biological heritage;

(b) birth mothers must not be encouraged to exclude birth fathers in order to facilitate an adoption placement.

(c) if birth fathers are not involved in the planning process, the risks must be discussed.

3.5.6 Birth parents must be given the opportunity to explore, make suggestions and decisions about options for sharing of information and other elements of openness during and after the adoption planning and placement process, including provision for written Openness Agreements. *(See section 5 Openness, Access to Information and Reunion.)*
3.5.7 The social worker must describe how birth parents can be involved in choosing an adoptive family and how information is shared.
(a) birth parents have the right to specify their wishes regarding the type of adoptive family for their child, including religion;
(a) birth parents should be given information about procedures involved in approval and selection of adoptive parents.

3.5.8 Special considerations regarding cultural and racial heritage must be addressed:
(a) it is considered in the child’s best interests to be placed in a home of the same racial origin;
(b) birth Parents of an Aboriginal child must be advised of the importance of involving the child’s Aboriginal Band or community in planning. *(See Section 6 regarding when the Band or community must be involved or when the birth parent may choose not to involve the Band or community.)*

3.5.9 Medical and social history of the child and biological family:
(a) the social worker must explain the importance of obtaining a complete medical and social history of the child(ren) and the biological family;
(b) the social worker must assure birth parents that the adoptive parents will be encouraged to use the information provided in a positive manner;
(c) the process used with the birth parents to collect the information should enhance their personal self-regard and view of their history;
(d) wherever possible both birth parents should be involved in providing medical and social history information;
(e) the information collected should include, but not be limited to:
   i) a physical description of the birth mother and birth father and other birth family members, if available;
   ii) a description of the personality and personal interests of the birth mother and birth father;
   iii) the cultural, racial and linguistic heritage of both birth parents;
   iv) the religious and spiritual values and beliefs of both birth parents;
   v) a detailed social history of the birth mother and birth father;
   vi) a description of the relationship between the birth parents;
   vii) details about any other child born to either birth parent;
   viii) educational background and, if applicable, future educational plans of the birth parents;
   ix) information regarding past, present and, if applicable, future employment;
x) family background information about the extended family (mother, father, brothers, sisters) by birth and, if applicable, adoption of each birth parent;

xi) a detailed health history of the birth mother and birth father;

xii) a description of the lifestyle of both birth parents;

xiii) a history of usage of tobacco, alcohol and prescription and non-prescription drugs by both birth parents;

xiv) prenatal health and history information with respect to the birth mother’s pregnancy and delivery of the child being adopted;

xv) any medical condition and other health information about the birth parents and the biological relatives of the birth parents that may be relevant to the child, with input from the birth parent’s physician, if possible;

xvi) the reason(s) the birth parents provide as to why they have decided to make an adoption plan for the child;

(f) where birth parents are involved in planning adoption placement for other than a newborn infant they should be assisted in providing information about:

i) a physical description of the child;

ii) the child’s health and developmental milestones;

iii) the personality, behaviour and interests of the child;

iv) the details regarding the child’s birth that the birth parents may want to pass on to the child;

v) the placement history of the child;

vi) any personal information they wish to pass on to their child;

vii) any ongoing contacts which should be preserved for the child (See Section 2, Services to the child, for more details on preparing the child’s background information);

(g) the social worker should request birth parents to inform and update the social worker/agency about any genetic or medical information of significance to the child that comes to their attention, even after the adoption order has been granted.

3.5.10 The social worker must explain the placement process including:

(a) plans for delivery and support available to the birth mother to assist her both practically and emotionally, including medical and social work support in the hospital;

(b) plans for contact between adoptive parents and child prior to placement;

(c) timing of the placement which may occur in the case of a newborn, with the birth parent’s agreement, before adoption consents are signed. The risks and implications for all parties of early placement must be thoroughly explored with birth parents.
3.5.11 The social worker must assist the birth parents, in an unbiased manner, to determine whether adoption is their plan of choice, and must provide support throughout all stages of the process.

3.5.12 The social worker must inform the birth parents that they can obtain independent legal advice about the legal aspects of adoption.

3.5.13 Adoption consent forms should not be signed until birth parents have had the opportunity to make a decision that they feel is best for themselves and the child. The social worker must make every effort to be assured that the birth parents fully understand the meaning of the consent, that they are emotionally ready to sign the consent and that they are doing so freely and voluntarily.

3.5.14 If birth parents decide to parent the child, the social worker must ensure that they are connected with any support services they may require, before terminating service to the birth parents.

3.6 Services to Birth Parents After Adoption Placement and Granting of the Order

3.6.1 Social workers who work with birth parents must be available to them after the child’s placement and after the adoption is finalized, to provide the following services:

(a) plans for delivery and support available to the birth mother to assist birth parents in coming to terms with the finality of adoption consents and related loss issues;
(b) plans for delivery and support available to the birth mother to assist with immediate plans for their own lives;
(c) plans for delivery and support available to the birth mother to receive from them or inform them of newly acquired medical or genetic information that is important for the adopted child and family or for the birth parents and any other children that they might have;
(d) plans for delivery and support available to the birth mother to coordinate the completion of Openness Agreements or mediate any difficulties which may occur between birth and adoptive parents regarding an Openness Agreement;
(e) plans for delivery and support available to the birth mother to notify birth parents, if they have requested such notice, of the completion of the adoption, death of adoptive parents or adoption disruption, and provide support at that time or later as needed;
(f) plans for delivery and support available to the birth mother to ensure that plans are in place to facilitate any openness arrangements requiring a third party, e.g. non-identifying exchange of letters or photographs.
4. Standards for Social Work Services to Adoptive Parents

4.1 Application to Adopt

4.1.1 All adopting applicants must have equal opportunity to apply for the adoption of children and receive fair, equal treatment and consideration of their qualifications as adoptive parents, providing they meet the requirements of current Adoption Legislation and Regulations.

