

## ADOPTION

## Adoption Societies Regulations

REGULATIONS, DATED 14TH NOVEMBER 1969, MADE BY THE MINISTRY OF HOME AFFAIRS, UNDER SECTION 32 OF THE ADOPTION ACT (NORTHERN IRELAND) 1967.

The Ministry of Home Affairs, in exercise of the powers conferred on it by Section 32 of the Adoption Act (Northern Ireland) 1967(a), hereby makes the following Regulations:—

*Citation and Commencement*

1. These Regulations may be cited as the Adoption Societies Regulations (Northern Ireland) 1969 and shall come into operation on 1st December 1969.

*Revocation*

2. The Adoption Societies Regulations (Northern Ireland) 1950(b) are hereby revoked.

*Application for Registration*

3.—(1) Every application for the registration of an adoption society under section 30 of the Adoption Act (Northern Ireland) 1967 shall be made in the form set out in Schedule 1 and shall give the information therein required to be given.

(2) The fee to be paid to the Ministry by an adoption society under the said section 30 in respect of registration shall be twenty shillings.

*Change of Address*

4. If a registered adoption society changes its address the society shall notify the Ministry of the change forthwith.

*Annual Returns*

5. Every registered adoption society shall, within twelve months of the date of registration and thereafter at least once in every period of twelve months, furnish to the Ministry—

- (a) duly audited accounts and balance sheet;
- (b) a return in the form set out in Schedule 2;
- (c) a copy of the society's latest annual report.

*Conduct of Negotiations with Parent or Guardian*

6. Before an infant is placed at the disposition of a registered adoption society with a view to his being adopted, the society shall ensure that the parent or guardian who proposes so to place the infant is given a memorandum in the form set out in Schedule 3 and signs and returns to the society a certificate (which the society shall retain) in the form set out in Schedule 3, certifying that he has read and understood the memorandum.

*Case Committees*

7.—(1) Every registered adoption society shall appoint a case committee to consider any proposed placement of an infant for adoption.

(2) A case committee shall, so far as practicable, include one man and one woman and shall consist of not less than three persons each of whom should be competent to judge whether a particular placement would be in the interests of the infant and the committee shall have available the services of a registered medical practitioner to advise as may be necessary on any medical reports obtained under paragraphs (b) and (c) of Regulation 8.

*Reports and Procedure before Placement*

8. No infant shall be placed by or on behalf of a registered adoption society in the care and possession of a person proposing to adopt him until—

- (a) the society has, so far as is reasonably practicable, ascertained the particulars set out in Schedule 4;
- (b) the society has obtained reports on the health of the infant and the family of the infant in the appropriate forms set out in Schedule 5 or in forms to the like effect. A report on the health of the family of the infant may be dispensed with at the discretion of the society if the prospective adopter is the mother, father or a close relative of the infant;
- (c) the society has obtained a report, and such additional medical information as may be necessary, from a fully-registered medical practitioner on the health of the prospective adopter in the appropriate forms set out in Schedule 6 or in forms to the like effect. A report on the health of the adopter may be dispensed with at the discretion of the society if the adopter is the mother or father of the infant. Where a report indicates that the adopter has a history of a mental or nervous disorder or where there appear to be marital problems of a psychological nature the society shall with the adopter's consent obtain psychiatric advice on his suitability for adopting the infant;
- (d) the prospective adopter has been interviewed by or on behalf of the society's case committee and has been supplied with full details of any disability or abnormality in respect of the infant disclosed by medical examinations;
- (e) the premises in Northern Ireland in which the prospective adopter intends that the infant will reside have been inspected by or on behalf of the society's case committee;
- (f) the society's case committee have inquired of the welfare authority within whose area the premises are situated whether that authority has any reason to believe that the proposed placement might be detrimental to the infant, and where necessary have obtained the consent of the welfare authority under Part I of the Children and Young Persons Act (Northern Ireland) 1968(c); and
- (g) the society's case committee, after considering all the information obtained, have approved of the infant's being so placed.

*Supervision*

9.—(1) Every registered adoption society shall make adequate arrangements for the care and supervision of every infant placed by or on behalf of the society in the care and possession of a person proposing to adopt him, and in particular shall arrange that every such infant is visited by a representative of the society within one month of his placement and thereafter at least quarterly, until that person gives notice under sub-section (1)(b) of section 3 of the Adoption Act (Northern Ireland) 1967 of his intention to apply for an adoption order in respect of the infant, or until arrangements may be made for the supervision of the infant by the welfare authority for the area.

(2) After each visit the representative shall report to the case committee as to the welfare of the infant, and if the case committee so recommend, the society shall immediately remove the infant.

