**PART 1**

|  |  |
| --- | --- |
| **Name of child** |  |
| **Date of birth** |  |

|  |
| --- |
| **Recent Photograph of Child**Insert photograph |
| **Date photograph taken:** |  |

|  |  |
| --- | --- |
| **Name of prospective adopter/s** |  |
| **Date/s of birth** |  |
| **Recent Photograph of Adopter/s**Insert photograph |
| **Date photograph taken:** |  |

**ADOPTION AGENCY DETAILS**

 **CHILD PROSPECTIVE ADOPTER/S**

|  |  |
| --- | --- |
| Name of agency | Name of agency |
| Address | Address |
| Telephone number | Telephone number |
| Name of social worker completing this form | Name of social worker completing this form |
| Telephone number  | Telephone number  |
| E-mail address | E-mail address |
| Is the social worker qualified under the Restriction on the Preparation of Reports Regulations 2005 to prepare this report?Yes/No *(delete as applicable)* | Is the social worker qualified under the Restriction on the Preparation of Reports Regulations 2005 to prepare this report?Yes/No *(delete as applicable)* |
| If no, identify below the person who is qualified and has supervised preparation of this report | If no, identify below the person who is qualified and has supervised the preparation of this report |
| Name | Name |
| Telephone number  | Telephone number  |
| E-mail address | E-mail address |
| Name of team manager  | Name of team manager  |
| Telephone number  | Telephone number  |
| E-mail address  | E-mail address  |

|  |
| --- |
| **Brief up to date profile of child** (This could be taken from the CPR or application to Register) To include description of child & their personality |
| **Date of Should be placed for Adoption decision by ADM** |
| **Date of Placement Order or Signed consent (please specify)** |
| **Date of Referral to Adoption Register:** |
| **Names of any sibling(s) to be placed with this child. (A separate APR should be used for each child**) |
| **Surname First names Date of birth** |
| **Brief Summary of Family Finding** (To be completed by the Social Worker responsible for Family Finding) Include where relevant details of in house family finding activity, links explored through local Consortia or VAAs, any advertising and attendance at Exchange Days or Adoption Activity Days. Give brief, non-identifying details of any potential families identified, action taken and outcome:**Timescales – Has the match been identified in line with scorecard indicator A2.[[1]](#footnote-1)) If not, explain reasons for delay.** |

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| **Brief up to date profile of prospective adopter/s** (This could be taken from the PAR or application to Register) **In addition include any changes in the prospective adopter’s circumstances, further work/ training completed by the prospective adopter since the original approval if not provided as an update to the PAR. This information may be used to evidence changes in originally stated preferences or to address panel or ADM advice given at the time of approval.**  |
| **Full names of child/ren** | **Date of Birth** |
|  |  |
| **Name and details of anyone else in the household including relationship to prospective adopter/s**  |
|  |
| **Details of any pets in the household** |
|  |
| **Date of Approval**: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Areas considered in Matching**  | **Description of child’s identified needs** | **Any current support being provided to meet this need?** | **Prospective Adopters’ potential to meet the child’s needs**  | **Are future support needs identified and included in the Adoption Support Plan?**  |
| **Health,** including mental health and disability |  |  |  | **YES/NO** |
| **Education** |  |  |  | **YES/NO** |
| **Emotional & Behavioural Development** |  |  |  | **YES/NO** |
| **Identity** including ethnicity[[2]](#footnote-2), religion, culture and language |  |  |  | **YES/NO** |
| **Family and Social relationships** |  |  |  | **YES/NO** |
| **Social Presentation,** inc interests and hobbies |  |  |  | **YES/NO** |
| **Self-care skills** |  |  |  | **YES/NO** |
| **Contact** |  |  |  | **YES/NO** |
| **Consideration of Child’s and Birth Parents views** |  |
| **Potential vulnerabilities / risks to placement e.g. geography and how these will be addressed** |  |
| **Any other information the agency considers relevant** |  |
| **Decision to proceed with match -** to include date of decision, who made the decision and if as a result of a meeting who was present. |  |
| **Agency Recommendation – strengths and reasons for proposing the match** |  |