4.1.2 Ensure that information about the adoption process, documents and the legal meaning of adoption involved are translated, if required.

4.1.3 While ensuring that applicants are aware that the child’s best interests are the main focus of adoption, the social worker must also protect the interests of the applicants, showing respect and sensitivity, particularly regarding the vulnerability applicants may feel about issues of childlessness or infertility.

4.1.3 The social worker must ensure:
(a) clients are aware of all fees charged in relation to an adoption;
(b) clients understand that a homestudy is an objective assessment with no guarantee of approval, and
(c) clients understand that even though their home may be approved, placement of a child cannot be guaranteed.

4.2 Preparation and Assessment of Adoptive Applicants - Objectives

4.2.1 Preparation, assessment and education of adoptive applicants may include group educational/information sessions and must include a homestudy (individual, couple and family meetings). The process should empower and assist adoptive applicants. The social worker should engage the applicants in a process which empowers and assists them to:
(a) explore their strengths, limitations, beliefs and attitudes and how this will affect their ability to parent an adopted child;
(b) decide whether the adoption of children who require a family is the best plan for them or whether some other way of meeting their needs might be more appropriate;
(c) participate in the evaluation of their potential to meet the needs of children requiring an adoptive family;
(d) develop their potential for being parents to a child who might be adopted by them;
(e) understand that adoption is a life-long experience and how it affects child and adult development and relationships;
(f) explore the issue of loss as it relates to becoming a parent by adoption as well as its effects on adoptive and birth parents;
(g) understand the reasons for openness in adoption, the levels of openness available, and the impact on all parties involved, as well as to decide and negotiate the level of openness suitable for their adoption plan;
(h) understand the types of access to information available under current adoption legislation while the adoptee is a child, and after the adoptee becomes an adult, and to consider the implications for all parties involved;

(i) learn about the kind of children in need of adoption locally and/or internationally and explore the implications of any special needs the children may have such as physical, emotional, medical, developmental, racial, cultural or other needs;

(j) learn about support services available during and after adoption placement and learn about financial, medical or other assistance available when adopting a child with special needs;

(k) understand how adoption homes are selected for children domestically and internationally, particularly in relation to the role birth parents play in selecting a home for their child. (See also Section 3 - Services to Birth Parents);

(l) be prepared for placement of the particular child or children to be added to their family and anticipate and be prepared to address any issues which may arise such as:
   i) explaining adoption to the child and others in the family and community,
   ii) accessing appropriate medical or other resources or information necessary to meet the child’s needs,
   iii) coping with adjustment or behaviour problems,
   iv) dealing with the adjustment of the adoptive family and child,
   v) coping with behaviour problems,
   vi) dealing with racial, ethnic or cultural differences,
   vii) supporting the child’s introduction to new schools, activities, etc.

4.2.2 Address their unfulfilled desire to become parents if it is decided that adoption is not appropriate for them or if a child is not placed with them.

4.3 Preparation and Assessment of Adoptive Applicants - Time Frame

4.3.1 The preparation, assessment and education of adoptive applicants is an integrative process which must take place over a minimum of three months, or longer if applicants require more time or their circumstances are particularly complex. Exceptions to the time frame requirement may be made only in unusual situations where the time requirement would be a detriment to the child. Reasons for the exception must be documented and based on independent consultation.
4.3.2 The process must comprise a sufficient number of meetings spread throughout the time period to ensure that:

(a) applicants are able to understand and integrate the information necessary for them to become adoptive parents, and

(b) the social worker addresses relevant issues, completes a thorough assessment of the applicants’ capability and understanding of the implications of being a family by adoption, and makes appropriate recommendations regarding the applicants’ suitability to adopt.

4.3.3 The social worker must inform adopting applicants that an update of the homestudy must be completed once in each year after the completion of the original homestudy until a child has been placed for adoption with the prospective adoptive parents. Any changes in information in the original homestudy or additional information must be incorporated into or added to the homestudy.

4.3.2 A second homestudy must be completed when:

(a) a child has been born into the applicant’s family or placed for adoption with the applicants, or

(b) more than three years have elapsed since an update.

4.4 The Homestudy Process

The social worker must ensure that all objectives outlined in section 4.3 above are addressed. The homestudy process complements the information obtained in an educational process.

If there are two applicants, they must be interviewed separately as well as jointly. At least one visit must be in the applicants’ home.

4.4.1 The following must be addressed as they affect the applicants’ ability to meet the needs of an adopted child:

(a) the applicants’ reasons for adopting a child, their views on adoption and their extended family’s views on adoption;

(b) their feelings about their infertility, if relevant;

(c) the prospective adoptive parent’s personalities, interests and values in order to identify the personal factors that may be helpful in meeting the needs of the child to be adopted;

(d) the physical, mental, health, and emotional adjustment of the applicants including any current or past use of alcohol or drugs, and their ability to cope with risk, change and life’s uncertainties;

(e) the applicants’ life experiences, family of origin, upbringing, education, problems they have experienced, and how they have adjusted;

(f) the applicants’ employment history, current job satisfaction, and ability to provide financially for their family;

(g) the applicants’ racial cultural heritage, their religious/spiritual values and their meaning in their lives;
(h) the nature and quality of the applicants’ relationships:
   i) the spousal relationship, if applicable;
   ii) previous marriages or common-law relationships, why they ended and the impact on the applicant;
   iii) relationships with extended family;
   iv) relationships with friends and the community;
   v) how the applicants are able to seek and offer support in their relationships.

(i) children of the applicants:
   i) the health, developmental, social and behavioural function of all children of the applicants;
   ii) the ability of other children in the home to adjust to a child added to the family by adoption. Children in the home should be seen in the family setting and interviewed separately, if age or developmentally appropriate;
   iii) the nature of the applicants’ relationship to children who are not living in the family home and the relationship of these children to a child to be adopted. Older children not living in the home should be interviewed, recognizing they will become the adoptive child’s legal sibling.