*Medical Examinations*

10. Where an infant has been placed by or on behalf of a registered adoption society in the care and possession of a person proposing to adopt him and—

- (a) a serological test of the infant's blood for syphilis made after he attained the age of six weeks has not previously been made, the society shall make arrangements for such a test of his blood to be carried out by, and a report thereon obtained from, a fully-registered medical practitioner as soon as practicable after his placement and the infant has attained the age of six weeks; or
- (b) the infant has not attained the age of two years and an examination of his blood for phenylalanine made after he attained the age of seven days or an examination of his urine for phenylpyruvic acid made after he attained the age of six weeks had not previously been made, the society shall make arrangements for such an examination to be carried out by, and a report thereon obtained from, a fully-registered medical practitioner as soon as practicable after his placement and the infant has attained the age of six weeks;

the society shall then give a copy of any such report to the person proposing to adopt the infant concerned.

*Records and Documents*

11. Every registered adoption society shall ensure that—

- (a) none of its records or other documents relating to adoption negotiations are accessible to unauthorised persons; and
- (b) all such records and documents are preserved for at least 25 years unless the Ministry otherwise directs.

Sealed with the Official Seal of the Ministry of Home Affairs for Northern Ireland this 14th day of November 1969.

(L.S.)

J. H. Parkes,  
Assistant Secretary.

SCHEDULE 1

Regulation 3

**Application for Registration of Adoption Society**

To the Ministry of Home Affairs. I/We the undersigned hereby apply to have the ..... Adoption Society registered under section 30 of the Adoption Act (Northern Ireland) 1967.

Particulars of the society:—

1. State date of establishment of society, and give particulars of any previous registration or application for registration .....

.....

2. State full postal address of the society's administrative centre .....

.....

3. Give addresses of any other offices of the society .....

.....

4. Give particulars of any activities of the society, other than those relating to the adoption of children; and state whether the society applies the whole of its profits (if any) or other income in promoting the objects for which it exists; and attach a copy of the instrument governing the society's activities and a statement of the society's accounts .....

.....

5. Give the full name, address and occupation of each member of the committee controlling the activities of the society; and state how the committee is appointed and how it controls the activities of the society; and attach a copy of the rules governing the constitution of the society .....

.....

6. Give the full name, address and occupation of each member of the society's case committee and his qualifications or experience for that purpose .....

.....

7. Give the full name, address and qualifications of the registered medical practitioner required under Regulation 7 .....

.....

.....

8. Give the full name, address and occupation of every individual employed or proposed to be employed by the society, whether paid or unpaid, for the purpose of making any arrangements for the adoption of infants and his qualifications or experience for that purpose .....

.....

.....

9. If any person taking part in the management or control of the society or any member of the society has been convicted of an offence in connection with the adoption of children, give his name and particulars of his offence .....

.....

.....

I/We hereby declare that the above particulars are correct to the best of my/our knowledge and belief.

Signature(s) .....

Address .....

.....

Position in the Society .....

SCHEDULE 2

Regulation 5

ANNUAL RETURN

Return to the Ministry of Home Affairs from the registered adoption society called for the year ended

1. Give the full postal address of the society's administrative centre

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.....  
.....

2. State whether there has been any change in the objects for which the society exists and whether the society has applied the whole of its profits (if any) or other income in promoting the objects for which it exists

.....  
.....

3. Give the full name, address and occupation of each member of the committee controlling the activities of the society; and state whether there has been any change in the rules governing the constitution of the society

.....  
.....  
.....

4. Give the full name, address and occupation of each member of the society's case committee and his qualifications or experience for that purpose

.....  
.....  
.....

5. Give the full name, address and qualifications of the registered medical practitioner required under Regulation 7

.....  
.....

6. Give the full name, address and occupation of every individual employed by the society, whether paid or unpaid, for the purpose of making any arrangements for the adoption of infants and his qualifications or experience for that purpose

.....

7. If any person taking part in the management or control of the society or any member of the society has been convicted of an offence in connection with the adoption of children, give his name and particulars of his offence

.....  
.....  
.....

8. Give the number of cases dealt with by the society under the following heads:—

- (a) number of applications from persons wishing to adopt an infant .....
- (b) number of infants offered to the society with a view to their being adopted, but not accepted by the society .....
- (c) number of infants accepted by the society with a view to their being adopted .....
- (d) number of infants placed by or on behalf of the society in the care and possession of persons proposing to adopt them .....
- (e) number of infants so delivered in respect of whom adoption orders or provisional adoption orders had not been made .....
- (f) number of adoption orders or provisional adoption orders made in respect of infants who were so placed during the period to which the return relates .....
- (g) number of adoption orders or provisional adoption orders made in respect of infants who were so placed before the period to which the return relates .....

9. Give, under the following heads, the number of infants who, at the end of the period to which the return relates, had been placed at the disposition of the society with a view to their being adopted but had not been placed in the care and possession of persons proposing to adopt them:—

- (a) number of infants in the care and possession of the society .....
- (b) number of infants boarded out by the society .....
- (c) number of other infants .....