**THE CHILD**

|  |
| --- |
| **HEALTH** (to include any special needs which a disabled child may have) |
| Support Needs of Child and Adopters | Services Identified to meet the needs | Name of Person/Agency Responsible for Providing the Service | Timescale for Delivery of Service | Planned Outcome and Review Arrangements |
|  |  |  |  |  |
| **EDUCATION** |
| Support Needs of Child and Adopters | Services to be Provided | Person/Agency Responsible | Frequency, Duration and Starting Date | Planned Outcome and Plans for Review |
|  |  |  |  |  |
| **EMOTIONAL AND BEHAVIOURAL DEVELOPMENT** |
| Support Needs of Child and Adopters | Services to be Provided | Person/Agency Responsible | Frequency, Duration and Starting Date | Planned Outcome and Plans for Review |
|  |  |  |  |  |
| **IDENTITY** |
| Support Needs of Child and Adopters | Services to be Provided | Person/Agency Responsible | Frequency, Duration and Starting Date | Planned Outcome and Plans for Review |
|  |  |  |  |  |
| **FAMILY AND SOCIAL RELATIONSHIPS** |
| Support Needs of Child and Adopters | Services to be Provided | Person/Agency Responsible | Frequency, Duration and Starting Date | Planned Outcome and Plans for Review |
|  |  |  |  |  |
| **SOCIAL PRESENTATION** |
| Support Needs of Child and Adopters | Services to be Provided | Person/Agency Responsible | Frequency, Duration and Starting Date | Planned Outcome and Plans for Review |
|  |  |  |  |  |
| **SELFCARE SKILLS** |
| Support Needs of Child and Adopters | Services to be Provided | Person/Agency Responsible | Frequency, Duration and Starting Date | Planned Outcome and Plans for Review |
|  |  |  |  |  |
| **CONTACT** (arrangements planned after placement) |
| Name of Person and Relationship to Child | Type of Contact (e.g. letterbox, face to face) | Frequency, Duration, Venue and Starting Date | Support to Contact – including travel costs, supervision | Purpose of this Contact |
|  |  |  |  |  |

**THE ADOPTIVE FAMILY**

Areas to include: point of contact for long-term advice and information, financial, practical, counselling, training and group meetings, newsletter and socials etc.If the support is financial, please state the purpose, how funding will be sourced and if already agreed by whom.

**CORE ADOPTION SERVICES**

|  |  |
| --- | --- |
| **Type and objective of service** | **Name of person and details of agency responsible for the providing the service** |
|  |  |
|  |  |
|  |  |
|  |  |

**THE BIRTH FAMILY**

Areas to include: point of contact for long-term advice and information, counselling, support in relation to contact – financial and/or practical, groups etc. If the support is financial, please state the purpose, how funding will be sourced and if already agreed by whom.

|  |  |
| --- | --- |
| **Type and objective of service** | **Name of person and details of agency responsible for the providing the service** |
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| --- | --- | --- | --- | --- |
|  **Issues to consider** | **Details** | **Delegated to adopters** | **Retained by local authority** | **Retained by birth parents** |
| **Health** |  |  |  |  |
| **Behaviour****Management** |  |  |  |  |
| **Education****& Day Care** |  |  |  |  |
| **Religion** |  |  |  |  |
| **Holidays & Social** |  |  |  |  |
| **Identity** |  |  |  |  |
| **Contact** |  |  |  |  |
| **Other issues** |  |  |  |  |

**Date completed / updated - ……………………………………………………………**

**PROSPECTIVE ADOPTERS VIEWS**

To be completed by the prospective adopters themselves or in conjunction with the Adoption Social Worker

**Why do you believe you can provide an adoptive home for this child. (You may talk about your experiences, circumstances, strengths and resources that are particularly relevant in relation to this proposed placement)**

**What are your views on the benefits of the agency’s proposed contact arrangements for the child and what do you see as the challenges? Would you be prepared to meet the birth parents if appropriate?**

**What particular challenges do you think you may face in the future and what support do you feel you will need? Please comment on the agency’s proposed adoption support plan and whether this will provide the necessary support?**

**Please comment on the Parental Responsibility you will acquire when the child is placed with you and any restrictions the agency are proposing to place on this?**