(j) the applicants’ parenting skills:
   i) how they have parented any children born to them or in their care;
   ii) any other child care experiences, their ideas on child rearing and their hopes for their children;
   iii) what they have learned about parenting as a result of their upbringing;
   iv) discipline methods used by the adopting parents.

Adoptive applicants who express their intent to use physical punishment such as spanking, shaking, or hitting a child, should be educated regarding the implications of physical punishment on a child’s development and provided with information about alternative parenting/discipline practices. If they continue to indicate their intent to use physical punishment, they are not to be recommended or approved as adoptive applicants by the social worker without further consultation;

(k) the applicants’ ability to provide stable continuous care of the child, and to understand, accept and meet the needs of a child by adoption;

(l) the applicants’ ability to understand separation and loss issues inherent in adoption as they relate to birth parents, children, adult adoptees and themselves;
(m) the prospective adoptive parents’ attitude about facilitating communication or maintaining relationships with the child’s birth family, community or with any other person who has established a relationship with the child;

(n) the prospective adoptive parents’ understanding of an adopted child’s cultural, racial, linguistic and religious/spiritual heritage and their willingness to help the child appreciate and integrate that heritage particularly if different from their own;

(o) the impact of the child’s life experiences, prior to the adoption placement, on the child’s development and adjustment;

(p) if applicants are applying for a child other than a healthy infant, domestically or internationally, their ability to accept and care for a child with special needs and to understand the implications, for themselves, their family and the child, now and in the future, of the child’s special needs;

(q) if the applicant is single, his or her recognition of and ability to deal with the issues involved in being a single parent;

(r) if the applicants are a couple of the same sex, their recognition of the issues this raises for the child, and their ability to effectively address these issues, such as explaining the family constellation to the community and friends;

(s) the results of:
   i) a criminal record check that is relevant to the ability of the prospective adoptive parents to protect, nurture and care for the child to be adopted;
   ii) a prior contact check from the local child welfare authority or from other relevant agencies that are relevant to the ability of the prospective adoptive parents to protect, nurture and care for the child, including whether the prospective adoptive parents or any member of their household has had a child in their care that was found to be in need of protection;
   iii) a medical report from a health care provider describing the prospective adoptive parents’ mental and physical health;
   iv) the responses from at least four references, one of whom must be a family member and the other three from people who have known the applicants for at least two years.

The above must be reviewed early enough in the homestudy process to ensure that any matters arising are thoroughly addressed.

(t) any other factors specific to the applicants or a proposed adoption which are relevant to the best interests of an adopted child.
4.5 Foster Parent Applicants
When foster parents apply to adopt a child in their home the full homestudy and preparation process must be completed, recognizing that fostering is different from adoption. The homestudy must particularly address:

(a) bonding and attachment between the child and applicant and the applicants’ family;
(b) how the applicants are meeting the child’s needs now and their capacity to do so in the future, including other family members where relevant;
(c) the nature and quality of contact the applicants may have with the child’s birth relatives.

These factors must be given high priority in selecting an adoptive home for the child.

4.6 Second and subsequent Homestudies
Subsequent homestudies may rely on the original homestudy but must address any changes since the previous study, current reasons for adopting and adjustment of applicants and children if a new child has been added to the family. The process must ensure at least one joint interview with applicants, separate interviews with each applicant, a home visit with children present and separate interviews of children, if age and developmentally appropriate. New medical reports, references, criminal record checks and prior contact checks with the responsible child welfare authority are to be obtained.

4.7 Approval of Adopting Applicants
4.7.1 If at any time during the homestudy process it becomes apparent that the applicants will not be approved, they are to be so advised, and reasonable efforts made to insure that there are no unnecessary expenses to the applicants.

4.7.2 Approval of adopting applicants should be based on a thorough review of all information gathered during the homestudy. It should be based on consideration of factors which are believed on the basis of present knowledge, to provide the best indication of capacity for adoptive parenthood. (See Appendix A for more detailed “Practice Guidelines For Assessing the Capacity for Adoptive Parenthood”).

4.7.3 Adopting applicants should be fairly assessed on their abilities to successfully parent a child needing family membership and not on their age, appearance, life style, race, culture, sexual preference, social or economic position.
4.8 **The Written Homestudy**

The written homestudy is in the form of a report which describes the assessment and preparation of the adoptive applicants.

4.8.1 The homestudy (original or subsequent) must contain all relevant information obtained in the homestudy process regardless of whether or not it facilitates an adoption placement.

4.8.2 The information must be sufficient to enable birth parents, social workers, or others who are considering the home for placement of a child to make a well founded decision even though further consultations or meetings may be required before a final selection is made.

4.8.3 As well, the homestudy must include:

(a) dates of interviews;
(b) number of interview hours;
(c) names of all persons interviewed, and whether jointly or alone;
(d) dates of all required checks (criminal record and prior contact with the responsible child welfare authority);
(e) a minimum of four references and a medical report.

4.8.4 The Recommendation. The homestudy must contain a recommendation regarding:

(a) the applicants’ suitability to adopt;
(b) the type of children for whom the applicants are recommended, which must be specific regarding age, sex, race and special needs of the children for whom the applicants would be suited;
(c) the degree of openness the applicants can accept.

All recommendations must be supported by information in the homestudy which must describe the applicants ability to deal with the issues inherent in adopting the type of child requested.

4.9 **Selection of Adoptive Parents**

4.9.1 Adoptive applicants should be selected on the basis of their capacity to understand, accept and meet the needs of a particular child at the time of the child’s placement with them and as the child grows and develops.

4.9.2 Social workers should make every attempt to ensure that applicants are selected objectively for placement of a child. It is preferable to first show birth parents homestudies which have been selected on the basis of their requests, and provide pictures or other materials only after birth parents have read the homestudies and made an initial selection. Identifying information must be removed from homestudies shared with birth parents unless the adoptive applicants are already known to the birth parents.