10. Number of case committee meetings .....

I/We declare that the above particulars are correct to the best of my/our knowledge and belief.

Signature .....

Address .....

.....

Position in the Society .....

## SCHEDULE 3

## Regulation 6

**Adoption**

## EXPLANATORY MEMORANDUM

This memorandum is addressed to the parent or guardian of a child about to be placed with an adoption society for the purpose of legal adoption. (The term "parent" does not include the natural father of an illegitimate child).

1. If your child is adopted, all your rights as a parent or guardian will be transferred to the adopters for good. You will then have no further right to see the child or to have your child back again if you should change your mind. If the adopters live outside Northern Ireland, for example, they will probably take the child abroad with them after obtaining an order.

*You should not sign a form of consent unless you are quite sure that you wish your child to be adopted.*

2. A person adopting your child will have to apply to a court for an adoption order. But before any order is made, the court will want to be satisfied that you understand what it means and give your consent. You may therefore have to attend court in private to say whether you agree to the adoption. But in any case you will be asked to sign a form of consent which can be shown to the court as evidence of your consent. An adoption order cannot be made without your consent except in certain special circumstances. The court may do without the consent of a person who:—

- (a) has abandoned, neglected or persistently ill-treated the child; or
- (b) cannot be found or is incapable of giving consent; or
- (c) has persistently failed without reasonable cause to discharge the obligations of a parent or guardian; or
- (d) is withholding consent unreasonably; or
- (e) is, for any other reason, a person whose consent ought, in the opinion of the court, to be dispensed with.

3. Before the court makes an adoption order, it will also appoint a person called the guardian ad litem to see whether it would be in the interests of your child to be adopted by the proposed adopters.

4. If you do not know the proposed adopters, but want your child to be brought up in a particular religious faith, you can give your consent on condition that they undertake to bring up your child in that faith. If you want to know what kind of people they are, you can ask the adoption society which is arranging the adoption.

5. If you sign the form of consent and then change your mind before the adoption order is made, you should inform the court that you wish to withdraw your consent. But you must remember that while an adoption application is pending, the adopters are entitled to refuse to hand back your child unless you obtain the permission of the court.

6. Remember that you are not allowed to receive any money for giving your consent.



7. Remember that once an adoption order is made, your child will become the child of the adopters as far as the law is concerned. This means, amongst other things, that the child will not inherit any of your property if you should die without making a will or without clearly mentioning the child by name in your will.

8. You are not allowed to send your child from Northern Ireland to any place outside the United Kingdom, the Channel Islands and the Isle of Man with a view to the child being legally adopted by or brought up as a member of the family of anyone who is not a parent, legal guardian or close relative of the child except you have a court order authorising you so to do.

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CERTIFICATE

To. (*name of adoption society*)

I hereby certify that I have received from you an Explanatory Memorandum about Adoption, from which I have detached this certificate of acknowledgment.

I further certify that I have read the memorandum and fully understand it.

Signature .....

Address .....

Date .....

## SCHEDULE 4

Regulation 8(a)

**Particulars to be Ascertained**

## PART I

*Particulars relating to the infant*

1. Name.
2. Address.
3. Date and place of birth.
4. Is the child a British subject?
5. If baptised, date and place of baptism and denomination.
6. If not baptised, religious persuasion of the infant's father and mother.
7. Name, address and age of the infant's father and mother.  
If either is dead, date of death.
8. If either parent has any other children, age and sex of each child.
9. Whether there is any history of tuberculosis, epilepsy, mental illness or other disease in the family of either parent.
10. Why the infant is offered for adoption and whether he has previously been so offered.
11. Whether the mother consents to adoption and, if not, her reasons for not consenting.
12. If the infant is legitimate, whether the father consents to adoption, and, if not, his reasons for not consenting. If the infant is illegitimate, whether the father (if known) has any objection to the adoption.
13. The names and addresses of the infant's guardians (if any), how and by whom they were appointed, whether they consent to adoption, and, if not, their reasons for not consenting.
14. Whether any other body or person has the rights and powers of a parent of the infant and whether that body or person (if any) has any objection to adoption.
15. Whether the infant has any right to, or interest in any property. If so, give full particulars.
16. Whether any insurance policy has been effected on the life of the infant.