**Do you have all the information you need about the child? Is there any further information you would like?**

**Date:**

**SIGNATURES**

|  |  |
| --- | --- |
| **Child’s Social Worker** |  |
| **Signed** |  |
| **Date**  |  |

|  |  |
| --- | --- |
| **Team Manager** |  |
| **Signed** |  |
| **Date**  |  |

|  |  |
| --- | --- |
| **Adoption Social worker**  |  |
| **Signed** |  |
| **Date**  |  |

|  |  |
| --- | --- |
| **Adoption Team Manager** |  |
| **Signed** |  |
| **Date**  |  |

|  |  |
| --- | --- |
| **Service Manager** |  |
| **Signed** |  |
| **Date**  |  |

|  |  |
| --- | --- |
| **Prospective Adopter** |  |
| **Signed** |  |
| **Date**  |  |

|  |  |
| --- | --- |
| **Prospective Adopter** |  |
| **Signed** |  |
| **Date**  |  |

The BAAF Adoption Placement Report 2015 has been updated to include:

1. a matching matrix ( which can also be used as part of the family finding and matching process); 2) full details of family finding efforts; 3) the proposed provision of adoption support and 4) delegation of parental responsibility. The adoption support plan and PR checklist can also then be updated and used as part of the Adoption Placement Plan (APP) and Adoption Reviews held post placement;

Information for the matching matrix on the child and their needs can be sourced from the following sections of the Child Permanence Report (CPR) 2014 taking account of the Guidance Notes to the CPR. This information should be updated as needed for the APR.

CPR Section 9 – Descriptive and Evaluative Report on Child, Section 10 – Health, Section 11 – Education, Section 14 – Child’s Wishes and Feelings, Section 28 – Contact Section 30 & 31 – Birth Parents Views

**Chapter 4 of Adoption Statutory Guidance** looks at Matching and Proposing a Placement. Regulation 31 sets out the actions the adoption agency must take when it is considering placing a child with particular prospective adopters. This includes:

1. providing the prospective adopters with a copy of the Child’s Permanence Report and any other relevant information;
2. meeting with the prospective adopters to discuss the proposed placement; (NMS13.6)
3. ascertaining the views of the prospective adopters about the placement and any proposed contact arrangements; and
4. providing counselling and any further information to the prospective adopters.

**The Adoption Placement Report (APR) is specified in** **Regulation 31(2)(d);**

The APR must be given to the prospective adopter/s along with the date of the proposed placement being heard at the adoption panel. They should be invited to submit any observations they have on the report to the agency within 10 working days of the date of the notification. At the end of the 10 working days or earlier, the agency must send the following reports to the adoption panel:

1. the Adoption Placement Report (APR)
2. the Child’s Permanence Report (CPR)
3. the Prospective Adopter’s Report (PAR) and their observations.
4. Where there has been an annual review of the adopter’s approval prior to the match this information should also be included.

Checklist for the Adoption Placement Report

The Adoption Placement Report includes the following sections:

|  |  |
| --- | --- |
| Up-to-date photo of child and prospective adopters |  |
| Adoption agency details |  |
| Profile of Child |  |
| Report on Family Finding  |  |
| Profile of Adopters |  |
| Matching Grid ( can also be used for matching process) |  |
| Agency Recommendation  |  |
| Adoption Support Plan ( also for use with APP) |  |
| Parental Responsibility Checklist (also for use with APP) |  |
| Views of Prospective Adopter/s |  |
| Signatures |  |
| Notes and Guidance  | Guidance |

**MATCHING GRID**

This should be completed by the child’s Social Worker in conjunction with the Adoption Social Worker.

Section 12 of the CPR identifies the social worker’s analysis of the child’s needs and the implications for their future placement. The matching grid enables the social worker to explore the prospective adopter’s potential to meet the child’s identified needs and also where they may need support in some areas.

The areas for matching are linked to those identified in the support plan and are not set out in any order of preference / relevance as this will be different for each child.

Agencies should highlight the areas which were **key** in determining the most suitable match for this child. Where prospective adopters do not meet all aspects of the criteria attention should be paid to what support will then be offered and details about this provided in the support plan.

**ADOPTION SUPPORT PLAN**

This form should be completed by the child’s social worker in conjunction with the prospective adopter’s social worker.