4.9.3 Homestudies should not be left with birth parents for review overnight or a few days unless the applicants have been advised that their homestudies will be used this way and that privacy cannot be guaranteed.
4.9.4 The prospective adoptive parents must be given, prior to placement, full disclosure of information on the child’s medical and social history, development and any special needs, as well as the opportunity to consult with medical or other professionals, or others involved in the child’s care. The adoptive parents must be encouraged to share the information with the child in a positive manner. They must also be given advice and support regarding how to share difficult information if that is present in the child’s history.

4.9.5 Any plans for an openness agreement or ongoing contact with the child’s birth family or others must be discussed and negotiated with the applicants prior to placement.

4.10 Support During and After Placement

4.10.1 The social worker should be available to provide post placement support services, assisting with the successful integration of the child or children into the adoptive family.

4.10.2 It is preferable in the best interests of the child and the adoptive family to have the same social worker and/or all other significant professionals, para-professionals, community members, elders, if appropriate, for post-placement services who prepared the child and the family for adoption and who assisted in the placement as well as others the family may find who can provide support.

4.10.3 The social worker should recognize the vulnerability adoptive parents may feel about being “on probation” and should make every effort to establish an atmosphere of trust so that the adoptive parents can freely discuss concerns or questions.

4.10.4 The social worker should regard the adoptive parents as the child’s parents with the authority and competence to make wise decisions on behalf of their child.

4.10.5 The social worker should be aware that issues which arose during the adoption preparation or pre-placement phase such as the adoptive parents feelings about their childlessness, their ability to explain adoption to the child or concerns about the child’s background or behaviour may resurface and need to be addressed.

4.10.6 Adoptive parents should be put in contact with adoption sensitive services such as counsellors, play therapists, and medical consultants where needed. They should be assisted with the integration of an older child into the school or other community programs and connected with support groups of parents who have adopted children with similar special needs, racial or cultural background.

4.10.7 Adoptive applicants should be given assistance in making effective use of the child’s memorabilia, toys, photos, and other possessions in the transition to their adoptive family.

4.10.8 The social worker should assist with any relationship between adoptive and birth parents, and should be available to mediate any difficulties which may arise from an openness agreement.
4.10.9 Before completion of the adoption, the social worker should ensure that adoptive parents are aware of any assisted adoption provisions (financial or otherwise) which may apply, and that agreements, where appropriate, are in place to meet any special needs a child may have.

4.10.10 The social worker should complete all procedures and documents for which she/he is responsible in a timely manner.

4.10.11 Recognizing that adoption is a lifelong process and that adoption related issues may arise at any time after the legal adoption completion, social workers should be prepared to offer support of the kind discussed above where adoptive parents or an older child request it.
5. Openness/Access to Information/Reunion

5.1 Openness

5.1.1 Social workers involved in arranging open adoption placements must ensure and recognize that they are serving adoptive parents and birth parents, but the child’s best interests must remain paramount and guide long term planning.

5.1.2 Birth parents and adoptive applicants must be given full information about the range of openness options available to them in planning an adoption, including closed adoption, along with unbiased assistance so that they can determine the option most suited to them and the child.

5.1.3 Options for openness include, but are not limited to:

(a) on a non-identifying basis, adoptive parents sending birth parents (and/or birth parents' relatives) pictures of the child, letters regarding the child’s progress, and/or birth parents sending adoptive parents pictures of themselves, letters or gifts for the child, covering any time period agreed upon by both parties;

(b) on a non-identifying basis, adoptive parents and birth parents meeting to discuss the adoption plan and plan for openness;

(c) a plan for birth parents to visit the child after adoption placement, without sharing identifying information between the parties;

(d) sharing of identifying information between birth and adoptive parents (or other birth relatives), which may include sharing addresses and developing plans for on-going contact, correspondence or visits;

(e) a plan for adoptive parents to include all or part of the child’s birth name in the child’s name by adoption, or to share with the birth parents the child’s name by adoption;

(f) inclusion of the birth parents’ cultural community in the openness plans.

Openness arrangements may be informal verbal agreements or based on written Openness Agreements. The social worker must explain to all parties the implications of either type of arrangement, and must document the arrangements in the case file.

5.1.4 Social workers must not promote openness with birth parents in order to influence the adoption placement of their child.

5.1.5 Regardless of the degree of openness selected by birth and adoptive parents social workers should encourage and recommend to adoptive parents the importance of openness in their communication with the child about the child’s adoption and provide the child with information about his or her own background history, culture, adoptive and personal story.

5.1.6 Social workers involved in facilitating open adoptions must help individuals and families develop clear communication and work towards an agreement that will be comfortable and beneficial for all parties.
5.1.7 Social workers facilitating openness agreements must be aware of the intense emotions involved for birth parents and adoptive parents around the time the child is being placed, and strive to create the space and time needed for each party to consider their feelings regarding any agreement. Efforts should be made by social workers to have adoptive parents and birth parents gain a greater understanding and empathy for one another.

5.1.8 Social workers must be conscious of the issues of power and how the balance of power shifts from the birth parent to the adoptive parent once the birth parent has placed the child and any revocation period has expired.

5.1.9 Parties to the adoption must be advised of the effect of an adoption order as it relates to openness planning and written agreements. They must also be advised of the assistance available should a dispute arise regarding written agreements.

5.2 Access to Information
5.2.1 Parties to an adoption must be advised of current legislative provisions, which allow for access to information, whether identifying or non-identifying, by various parties, before and after the child reaches the age of majority.

5.2.2 Where relevant, parties need to be advised as to how to obtain information from different communities or countries.

5.2.3 In sharing potentially stressful or traumatic information, social workers should ensure that appropriate supports are in place to assist the client in understanding and accepting the information.

5.3 Reunion and Counselling/Support Services
5.3.1 Social workers providing reunion services must recognize that they serve two clients equally, the person searching and the person who is the subject of that search.

5.3.2 Social workers providing reunion services must be aware of the range of reunion experience from the single contact information-obtaining experience, to the development of on-going meaningful relationships.