## PART II

*Particulars relating to the adopter(s)*

1. Names.
2. Address.
3. Dates of birth.
4. Religious persuasion.
5. Occupation.
6. Whether domiciled in Northern Ireland, England, Wales, Scotland, the Isle of Man, or the Channel Islands. If not, the country of domicile.
7. Whether resident in Northern Ireland. If not, the address at which ordinarily resident.
8. If not ordinarily resident in Northern Ireland, whether domiciled in Northern Ireland.
9. If it is intended to apply for a provisional adoption order, whether it is intended to adopt the infant in law or in fact in the country of domicile.
10. If it is a joint adoption application, the date and place of the proposed adopters' marriage, whether either adopter has previously been married and, if so, whether that marriage was dissolved or annulled.
11. If there is only one proposed adopter, whether that person is married and, if so, why the spouse does not join in the application, and whether the spouse consents to the adoption of the infant, and, if not, the reasons for not consenting.
12. Particulars of all occupants and members, including any child (whether or not adopted) of the proposed adopter's household and their relationship to the adopter.
13. The accommodation in the proposed home and the condition of the home.
14. The means of the proposed adopter and, if married, the extent of any contribution made by earnings of the other spouse or any children living at home.
15. The health of the proposed adopter(s) as evidenced by the certificate of a fully registered medical practitioner.
16. The wishes of the proposed adopter(s) as to the age and sex of the child to be adopted.
17. The names and addresses of two responsible persons selected by the adopter(s) to whom reference can be made as to their character.
18. Whether either of the proposed adopters has previously—
  - (a) applied to an adoption society or welfare authority with a view to adopting an infant;
  - (b) applied to the courts for an adoption order;
  - (c) had care and possession of a foster child who has been removed from their care by a welfare authority under Part I of the Children and Young Persons Act (Northern Ireland) 1968;
  - (d) been refused the approval of a welfare authority to the reception of a child for care and maintenance under Part I of the Children and Young Persons Act (Northern Ireland) 1968,

## SCHEDULE 5—FORM 1

Regulation 8(b)

**CONFIDENTIAL****Medico-Social Report on Biological Parent of Child Proposed for Adoption**

To be completed as far as is reasonably possible (normally by the social worker concerned from information given by the parent or close relatives of the child, family doctor or other source)

1. Name of infant ( <i>surname underlined</i> )	
2. Date of birth of infant	
3. Type of care (e.g. foster, institution)	
4. Name of parent	
5. Sex of parent	
6. Date of birth of parent	
7. Skin colour	
8. Hair colour	
9. Racial origin	
10. Occupation	
11. Educational record; social record; jobs; special interests	
12. Height	
13. Weight	
14. I.Q. (if known)	
15. State of health	
16. Is there a history of, or evidence of, mental deficiency, unstable personality, poor intelligence, epilepsy, allergy, diabetes, hereditary defects, or any other disease—give details?	
17. If history inadequate please state so	
18. Are any of the conditions mentioned above or any familial disorders present among near relatives (e.g. parents, sons, daughters, siblings, grandparents, aunts, uncles, first cousins—if details not available please say so)?	
19. Particulars of any circumstances or conditions not mentioned above about which adopters should be informed	
20. Persons supplying above information	
21. Has parent cared at all for the infant? For how long?	
22. Date	
23. Signature ( <i>print in capitals after</i> )	
24. Qualifications	
25. Address	
26. Tel. No.	

**CONFIDENTIAL**

**Obstetric Report on Mother of Infant Proposed for Adoption**

*Please answer all questions.*

1. Name of mother (*surname underlined*):
2. Name of infant (*surname underlined*):
3. Place of birth:

Mother

4. Age	
5. Previous pregnancies—give dates, outcome, and any abnormality in mother or infant	
6. Obstetric condition during pregnancy (indicate any disorder which might affect the prognosis for the infant)	
7. Mental or physical illness during pregnancy	
8. Chest X-ray — result — date	
9. Serological test for syphilis — result — date	
10. Labour — duration	
11. Delivery — date — expected date — type	
12. Any known previous illness	
13. Date	
14. Signature ( <i>print in capitals after</i> )	
15. Qualifications	
16. Address	
17. Tel. No.	

## SCHEDULE 5—FORM 3

Regulation 8(b)

**CONFIDENTIAL****Neonatal Report on Infant Proposed for Adoption***(To be completed if possible by a medically qualified person)**Please answer all questions.*

1. Name of infant (*surname underlined*):
2. Place of birth:
3. Date of birth:
4. Date of discharge from maternity unit:  
Infant

5. Singleton or twin	
6. Period of gestation (weeks)	
7. Birth weight	
8. Present weight   or weight on discharge	
9. Length at birth	
10. Head circumference at birth	
11. Cord blood examination for syphilis	
12. Was respiration established normally (e.g. within 7 minutes of birth)? Note any treatment given.	
13. Jaundice (date of onset, severity, duration, treatment; give maximum serum bilirubin if known)	
14. Convulsions, twitching or cyanotic attacks (with dates)	
15. Feeding difficulties (e.g. in sucking or swallowing, or vomiting)	
16. Any neurological signs noted in first ten days (e.g. apathy, hypotonia, hyperexcitability)	
17. Any infection suffered (major or minor)	
18. Any physical abnormality noted	
19. Any evidence of mental abnormality (e.g. mongolism, cranial abnormality, cerebral birth injury or abnormal behaviour)	
20. Any treatment given to infant (e.g. oxygen, incubator care, transfusion, antibiotics)	
21. Date	
22. Signature ( <i>print in capitals later</i> )	
23. Qualifications	
24. Address	
25. Tel. No.	

