**PART 1**

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

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| **Recent photograph of child** | |
| **Date photograph taken** |  |

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| **Name of prospective adopter/s** |  |
| **Date/s of birth** |  |
| **Recent photograph of adopter/s** | |
| **Date photograph taken** |  |

**ADOPTION AGENCY DETAILS**

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| --- | --- |
| **CHILD** | **PROSPECTIVE ADOPTER/S** |
| Name of agency | Name of agency |
| Address | Address |
| Telephone | Telephone |
| Name of social worker completing this form | Name of social worker completing this form |
| Telephone | Telephone |
| Email | Email |
| Is the social worker qualified under the Restriction on the Preparation of Reports Regulations 2005 to prepare this report? | Is the social worker qualified under the Restriction on the Preparation of Reports Regulations 2005 to prepare this report? |
| 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  N/A | Name |
| Telephone | Telephone |
| Email | Email |
| Name of team manager | Name of team manager |
| Telephone | Telephone |
| Email | Email |

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| **Brief up to date profile of the child** (This could be taken from the CPR or CAR or application to register) To include description of the child and their personality |
| **Date of “Should be placed for adoption” decision by agency decision-maker**  Click here to enter a date. |
| **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**  N/A |
| **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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| **Full names of child/ren** | | **Date of birth** |
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| **Name and details of anyone else in the household, including relationship to prospective adopter/s** | | |
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| **Details of any pets in the household** | | |
|  | | |
| **Date of approval**: |  | |

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| **Areas considered in matching** | **Description of child’s identified needs** | **Any current support being provided to meet this need** | **Prospective adopter’s 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 and 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 this was as a result of a meeting, who was present. |  | | | |
| **Agency recommendation – strengths and reasons for proposing the match** |  | | | |

**THE CHILD**

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| **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 | | |
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| **EDUCATION** | | | | | | | | | | | | |
| Support needs of child and adopter/s | | Services to be provided | | | Person/agency responsible | | | Frequency, duration and starting date | | | Planned outcome and plans for review | |
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| **EMOTIONAL AND BEHAVIOURAL DEVELOPMENT** | | | | | | | | | | | | |
| Support needs of child and adopter/s | | Services to be provided | | | Person/agency responsible | | | Frequency, duration and starting date | | | Planned outcome and plans for review | |
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| **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 | |
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| **FAMILY AND SOCIAL RELATIONSHIPS** | | | | | | | | | | | | |
| Support needs of child and adopter/s | | Services to be provided | | | Person/agency responsible | | | Frequency, duration and starting date | | | Planned outcome and plans for review | |
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| **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 | |
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| **SELF-CARE SKILLS** | | | | | | | | | | | | |
| Support needs of child and adopter/s | | Services to be provided | | | Person/agency responsible | | | Frequency, duration and starting date | | | Planned outcome and plans for review | |
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| **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 |
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**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**

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| **Type and objective of service** | **Name of person and details of agency responsible for providing the service** |
| **Adoption East Midlands Adoption Support Service** – offers Adoption support needs assessments by a Social Worker, Therapeutic parenting information, training and guidance, Adoption Support Fund (funds specialist therapeutic services), adopted adults’ access to their adoption records and letterbox support. Groups for adoptive parents and adopted children and young people. | To contact a Duty Worker e-mail: [AdoptionD2Support@adoptioneastmidlands.nottscc.gov.uk](mailto:AdoptionD2Support@adoptioneastmidlands.nottscc.gov.uk) Tel: 0115 8044500 Adoption information portal: www.adoptioneastmidlands.org.uk/adopters |
| **Financial** |  |

**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.

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| **Type and objective of service** | **Name of person and details of agency responsible for providing the service** |
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| **Issues to consider** | **Details** | **Delegated to adopter/s** | **Retained by local authority** | **Retained by birth parents** |
| **Health** | Most aspects of routine health care delegated to adopters. Local authority needs to consent to general anaesthetics. Local Authority should be kept updated by the adopters of health issues, illnesses, appointments with health professionals, etc. |  |  |  |
| **Behaviour management** | Adopters will receive advice from social workers, the foster carer and involved professionals.  Corporal punishment of any description is not appropriate for a child who is placed for adoption. |  |  |  |
| **Education and day care** | In consultation with the Local Authority. |  |  |  |
| **Religion** | Routine attendance at places of worship will be the decision of the prospective adopters.  Decisions for the child to be initiated into a particular religion should be taken in consultation with the Local Authority**.** |  |  |  |
| **Holidays and social** | The Local Authority should be informed if the child is to stay away from home overnight, even if with the prospective adopters. |  |  |  |
| **Identity** | The prospective adopters accept the Local Authority’s policy that adopted children should not have their first names changed unless exceptional circumstances dictate this. |  |  |  |
| **Contact** | The Local Authority will set up letter box contact. The adopters should not allow the child to have any contact with birth family members without prior discussion and agreement with the social worker. |  |  |  |
| **Other issues** | None. |  |  |  |

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

**Parental Responsibility**

Under the Adoption Agency Regulations 2005, S32.3. the allocation of parental responsibility between birth parents, the adoption agency and the prospective adopters should be considered at the time of placement.

Adoption Panel should be able to make comments on each individual case presented. Any comment will appear in the minutes of panel.

Some birth parents may have agreed to transfer parental responsibility completely. Full parental responsibility will only be transferred to prospective adopters at the granting of the adoption order.

The prospective adopters will be given parental responsibility in the following areas:

1. Day-to-day care. Disciplines/sanctions can be administered by the prospective adopters but should be discussed with the children’s Social Worker. Corporal punishment of any description is not appropriate for a child who is placed for adoption.
2. Choosing a nursery, school and babysitters or child minders.
3. Consent to school and leisure activities e.g. swimming, clubs, holidays in the U.K.
4. Routine and emergency medical treatment, ie. taking the child to the GP for minor illnesses, dental checks, and minor treatments.
5. Attendance (or not) at a place of worship.

Nottinghamshire Local Authority will retain overall parental responsibility until a final Adoption Order is made in the following areas:

1. The Local Authority will retain overall parental responsibility for the child’s welfare.
2. Authorising overnight stays outside of the family home and holidays abroad.
3. Special needs planning.
4. Major or planned hospital treatment, including dental treatment.
5. Immunisations.
6. Invasive medical processes such as body piercing, tattoos etc.

The prospective adopters accept the Local Authority’s policy that adopted children should not have their first names changed. However, the Court *has* given permission for the child’s surname to be changed prior to the Adoption Order being made.

If an Adoption Order is granted full Parental Responsibility will pass to……………………and they understand an Adoption Order is an irrevocable order.

**PROSPECTIVE ADOPTER’S VIEWS**

To be completed by the prospective adopter/s 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** |  |

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| --- | --- |
| **Team manager** |  |
| **Signed** |  |
| **Date** |  |

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| **Adoption social worker** |  |
| **Signed** |  |
| **Date** |  |

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| **Adoption team manager** |  |
| **Signed** |  |
| **Date** |  |

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| --- | --- |
| **Prospective adopter** |  |
| **Signed** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Prospective adopter** |  |
| **Signed** |  |
| **Date** |  |



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 three years 2013 to 2016) is four 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)