5.3.3 Social workers should understand reunion as a process in which the parties involved may have different experiences and expectations. They may require assistance in exploring their expectations and preparing for the emotional impacts of the reunion process on themselves and their families.

5.3.4 Social workers who provide reunion services must have the knowledge and skills to assist individuals and families to handle the communication and relationship issues arising out of the reunion experience.

5.3.5 Where relevant, social workers must assist the client to obtain culturally competent reunion, counselling or support services.
5.3.6 Social workers providing intermediary services in reunion must do so from the role of a neutral facilitator respecting each person’s right to confidentiality and the right to make their own decision, in their own time frame, about contact with the other party.

5.3.7 Social workers should have a good understanding of the issues of loss for each member of the adoption constellation and the skills to assist each member grieve their losses.

5.3.8 Social workers providing reunion and counselling support services must be aware of legislation and practice in effect at the time the adoption occurred so as to be sensitive to the needs, particularly of birth and adoptive parents, who entered into adoption plans based on social values, laws and practices which were different than those in effect today.

5.3.9 If the reunion is problematic ongoing support should be provided to all those involved.
6. Standards for Social Work Services to Aboriginal People

In addition to the general standards of practice outlined in this document, the following standards apply, in recognition of the special needs and concerns of Aboriginal people.

Social workers must have a comprehensive understanding of the history of Aboriginal people in Canada, the dynamics of institutionalized racism and how both have affected and continue to affect Aboriginal people.

Aboriginal children requiring adoption are entitled to an adoptive family which will assist them in developing a cultural identity specific to their Band or Aboriginal community. Aboriginal Bands and communities have a unique role both in ensuring that Aboriginal children are not lost to their community and in ensuring continuity of the child’s cultural heritage.

Social workers should ensure that services to Aboriginal children, adoptees, birth and adoptive parents, and those seeking search and reunion services are provided in a manner that is culturally supportive. Ideally Aboriginal service providers should provide services to Aboriginal people. Alternatively, arranging an Aboriginal support person or providing information about Aboriginal support services in the community can provide culturally sensitive services.

6.1 Services for the Aboriginal Child

6.1.1 Adoption placement options for Aboriginal children should normally be considered in the following order:
(a) members of the child’s Aboriginal family or non-Aboriginal birth family;
(b) other members of the birth parents’ Aboriginal community;
(c) other Aboriginal families who are of similar Aboriginal heritage as the child; and
(d) other Aboriginal families.

In determining how these options suit the child’s best interests, consideration must also be given to lengthy and significant attachments a child might have with caregivers.

6.1.2 If the above options are not available and suitable, or the birth parents choose a non-Aboriginal family, adoption placement is to be considered in a non-Aboriginal family capable of entering into a cultural plan to preserve the child’s Aboriginal culture. (see Appendix C - Cultural Plan).

6.1.3 A child’s eligibility to be registered as a Status Indian (under the Indian Act 1996) must be determined by the social worker early in the adoption process. The adoptive parents must be informed in writing if their child is registered or eligible to be registered. The social worker must also advise the adoptive applicants of the rights and entitlements for the child as a Status Indian.
6.2 **Services For Aboriginal Birth Parents**

Social workers must discuss with birth parents the importance of preserving the child’s connection to his or her Aboriginal culture and heritage.

If one or both birth parents are of Aboriginal ancestry and their parental rights have been terminated they must be advised that their Band or community will be notified regarding planning for the child.

Birth parents who have requested adoption placement for their child (i.e. those whose parental rights have not been terminated) may elect not to involve their Band or community; however, the social worker must assist the birth parents in evaluating the implications of not involving the child’s Band or community or of placing the child in a non-Aboriginal home if that is the birth parent’s wish.

6.2.1 The rights of birth mothers, under the *Adoption Act*, to exclude Aboriginal communities must not be encouraged in order to facilitate an adoption placement.

6.2.2 If the birth parent agrees to involve the Band or Aboriginal community, or if parental rights have been terminated, every effort must be made to contact the Band or community immediately, to ensure that it has the opportunity to be involved in planning for the child.

6.2.3 Aboriginal birth parents must be advised that an adoption order does not affect the child’s Aboriginal rights.

6.3 **Services For Adoptive Parents of an Aboriginal Child**

6.3.1 An adoptive parent who is non-Aboriginal or not of the child’s nation must be assisted to create and implement a plan to encourage their child to identify and connect with his or her culture and nation.

6.3.2 The social worker must include and consider the following factors in the evaluation of any prospective adoptive parent of an Aboriginal child:

(a) their appreciation and sensitivity to the child’s cultural heritage;

(b) their knowledge of and previous history and relationship with Aboriginal peoples.

(c) their knowledge and understanding of the policies, history and issues of racism that impact Aboriginal people in Canada;

(d) the extent to which the adoptive family is active in the Aboriginal cultural activities of the child’s nation and their support for contact with the Band and extended family members after the order is granted;

(e) their commitment to ensuring that the child is registered as a Status Indian, if eligible, and the child is made aware of any entitlement he or she has in being registered;

(f) their commitment to maintaining cultural and kinship relationships;

(g) their commitment to helping the child develop a strong self-image that incorporates and respects the child’s cultural, racial, linguistic, and religious heritage;

(h) their commitment to preserve the child’s specific cultural identity through use of a Cultural Plan.
7. Services for the Child of an Inter-Country Adoption

Social workers involved in inter-country adoptions must be aware of the principles of the Hague Convention on Inter-Country Adoption and must make reasonable efforts to ensure that any adoptions with which they are involved comply with these principles whether or not the country involved is a signatory to the Hague Convention.

In addition to the general standards outlined in this document, the following standards apply to inter-country adoptions.