**CONFIDENTIAL****Medical Report on Infant Examined for Adoption**1. Name—*surname underlined*

2. Address

3. Natural mother's name

I examined the infant on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, and have completed the reports as appropriate. The answers to the following questions indicate my conclusions.

4. Do you think that the infant has any significant defects (specify)?

(a) physical

(b) mental

5. Do you think that there are any medical circumstances which—

(a) require further consideration before placement?

(b) indicate the need for further examination (specify time)?

(c) should be communicated and explained to adoptive parents?

6. Any other observations:

7. Signature (*print in capitals after*)

8. Address

9. Telephone Number

10. Date

## PART I

## History

11. History of biological mother (please read Forms 1 and 2)	
12. History of biological father (please read Form 1)	
13. History of siblings and other relatives (please read Form 1)	
14. Sex of infant	
15. Date of birth	
16. Estimated gestation (weeks)	
17. Birth weight	
18. Head circumference at birth	
19. Length at birth	
20. Post-natal history (please read Forms 1, 2 and 3)	
<i>a)</i> Changes of care since birth	
<i>b)</i> Duration of breast feeding	
<i>c)</i> Present feeding	
<i>d)</i> Details of any feeding difficulty (e.g. poor sucking, difficulty in swallowing or slow feeding)	
<i>e)</i> Details of any illness since birth (e.g. infection, skin trouble, accidents, convulsions, fainting or cyanotic attacks, allergic upsets or respiratory disorders)	
<i>f)</i> Details of any hospital admission	
<i>g)</i> Reports of any unusual behaviour (e.g. apathy, too quiet, extreme restlessness)	
<i>h)</i> Evidence of hearing	
<i>i)</i> Evidence of seeing	
<i>j)</i> Immunisation (with dates) e.g. diph/pertussis/tetanus, smallpox, B.C.G., polio, measles, etc.	
<i>k)</i> Previous examination or special tests (specify)	



PART 2  
Examination

21. Date of examination:  
*Physical Assessment*

22. Weight	
23. Length or height	
24. <i>Skull</i> (abnormality in shape, size or ossification)	
Head circumference	
Fontanelle (e.g. size)	
25. <i>Facies</i> (e.g. mongolism)	
26. <i>Eyes</i> (e.g. squint, cataract, nystagmus)	
Ophthalmoscopic examination	
27. <i>Mouth</i> (e.g. cleft palate, no. of teeth, state of teeth)	
28. <i>Ears</i> —auriscope examination	
29. <i>Skin</i> (e.g. naevi, rash, jaundice, unusual pigmentation)	
30. <i>Neuromuscular system</i>	
a) Posture	
b) Degree of alertness (e.g. interest in surroundings, concentration, response to examiner)	
c) General activity and vigour	
d) Muscle tone (e.g. hypotonia, asymmetrical tone, hypertonia)	
e) Reflexes	
Rooting reflex	
Grasp reflex (normally disappears 3 months)	
Moro reflex (ditto)	
Asymmetrical tonic neck reflex (ditto)	
Knee jerks	
Ankle jerks	
Plantar response	
Abdominal reflexes	
f) Any evidence of cerebral palsy (e.g. hemiplegia, adductor spasm, shortened hamstrings or tendo Achilles, wasting)	

31. <i>Joints and Limbs</i> (e.g. talipes or other musculo-skeletal deformity) Screening test for dislocation or subluxation of hip (Barlow's or Ortolani's test)	
32. <i>Abdomen</i> (e.g. distension, palpable liver, spleen, kidney or other mass, hernia)	
33. <i>Genito-urinary system</i> (e.g. hypospadias, undescended testes or vulval anomalies)	
34. <i>Cardiovascular system</i> (e.g. dyspnoea, tachypnoea, cyanosis or abnormal praecordial pulsation) ..... Evidence of cardiac murmurs on auscultation	
35. <i>Respiratory system</i> (e.g. dyspnoea, movement, rate, wheeze, chest deformity)	
36. <i>Special Tests: Urine—Albumen</i> ..... Reducing substance (Clinitest)	
Phenylketonuria—Phenistix/ Guthrie test	
Test for syphilis, with date.	