The support needs of the child can be sourced from the **Matching Grid (APR).** If financial support is required e.g. for therapeutic work, please state the purpose, how funding will be sourced and if already agreed by whom.

This support plan will need to be updated for the Placement Plan with any advice from the Adoption Panel or ADM and at subsequent Reviews prioir to the Adoption Order being made.

**PARENTAL RESPONSIBILITY CHECKLIST**

When a child is placed for adoption the local authority can share parental responsibility with prospective adopters from the start of the placement. The extent to which parental responsibility can be exercised is at the discretion of the local authority and will be addressed at the following stages:

* The agency must consider the delegation of parental responsibility during planning for the placement, seeking the views of the prospective adopters, the child (if of sufficient age) and the birth parents and include this information in the **Adoption Placement Report**.
* The local authority must take account of any advice given by the panel and then consider this again in the adoption placement planning meeting and include details in the **Adoption Placement Plan**.
* The delegation of parental responsibility should then be kept under review by the Independent Reviewing Officer at each review held until the Adoption Order is made.

Once the adoption agency has authority to place a child for adoption, either with parental consent or with a placement order, it should be made clear to all parties what areas of parental responsibility they are able to exercise.

The agency should ensure that it has recorded any views expressed by the birth parents or guardian about the exercise of parental responsibility, particularly in respect of questions of the child’s religious upbringing or consent to serious or invasive forms of medical treatment. Birth parents should be informed in writing of how they may exercise their restricted parental responsibility until the child is placed for adoption and notified of any changes. For many birth parents this may mean that they are kept informed about certain key events until the child is adopted.

Statutory guidance suggests that there should be ‘a gradual ‘shift of power’ so that the prospective adopter comes to have a greater degree of autonomy as the placement progresses, and their confidence and parenting skills develops’.

The checklist below can be used to identify the areas where prospective adopters can exercise parental responsibility and will provide a written record of what has been agreed.

Agencies may also wish to add areas specific to their own policy or procedures. ACA 25 (3-4).

**Areas to Cover in PR form**

|  |
| --- |
| **Health** Register child with GP, dentist and opticianConsent for medical treatment including planned operations that require anaestheticDecisions in relation to any prophylactic treatment including immunisationsDecisions in relation to routine dental or optical treatmentDecisions in relation to Involvement in counselling or therapeutic servicesAgreement to school medical appointments and routine developmental checks |
| **Managing Behaviour**Agreement to provide appropriate strategies / interventions in line with Local Authority policy guidelines, NMS and legislation |
| **Education& Day Care** Choice and timing of child attending any type of pre-school/nursery provisionChoice of school and any subsequent decision to change schoolDecision re timing of start of new school, attendance at school – part-time/full time/phased introductionDecision in relation to year group that child should attendLiaison with school/attendance at parents meetings/receipt of school reportsDecision to appeal allocation of school placeDecision to appeal or advocate for the child re special education provisionAgreement to child taking part in out of school activities i.e. Educational trips/holidays with the school in the UKAgreement to child taking part in educational trips/holidays abroad. (over 28 days requires agreement from the court) |
| **Religion** Involvement of child in regular religious activitiesBaptism or confirmation of child in a particular faithCircumcision of child |
| **Holidays & Social**Application for passportAgreement to take child out of the country for more than 28 daysAgreement to take the child away for longer than a weekend for holidays/visits etc.Agreement to leave the child in care of another adult for more than 24 hours (no DBS) Agreement to leave child in care of another responsible adult (with DBS) on regular basis Agreement to child taking part in adventure activities that require parental consent |
| **Identity**Decision to change the child’ forenameDecision to change the child’s family name / surname before the adoption order |
| **Contact**Assist and promote agreed contact with birth familyChanging agreed contact arrangements with the birth family Making contact arrangements with previous foster carersOther – please specify |
| **Any other issues** |

1. A2: average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family. The target for the 2013 to 2016 average (as measured during the 3 years 2013 to 2016) is 4 months [↑](#footnote-ref-1)
2. Adoption Statutory Guidance 2014 – 3.4 – 3.9 sets out points to consider when placing a child in a family that does not reflect their ethnicity. [↑](#footnote-ref-2)