

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 10: Adoption and Guardianship	Effective Date: August 1, 2021
	Section 03: Preparing the Child for Adoption	Version: 3

POLICY OVERVIEW

Once a child’s readiness for adoption has been determined it is important to ensure the child has the appropriate resources to prepare for a successful transition to adoption. The child’s past experiences cannot be changed; however, assisting with how the past is viewed may help the child develop attachments as a member of a new family.

PROCEDURE

The Indiana Department of Child Services (DCS) will assist in preparing a child for adoption based on the assessments and observations used to determine the child’s readiness for adoption. DCS may have individual discussions with the child and/or provide an opportunity for the child to speak with other adopted children. DCS will ensure the child has appropriate resources to help prepare for adoption.

The Family Case Manager (FCM) will:

1. Help the child understand the loss and process the grief involved in the Termination of Parental Rights (TPR);
2. Refer the child to appropriate services to help prepare the child for adoption (e.g., adoption-child preparation, individual counseling, and home-based services) if assessment indicates a need. See Finding the Right Therapist for additional information;
3. Submit a referral to the Indiana Adoption Program (IAP) for adoption consultation if assistance is needed in preparing the child for adoption;
4. Facilitate a child-focused Child and Family Team (CFT) meeting to bring those closest to the child together along with any professionals that may assist the team in determining the most appropriate options for preparing the child for adoption. Involve the child in this process where age and developmentally appropriate (see policy 5.07 Child and Family Team Meeting for additional information). These adults may include, but are not limited to:
 - a. Birth parents, if deemed appropriate,
 - b. Members of the CFT, including the child representative for youth over the age of 14 years.
 - c. Resource parent,
 - d. Therapists and/or other service providers,
 - e. Guardian Ad Litem (GAL) or Court Appointed Special Advocate (CASA), and
 - f. Other family members or individuals who have a significant relationship with the child.

5. Assist the child in understanding the adoption process and have a conversation with the child that includes, but is not limited to, a discussion about the following:
 - a. The reasons the child is unable to return home (reconstruction and interpretation of the child's history and assisting the child in understanding the child's own unique life experiences),
 - b. Grief and loss of the birth family and others that have been significant in the child's life,
 - c. The meaning of adoption,
 - d. The child's right to have a parent and permanent home,
 - e. The adoption process and how the child will be involved, including involvement in adoption recruitment services when a child does not have an identified permanent home,
 - f. Placement and/or visitation with siblings, if applicable,
 - g. The adoption transition plan (see policy 10.09 Pre-placement Visits/Adoption Transition Plan), including Pre-placement visitation planning for the pre-adoptive family, if applicable,
 - h. Whether there is a possibility that the child will be able to remain in contact with members of the child's birth family or other individuals who have had a significant role in the child's life after adoption,
 - i. Whether adoption by the child's resource family is an option, and
 - j. Other alternate permanency options available. See policy 6.10 Permanency Plan for additional information.

Note: The conversation with the child may be facilitated by the therapist, FCM, or another individual as determined appropriate by the CFT.

6. Periodically revisit the topic of adoption to discuss the child's thoughts and current feeling about the adoption process and answer any questions;
7. Offer supportive services to the child and current caregiver to help the child transition from foster care to an adoptive placement (if applicable);
8. Ensure the child has a Lifebook and is provided the opportunity to review and update as needed; and
9. Document all information into the case management system.

DCS will discuss informed consent with any youth age 14 years and older and explain that, in accordance with Indiana law, written consent must be obtained from the youth for the adoption to be completed.

For all youth age 14 years and older, the FCM will complete all steps above, and:

1. Explain to the youth that the youth's written consent is required for the adoption to proceed and assist in completing the Consent to Adoption;
2. Submit a referral to the IAP adoption consultant if assistance is needed;
3. Explore the reasons behind the youth's decision if the youth does not want to be adopted. See "When a Youth Says 'No' to Permanency" for additional information;
4. Periodically revisit the topic of adoption to determine if the youth's feelings about adoption have changed;
5. Conduct a CFT meeting to consider an alternate permanency option if the youth will not consent in writing to adoption. See policy 6.10 Permanency Plan for other permanency options; and

Note: When all other permanency plans options have been exhausted, Another Planned Permanent Living Arrangement (APPLA) may be considered for youth 16 years of age or older.

6. Obtain the child's signature on the Consent to Adoption when an adoptive family has been identified and the child consents to be adopted.

The FCM Supervisor will:

1. Discuss case specifics with the FCM during regular staffing and clinical supervision to provide guidance to the FCM in completion of all required actions;
2. Review referrals and approve as necessary; and
3. Ensure all actions taken, assessment results received, and any deviation from best practice are documented in the case management system.

The Adoption Consultant will:

1. Attend CFT meetings to provide subject matter expertise regarding adoption challenges that may create barriers to adoption; and
2. Provide recommendations for services that may help overcome barriers and help move the child to legal permanency.

LEGAL REFERENCES

- [IC 31-19-9-1: Consents required](#)

RELEVANT INFORMATION

Definitions

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Forms and Tools

- [Consent to Adoption \(SF 12582\)](#)
- [Finding the Right Therapist](#)
- Lifebook – Available in Hard Copy from the Regional [Adoption Consultant](#)

Related Policies

- [5.07 Child and Family Team Meeting](#)
- [6.10 Permanency Plan](#)
- [10.09 Pre-placement Visits/Adoption Transition Plan](#)