PART 3

Developmental Assessment

37. Person supplying information in column (b)			
38. Status of informant (column (b))			
39. Length of time infant has been in informant's care			
	(a) Average age of achievement	(b) Where relevant, date of achievement reported to examiner	(c) Assessment by examiner (over the age range appropriate to child)
40. Fixing eyes on objects 10"-12" from face and in arc of 90°	6 wks.		
41. Smiling at mother or nurse when talking to him	6 wks.		
42. Posture in prone position ..... pelvis low on couch, hips partly extended ..... intermittently lifting chin off couch ..... head and shoulders off couch, weight on fore-arms ..... head and chest off couch ..... chest and upper part of abdomen off couch, weight on hands	6 wks.		
	8 wks.		
	12 wks.		
	16 wks.		
	24 wks.		
43. Ventral suspension: ..... head momentarily same plane as body, elbows flexed, hips partly extended, knees partly flexed ..... head same plane as rest of body ..... head beyond plane of rest of body	6 wks.		
	8 wks.		
	12 wks.		
44. Posture in supine position: elbows flexed, hips and knees partly flexed	6 wks.		
45: Degree of head lag when pulling to sitting position: ..... complete ..... slight ..... none	4 wks.		
	12 wks.		
	20 wks.		

<i>Developmental Assessment</i> (contd.)	(a) Average age of achievement	(b) Where relevant, date of achieve- ment reported to examiner	(c) Assessment by examiner (over the age range appro- priate to child)
46. Cooing and smiling when spoken to	8 wks.		
47. Hands frequently open (cf. closed)	8 wks.		
48. Following moving person with eyes	8 wks.		
49. Hands predominantly open	3 mths.		
50. Showing hand regard	3 mths.		
51. Squealing with pleasure	3 mths.		
52. Holding and playing with rattle placed in hand	4 mths.		
53. Turning head towards sound	4 mths.		
54. Laughing aloud	4 mths.		
55. Repetitive babbling	4 mths.		
56. Reaching out for things (two handed)	5 mths.		
57. Distracted by noise	5 mths.		
58. Crumpling paper	5 mths.		
59. Rolling from prone to supine	5 mths.		
60. Rolling from supine to prone	6 mths.		
61. Stretching out arms to be lifted	6 mths.		
62. Sitting supported in high chair	6 mths.		
63. Drinking from cup held to lips	6 mths.		
64. Reaching out (ambidextrous approach)	7 mths.		
65. Transferring objects from one hand to other	7 mths.		
66. Chewing lumpy food	7 mths.		
67. Sitting: with hands forward for support or alone for few seconds without support	7 mths.		
..... without support	8 mths.		
68. Responding to "No!"	8 mths.		
69. Syllables Da, Ba, Ka, etc.	8 mths.		
70. Crawling	9 mths.		
71. Pulling self to stand	9 mths.		
72. Standing, holding furniture, collapsing with a bump	9 mths.		

<i>Developmental Assessment</i> (contd.)	(a) Average age of achievement	(b) Where relevant, date of achieve- ment reported to examiner	(c) Assessment by examiner (over the age range appro- priate to child)
73. Feeding self with hands	9 mths.		
74. Waving bye-bye	9 mths.		
75. Combining syllables Da-da, Ba-ba, etc.	9 mths.		
76. Assisting in dressing by ap- propriate postures	10 mths.		
77. Standing steadily with support	10 mths.		
78. Walking holding on to furni- ture	10 mths.		
79. Rising from prone to sitting position	10 mths.		
80. Picking up objects with thumb and forefinger	10 mths.		
81. Walking—one hand held	12 mths.		
82. Throwing objects deliberately to floor	12 mths.		
83. Saying single words	12 mths.		
84. Walking without support	13 mths.		
85. Managing a cup	15 mths.		
86. Feeding self with spoon— which tends to rotate	15 mths.		
87. Drooling ceased	15 mths.		
88. Speech—phrases	18 mths.		
89. Copying mother in activities about house	18 mths.		
90. Understanding and carrying out simple requests	18 mths.		
91. Walking upstairs—with help	18 mths.		
92. Throwing a ball	18 mths.		
93. Running	2 yrs.		
94. Taking off shoes and socks	2 yrs.		
95. Indicating parts of body	2 yrs.		
96. Identifying 2-3 objects in picture book	2 yrs.		
97. Turning pages of book singly	2 yrs.		
98. Joining 2-3 words in sentences	2 yrs.		
99. Jumping with both feet	2½ yrs.		
100. Understanding use of potty	2½ yrs.		

	(a) Average age of achievement	(b) Where relevant, date of achieve- ment reported to examiner	(c) Assessment by examiner (over the age range appro- priate to child)
101. Making strokes with pencil held in hand (not fist)	2½ yrs.		
102. Knowing name, age and sex	3 yrs.		
103. Standing on one foot	3 yrs.		
104. Naming familiar objects	3 yrs.		
105. Building tower of 9 cubes	3 yrs.		
106. Riding a tricycle	3 yrs.		
107. Counting up to 10	3 yrs.		
108. Can help set table	3 yrs.		
109. Hopping and skipping	4 yrs.		
110. Dressing self fully (except shoe laces)	4 yrs.		
111. Imaginative play (dolls, engines, etc.)	4 yrs.		