7.1 Services for the Child of an Inter-Country Adoption

A child is entitled to a family who will assist them to develop a strong positive identity with their birth culture and heritage, including:

(a) ongoing contact with their culture, religion and language;
(b) the need for same race adult and peer role models;
(c) information on cultural and ethnic history and practices;
(d) specific information regarding their background, birth family and life prior to adoption to be shared with the child when it is appropriate;
(e) incorporating aspects of the child’s culture and ethnicity into their family life.

7.2 Services For Adoptive Parents

7.2.1 Adoptive parents should be supported to understand the impact of inter-country adoption on themselves and the child. This includes an awareness of such factors as institutionalization, orphanage care, pre-natal exposure to drugs and/or alcohol, medical complications and trans-racial/cultural adoption.

7.2.2 The social worker must ensure the adoptive parents are advised of the procedures for inter-country adoption including immigration requirements, all documentation and fees required by the child’s country of origin and the details of the placement procedure in the child’s country. Applicants should be advised that the procedures and policies of inter-country adoptions might change unexpectedly.

7.2.3 The social worker must ensure the adoptive parents are advised of the conditions of children available for adoption from the country the applicants have chosen, including specific needs the child might have at the time of placement such as food and language, which may be different from the adoptive parents.

7.2.4 Adoptive parents must be assisted in helping the child to develop an identity that includes an awareness and positive image of their race, culture, and heritage. The following factors must be considered in the evaluation of a family for a child of a different race or culture than that of the adoptive parents:

(a) the adoptive parents’ appreciation and sensitivity to the child’s race and cultural heritage;
(b) the ability of the adoptive parents to provide the child with opportunities to develop a positive awareness of their race, culture and heritage;
(c) the willingness of the adoptive parents to maintain information regarding the child’s background and share the information with the child when appropriate;
(d) the willingness and ability of the adoptive parents to develop connections for the child in their adoptive country with people of the same racial and cultural origin.

7.2.5 Social workers should encourage and support adopting applicants to become as familiar as possible with the adoption process in the country from which they wish to adopt including the costs, how the money they pay is used within the country, how the child became available for adoption, and the pre-placement and placement process.
8. Guidelines for social workers contracting with licensed agencies

8.1 Social workers under contract with licensed agencies share accountability for services to the client with the licensed agency.

8.2 Social workers under contract with licensed agencies are not operating independently. It is expected that all social workers will obtain consultation and supervision from the agency.

8.3 Social workers under contract with licensed adoption agencies must ensure they are covered by malpractice insurance for the work they do for that agency.

8.4 Social workers may contract with more than one agency, but are required to advise each agency of all contracts with other agencies.

8.5 Where agency policies vary, the social worker must comply with the policies of the contracting agency while performing work for that agency, providing the practices are consistent with these standards.

8.6 Social workers who have provided or are providing service to a client under contract with an agency should not provide the same service to the same client under contract with another adoption agency, unless both agencies have been advised of the two contracts.

8.7 Social workers must not provide services or advertise that they provide services as independent practitioners, which can only be provided by licensed adoption agencies in accordance with the Adoption Act.

8.8 Social workers must not seek clients privately, and then seek an agency contract to cover work with that client.

8.9 Social workers who have provided therapeutic and/or counselling services to a client and/or their family must not conduct homestudies or provide birth parent counselling to that client.

8.10 Social workers will not bill or collect fees from clients directly. It is the licensed agency which bills, collects fees and pays the social worker.

8.11 All of the social worker’s records pertaining to client service while under contract to an agency become the property of the agency. Social workers may keep copies, to be stored in a place, which ensures confidentiality and security, providing both the agency and the client are aware the records are being retained.

8.12 Social workers must not keep client records, which link the names of adoptive parents with birth parents or a child to be adopted.

8.13 Social workers must co-operate and communicate effectively with agencies with whom they contract. They must ensure that the advice and information they provide to clients is consistent with that provided by the agency and these Standards.

8.14 Social workers must ensure clients are made aware if the agency they are working with has any policy restricting the service it delivers which might affect the client, and the client must be advised of other agencies or the Ministry which might have other policies relevant to the clients’ needs.

8.15 Social workers contracting with licensed agencies who require personal adoption service should obtain service from an agency with which they do not contract, in order to avoid any appearance of conflict of interest.
Appendix A

Criteria for Assessing the Capacity for Adoptive Parenthood

The study, education and assessment of adoptive applicants should consider the following characteristics that are presumed, on the basis of present knowledge, to provide us with the best indication of capacity for adoptive parenthood:

1 Total personality functioning

It is difficult to know what kind of parents childless persons will be before they have the opportunity to function as parents. Experience has shown that the following have a bearing on their capacity to meet the needs of an adopted child:

(a) the manner in which they have dealt with previous life situations, separations and losses;
(b) the manner in which they get along with their own family (particularly their attitudes toward their own parents and brothers and sisters);
(c) their work adjustments; their relationships with friends;
(d) their activities in the community;
(e) the satisfactions they have experienced;
(f) the manner in which they are able to seek support from family members, professionals and community resources.

2 Emotional Maturity

Adults who are emotionally mature will generally have a capacity to grow into parenthood as they experience a relationship with a child, and are likely to be able to provide children the care they need. Some of the characteristics to be considered in evaluating emotional maturity are:

(a) the capacity to give and receive love;
(b) the ability to assume responsibility for the care, guidance, and protection of another person;
(c) reasonable emotional stability;
(d) flexibility and ability to change in relation to the needs of others;
(e) a capacity for relationships;
(f) self-respect and respect for others;
(g) an ability to accept normal hazards and risks;
(h) the capacity to take responsibility for one’s own actions;
(i) the capacity to accept and handle loss.

3 Quality of Spousal Relationship

In two-parent families, the relationship should be one that could continue successfully without a child. The emotional climate should be satisfying for the parents as well as the child. Each partner should have respect for the other. Where there is infertility, it is important to find out what effect it may have on their feelings about masculinity or femininity, or a feeling of guilt toward the spouse.