**CONFIDENTIAL**

**PART 1**

**Medical Report on Prospective Adopter**

*(to be given after completing Parts 2 and 3)*

Name .....

Address .....

I examined the above-named on .....  
and have formed the opinion that he/she is/is not physically, mentally and  
emotionally suitable to adopt a child.

Signature ..... Date .....

Qualifications .....

Address .....

## FORM 5 (contd.)

## PART 2

**Medical History (to be completed by the Doctor from prospective adopter's statements and records)**

1. Duration of marriage ..... Any previous marriage .....
2. Is there a history of:— ..... If yes, please give details.
  - (a) Tuberculosis (including non-pulmonary T.B.), chronic bronchitis, asthma, bronchiectasis or other respiratory disorder?
  - (b) Hypertension or other cardio-vascular disease?
  - (c) Any form of rheumatism or locomotive disorder?
  - (d) Nervous disorder or mental illness?
  - (e) Head injury (by road or other accident), fits or other neurological disease?
  - (f) Genito-urinary disease, including toxæmia of pregnancy?
  - (g) Diabetes or thyroid disorder?
  - (h) Persistent indigestion, peptic ulcer, other intestinal or liver disease?
  - (i) Any illness which might shorten life or cause recurring disability?
  - (j) Any major surgical procedure or treatment for suspected malignant disease?
3. Has any proposal on the prospective adopter's life been declined, deferred or accepted on special terms by an Insurance Company? .....
4. Is there any family history of mental disorder, including epilepsy or physical disease such as tuberculosis, diabetes, allergy or hypertension? .....
5. How long have you known the prospective adopter? .....
6. Have you attended him/her professionally? .....
7. Is there a history of pregnancy and/or miscarriage? .....
8. If the couple have no children of their own what is their attitude to this? .....
9. Is there any other medical reason why this couple may wish to adopt a child? .....



FORM 5 (contd.)

I declare that the above history is true, to the best of my knowledge and belief. I consent to a full Medical Report being sent to the Society for confidential use in connection with the adoption and agree to pay any cost that may be involved.

Signed .....

Date .....

Witnessed .....

(by the Doctor completing this form)

FORM-5 (contd.)

PART 3

Medical Examination

10. Is he/she now in good health? .....

Height .....

Weight .....

11. Is there any detectable abnormality in the following:—

(a) Cardio-vascular system .....

Blood pressure .....

(b) Respiratory system .....

Chest X-ray results and date (must be within six months)

(c) Urogenital system .....

Urine examination: S.G. ....

Albumen—Present/Absent Sugar—Present/Absent

Other ingredients .....

(d) Alimentary system .....

(e) Central nervous system .....

(f) Eyes and vision (including fundi) .....

(g) Ears and hearing .....

(h) Skin .....

(i) Haemopoietic and lymphatic system .....

12. Has he/she normal use of all limbs? .....

13. Does he/she seem mentally balanced, mature in outlook and temperate in habit? .....

14. What positive qualities of character and personality, if any, would make you favour this application? .....

15. Do you know of any reason why this couple might not be able to care for an adopted child affectionately and materially until it reaches an age of independence? .....

SCHEDULE 6—FORM 6

Regulation 8(c)

CONFIDENTIAL

Additional Information from Records for a Prospective Adopter with a history of Bronchitis, Bronchiectasis, Bronchial Asthma or other Respiratory Disease (including any possible Malignant Disease)

- 1. Diagnosis and X-ray findings .....
- 2. Age of onset .....
- 3. Duration .....
- 4. Frequency and severity of relapses .....
- 5. Sputum—quantity daily ..... character ..... culture .....
- 6. Treatment .....
- 7. Periods of incapacity in hospital or at home .....
- 8. Any history of pulmonary heart failure .....
- 9. Exercise tolerance:—  
 Does the patient become breathless:—  
 (a) climbing stairs? .....
- (b) walking on the flat? .....
- 10. General remarks as to suitability of patient to adopt a child, including Chest Physician's opinion, if available.

Date: ..... Signed .....

(In Caps .....)

Qualifications .....  
Address .....

CONFIDENTIAL

**Additional Information needed from Records for a Prospective Adopter with a history of Cardiovascular Disorder**

Name ..... Age .....

Address .....

Diagnosis of Cardio-Vascular condition: ..... Duration .....

1. If rheumatic or congenital heart disease, specify the lesion and the cardiac rhythm. Indicate the degree of disability and detail present treatment.

.....  
.....

2. If hypertension or hypertensive heart disease, indicate degree of disability: Blood Pressure / .....

Present treatment .....

.....  
.....

3. If ischaemic heart disease, indicate concerning:—

(a) Angina of effort .....

(b) History of infarction .....

(c) Congestive heart failure or cardiac asthma .....

(d) Treatment .....