Practice Guidelines - adapted from the Child Welfare League of America Adoption Standards
4 Capacity to Parent Children in Need of Family Membership

4.1 Applicants should have:
(a) a realistic understanding of the needs and behaviour of children who need adoption and of the adoption relationship’s impact on them;
(b) the ability to love and accept a child;
(c) a willingness to provide linkages to the child’s birth family when appropriate;
(d) an understanding and sensitivity to ethnic, religious, and cultural heritage;
(e) a capacity for feeling satisfaction from contributing to the development of a child and for allowing children to develop and grow in their own way and at their own pace;
(f) the ability to provide continuity of a caring relationship and permit conditions and opportunities favorable to healthy personality growth and development of the child’s potential;
(g) the ability to deal with developmental, health, and emotional problems;
(h) a sensitivity, understanding, and tolerance for children’s difficulties;
(i) an understanding that adoption is a lifelong experience;
(j) a demonstrated ability to make long-term commitments;
(k) some indication of a sense of humour, an ability to relax and be tolerant;
(l) recognition that they and their family may need support over time to facilitate the child’s adjustments;
(m) ability to provide for any special needs such as medical, developmental or other needs of the child.

5 Attitudes Toward Childlessness and Readiness to Adopt

5.1 If childless, the applicants may want help to understand and cope with their feelings about their inability to have a child. Unresolved feelings about their childlessness should not necessarily contraindicate approval, particularly if they show the capacity to grow and develop in this area. The applicants should be comfortable with the decision to adopt.

5.2 Feelings about birth parents and children born out of wedlock, about inherited traits, and particularly about parents who will no longer be responsible for their children, should be taken into consideration because these reactions may affect their attitudes toward a child.

5.3 It is important to know whether they will be able to help the child understand that he or she is adopted, or if they will have a strong tendency to deny it.
6 Reasons for Adoption

6.1 The desire to adopt should be based on emotionally healthy needs or desires such as:
   (a) to experience another dimension of life;
   (b) to undertake parental responsibility;
   (c) to help children;
   (d) to extend themselves to a child;
   (e) to contribute to the development of another human being.

Applicants may have a great variety of motives of which they may or may not be fully aware. Any stated reason for wishing to adopt must be evaluated in the light of the total personality and maturity of the individual.

6.2 Adoption is not desirable for a child or family when it is sought only:
   (a) as a means of acquiring an heir;
   (b) of strengthening an unstable relationship;
   (c) of promoting a cause (such as racial integration);
   (d) of treating emotional or mental illness;
   (e) of overcoming grief over the death of a child.
Appendix B

Guidelines for Preparing a Report on a Younger Child’s Views (Adoption Act, Section 30)

The Adoption Act requires that children aged seven to eleven be interviewed by a qualified professional before being adopted in order to determine their understanding of adoption and to obtain their views about the adoption and any proposed changes.

The philosophy of the Adoption Act gives paramount consideration to the child’s best interests, including the child’s rights and safety and other areas specified in Section 3 of the Act. The child should be advised what influence and power he or she has in adoption.

1 Preparation for the Interview

1.1 Determine beforehand (usually from the referring lawyer or the adoptive parents) who is adopting and which birth parent or guardian’s role as a parent will cease upon adoption.

1.2 Determine whether the child’s name is to be changed by the adoption.

1.3 Determine whether or not any access order is to remain in effect after the adoption order is granted.

1.4 The child must be seen alone and with the family to observe the child’s interaction with the prospective adoptive applicants. It is preferable that the interview take place in the child’s home within a time frame that promotes the child’s comfort with the social worker.

1.5 If an interpreter is necessary because of language or disabilities barriers, the interpreter should be an independent person, not a family member.

2 The Interview

The focus of the interview is to determine the child’s views. Questions or the interview techniques should be suited to the child’s developmental level and should canvass the following issues:

2.1 What is the child’s understanding of why he/she is being adopted, why is he/she not living with birth parents?

2.2 What does the child understand adoption to mean?

2.3 Does the child understand that:
   (a) adoption is a legal process;
   (b) he/she has the right to change his/her mind up until the time the adoption order is granted;
   (c) his/her new adoptive parent(s) will be his/her legal parent(s);
   (d) adoption is life long;
   (e) his/her adoptive parent(s) are meant to be parent(s) for life;
   (f) his/her birth parent(s) will no longer be his legal parent(s).

2.4 How long has the child known the adoptive parent(s)? - How long lived with?

2.5 What is the child’s relationship like with the adoptive parents?

2.6 Who does the child regard as the most significant persons in his/her life? Who would he/she go to for help if needed?

2.7 If the child has acquired new siblings through adoption, what is that relationship like? - with other new extended family adoptive relatives?
2.8 What contact did the child have with birth parent(s), other birth relatives - is there to be any continuing contact?
2.9 How does the child feel about the level of contact with birthparents and other birth relatives, if relevant?
2.10 If there is to be continuing contact, how does the child feel; is the child comfortable with the way the arrangements are made?
2.11 Does the child agree with the adoption?
2.12 If the child’s given names or family name is to be changed, does the child agree?
2.13 If the child’s race, culture or religion differ from the adoptive parents, how has this been explained to the child? - does the child feel his/her views and needs in this regard are being respected?

3 The Report

3.1 Identifying Information

The report must indicate:

(a) the child’s full name and birth date;
(b) the full name of each prospective adoptive parent;
(c) the name and occupation of the person meeting with the child and writing the report;
(d) the date or dates on which the interview took place;
(e) confirmation that the child was seen alone;
(f) confirmation that an independent interpreter was present if language or disabilities were a barrier in interviewing the child.

3.2 Background

The report must provide a brief background sufficient to put the child’s views in context. The source of the information (i.e., lawyer, adoptive applicants, child) should be noted.

3.3 Child’s Views

The report is intended to be the child’s voice for the court and should summarize the interview with the child, specifically describing:

(a) the child’s understanding of adoption;
(b) the child’s views on the proposed adoption;
(c) the child’s views on any proposed name changes;
(d) the child’s relationship with the adoptive parents and other adoptive family members;
(e) the child’s views on his/her relationship with the birth parents and significant others;
(f) where applicable, the child’s views that his/her racial, cultural and spiritual identity be respected.

If the child chooses to express no wishes, this should be respected and recorded.

The person completing a report under Section 30 is not required to make a recommendation. It is the responsibility of the court to determine whether or not the adoption order is granted. The court has the authority to order further inquiries before granting orders if it determines further inquiry is warranted.
Appendix C

Cultural Plan for Adoption of an Aboriginal Child by a Non-Aboriginal Adoptive Family

This Cultural Plan is based on the Cultural Plan in use by the Ministry of Children and Family Development. Social workers planning for a continuing ward of the government should use the MCFD Cultural Plan specifically designed for continuing wards.

When all options for adoption of an Aboriginal child have been carefully considered, and it is determined that adoption by a non-Aboriginal family is in the child’s best interests, a Cultural Plan is to be developed in order to ensure that the child maintains a connection to his or her Aboriginal people and heritage.

1  To determine the child’s cultural needs:
   1.1 Determine the Aboriginal identity of the child.
   1.2 Determine the First Nations/Aboriginal community or Band of which the child is a member or eligible to be a member.
   1.3 Determine if the community is associated with a First Nations/Aboriginal Child and Family Service agency. Such agencies can be of general assistance, as well as assisting in determining a child’s Band or community affiliation, and assisting in planning for those children who have no identified Band affiliation or in urban areas.
   1.4 Ensure the child’s specific cultural identity is known, i.e. band, clan, family group etc.
   1.5 Contact the Band, Agency, or community to assist in developing the Cultural Plan.
   1.6 Ensure that a primary contact person is identified who will be the cultural link in planning for the child.

2  Role of the Aboriginal Band or Community:

The First Nations/Aboriginal community or Band is the primary source of information regarding the child’s cultural heritage, including:

(a) extended family and genealogy;
(b) language;
(c) cultural ceremonies (potlatch, feast, pow wow, sun dance, big house);
(d) traditional foods;
(e) spiritual practices (sweat lodge, smudging, fasting, prayer, use of Eagle feathers, sharing circles);
(f) traditional teachings (the ways of men and women, roles of maternal extended family, roles of paternal extended family);
(g) clans, houses;
(h) elders;
(i) hereditary chiefs;
(j) history of family, community and Nation.
3 Ways in which the Aboriginal community can assist in the Cultural Plan include:

(a) having a meeting (including the child’s birth relatives if available and appropriate) to discuss the child’s adoptive plan and identify the primary contact who will ensure that the child and the adoptive family know about the aspects of the child’s cultural heritage as outlined above;
(b) providing for a central place for exchange of pictures, school reports, and progress reports;
(c) assigning someone from the Aboriginal community to send regular reports to the adoptive family about the child’s community and family, such as videos, newsletters, community updates;
(d) identifying a central place (Band office, Aboriginal Service agency, school or health office) for the adoptive family to contact when visiting the community.

In urban areas, Aboriginal Child and Family Service agencies can be of assistance in the above activities.

4 Role of the Adoptive Family:

Families who wish to adopt an Aboriginal child must be open to learning about the child’s unique cultural heritage and participating in available cultural ceremonies and practices. Ways in which they may help preserve the child’s cultural identity include:

(a) welcoming the primary contact person into their home and family;
(b) maintaining contact with Aboriginal birth parents and/or family members who are available so long as there are no safety concerns for the child;
(c) visiting the identified First Nations/Aboriginal community regularly to be a welcomed person in the community. Where distance makes visiting impractical, contacts should be maintained by phone, letters or videos;
(d) attending cultural events in the First Nations/Aboriginal community when possible;
(e) inviting the community contact person, birth parents, extended family, and/or Chief to special events in the child’s life such as birthdays, sporting events, graduation, etc;
(f) working with the contact person to learn about traditional teachings and passing these along to the child;
(g) preparing and serving traditional foods in their home;
(h) learning the language and/or facilitating the child’s learning;
(i) obtaining books, magazines and videos specific to the child’s cultural heritage;
(j) facilitating the child’s attendance at Aboriginal educational or cultural programs.

In developing a Cultural Plan, respect must be shown for all parties and care taken in the sharing of information to ensure that identifying information is disclosed only with consent and with consideration to safety issues for the child and adoptive family.
The Cultural Plan should be in writing, and contain the following:

5.1 Basic Information:
(a) the child’s name by adoption, and birth name (if known to adoptive parents);
(b) the child’s birthdate and birthplace;
(c) the adoptive parents’ names and contact information;
(d) the First Nations/Aboriginal Community or Band and location;
(e) the name of the primary contact person designated by the Aboriginal Community and contact information;
(f) the child’s Status number (if registered).

5.2 Agreement by the adoptive parents:
5.2.1 Activities (including time frame) the adoptive parents will undertake to maintain contact and/or visits with:
(a) the child’s community;
(b) the primary contact person;
(c) the child’s birth family, if determined to be in the child’s best interests;
(d) any siblings of the child who might be placed away from the birth family.
5.2.2 Activities the adoptive parents will take to enrich the child’s understanding of and contact with his or her cultural traditions, ceremonies and language.

5.3 Agreement by the primary contact person and Aboriginal Community:
5.3.1 Activities the contact person will undertake to maintain contact with the child and adoptive parents and provide them with regular information about events in the child’s community.
5.3.2 Assistance the contact person will provide to the adoptive parents to help them learn about the child’s Aboriginal culture and traditions, and involve the child in relevant activities.
5.3.3 Provision of a location/address for mutual exchange of letters, etc, and designation of a location in the child’s community where the adoptive family can visit.

The plan should contain provision for reviewing and revising the arrangements as required. It should also contain provision for maintaining contact in the event of changes of address or the primary contact person’s no longer being available. The plan should be signed by all parties, including the child if age and developmentally appropriate.