4. Is there any family history of cardio-vascular disorder? .....

5. General remarks as to suitability to adopt a child, including a Cardiologist's opinion and E.C.G., if possible .....

.....  
.....

Signature ..... (In Caps. ....)

Qualifications .....

Address .....

Date .....

SCHEDULE 6—FORM 8

Regulation 8(c)

CONFIDENTIAL

Additional Medical Information needed from Records for a Prospective Adopter with history of Toxaemia of Pregnancy and/or Renal Disease

Name ..... Age .....

Address .....

1. Is there a history of scarlet fever, acute or chronic nephritis, nephrosis or recurrent urinary tract infections? Please give details.

.....  
.....

2. After how many weeks of pregnancy did toxaemia develop? .....

3. How severe was the toxaemia? Please answer with respect to:—

(i) Blood Pressure .....

(ii) Albuminuria .....

(iii) Oedema .....

(iv) Eclampsia .....

(v) Any other manifestations .....

4. Was pregnancy terminated because of Toxaemia? .....

If so, how? .....

where? .....

at what stage of pregnancy? .....

5. Is there any albuminuria now? .....

6. What is the blood pressure now? .....

7. Has there ever been, or is there now present any retinopathy? .....

.....

8. Have any renal investigations or efficiency tests been made? Please give details .....

.....

9. General remarks as to suitability of patient to adopt a child:—

.....

Signature ..... (In Capitals) .....

Qualifications ..... Date .....

Address .....

SCHEDULE 6—FORM 9

Regulation 8(c)

CONFIDENTIAL

Additional Medical Information needed from Records for a Prospective Adopter with history of Diabetes

1. Name .....
2. Address .....
3. Age of onset of diabetes .....
4. Age .....
5. What drug treatment is the patient receiving? .....
  - (a) Insulin : type ..... Dose .....
  - (b) Oral agent : type ..... Dose .....
6. Control of diabetes ..... poor / fair / good
7. Does the patient receive regular medical supervision of his/her diabetes, if so, where? .....
8. Are any of the following present?
 

If so, indicate severity.

  - (a) Retinopathy .....
  - (b) Cataract .....
  - (c) Albuminuria .....
  - (d) Peripheral vascular disease .....
9. What is the patient's visual acuity with and without glasses? .....
10. Past History with date if possible of:—
  - (a) Diabetic Coma or Diabetic Ketosis
 

.....

.....

.....
  - (b) Hypoglycaemic Attacks
 

.....

.....

.....
11. Recent Chest X-ray Report .....
 

Date .....



SCHEDULE 6—FORM 10 Regulation 8(c)

CONFIDENTIAL

Additional Information needed from Records for a Prospective Adopter with a history of Epilepsy or Fits

- 1. Name .....
- 2. Address .....
- 3. Age .....
- 4. Age of onset of first attack .....
- 5. Date of last attack .....
- 6. Frequency of fits .....
- 7. Nature of fits .....

Major

Minor

- 8. Does the patient have warning of an approaching attack? .....
- 9. Have there been any changes in the patient's personality and general capacity since he/she has had the fits? .....
- 10. Are there any emotional changes either before an attack or after? .....
- 11. Do fits occur?
  - 1. By day .....
  - 2. By night .....
  - 3. By day and night .....
- 12. What drugs are now taken and in what dosage? .....
- 13. Has there been any special examination—E.E.G., etc.? (If so, please give report)
- 14. General remarks as to suitability of patient to adopt a child, including Neurologist's opinion, if possible.

Signature ..... (In Caps. ....)

Qualifications .....

Address .....

Date .....



SCHEDULE 6—FORM 11

Regulation 8(c)

CONFIDENTIAL

Additional Information for a Prospective Adopter Applicant with a history of Tuberculosis—(including Non-Pulmonary form)

Name ..... Age .....

Address .....

- 1. Diagnosis .....
- 2. Date of Onset .....
- 3. Course and Duration .....
- 4. Treatment given, including any surgical treatment .....
- 5. Date of completion of chemotherapy .....
- 6. Date when considered quiescent or cured .....
- 7. History of relapse or recurrence' .....
- 8. Recent Sputum Culture Report (if any) .....
- 9. Residual physical signs (disability or complications) .....
- 10. Copy of Chest X-ray Report (with date), not earlier than 6 months previously .....
- 11. Copy of recent report from a Chest Clinic or Chest Physician including opinion as to suitability to adopt and the need for an adopted baby to have B.C.G./Vac. ....

Signature ..... (In Caps. ....)

Qualifications .....

Address .....

Date .....

## EXPLANATORY NOTE

*(This Note is not part of the Regulations but is intended to indicate their general purport.)*

These Regulations replace the Adoption Societies Regulations 1950. They prescribe requirements for the registration and operation of Adoption Societies and the medical and other information to be obtained and considered before an infant is placed with a view to adoption.