**PART 1 – THE CHILD** (to be completed by the child’s social worker)

|  |  |
| --- | --- |
| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Recent Photograph of child:** | |
| **Date of Photograph:** |  |
| **Brief up to date profile of the child (to include a description of the child and their personality):** | |
|  | |
| **Date of ‘Should be placed for Adoption’ decision made by the LA ADM** |  |
| **Date of Placement Order or signed consent (please specify)** |  |
| **Details of any brothers or sisters to be placed with this child (separate APR should be completed for each child):** | |
| **Family Name First Name DOB** | |
| **Brief summary of family finding (include where relevant of ACE family finding activity and links explored, any profiling and attendance at exchange days and/or activity days, give brief non identifying details of any potential families considered:** | |
|  | |
| **Local Authority recommendation, reasons for proposing this match:** | |
|  | |

**PART 2 – THE ADOPTER(S)** (to be completed by the adoption social worker)

|  |  |
| --- | --- |
| **Name of prospective adopter(s):** |  |
| **Date(s) of birth:** |  |
| **Recent photograph of adopter(s):** | |
| **Date of photograph:** |  |
| **Brief up to date profile of prospective adopter(s)** | |
|  | |
| **Any changes in circumstances since approval or review; any further training undertaken by the prospective adopters(s); family finding activity; chronology of decisions in relation to this identified match (life appreciation day/pre-meets/etc)** | |
|  | |
| **Evidence to support change of original panel recommendation and/or advice:** | |
|  | |
| **Where a child has been placed under Fostering for Adoption, identify why this remains the best possible match for the child. Include a summary of the information obtained from the Agency’s visits and reviews of the placement.** | |
|  | |
| **Date of approval and last review (where relevant):** |  |

**PART 3 – THE AGENCIES**

|  |  |
| --- | --- |
| **CHILD** | **PROSPECTIVE ADOPTER/S** |
| Name of Local Authority: | Name of Adoption Agency:  Adoption Central England (ACE) |
| Address: | Address:  Adoption Central England  ACE East and Main Office  Saltisford Office Park  Ansell Way  Warwick CV34 4UL |
| Telephone: | Telephone:  0300 369 0556 |
| Name of social worker completing this form: | Name of social worker completing this form: |
| Telephone and email: | Telephone and email: |
| Is the social worker qualified under the Restriction on the Preparation of Reports Regulations 2005 to prepare this report?  YES/NO | Is the social worker qualified under the Restriction on the Preparation of Reports Regulations 2005 to prepare this report?  YES/NO |
| 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 and email: | Telephone and email: |
| Name of team manager: | Name of team manager: |
| Telephone and email: | Telephone and email: |

**PART 4 – MATCHING MATRIX and SUPPORT PLAN** (to be completed by both the child’s social worker and adoption social worker)

|  |
| --- |
| 1. **HEALTH**   (including any mental health needs and/or disabilities) |
| **Child’s identified needs:** |
|  |
| **Prospective adopters’ ability to meet the child’s needs, and where the child is already placed how the prospective adopters have already been meeting these needs:** |
|  |
| **Identified support needs for the child and the prospective adopters:** |
|  |
| **Current services in place and person responsible:** |
|  |
| **Future services identified to meet the needs and person responsible:** |
|  |
| **Anticipated timescales for service delivery:** |
|  |
| **Proposed outcomes and review arrangements (where relevant):** |
|  |

|  |
| --- |
| 1. **EDUCATION and LEARNING**   (including impact of family history, cognitive development and interests and hobbies) |
| **Child’s identified needs:** |
|  |
| **Prospective adopters’ ability to meet the child’s needs, and where the child is already placed how the prospective adopters have already been meeting these needs:** |
|  |
| **Identified support needs for the child and the prospective adopters:** |
|  |
| **Current services in place and person responsible:** |
|  |
| **Future services identified to meet the needs and person responsible:** |
|  |
| **Anticipated timescales for service delivery:** |
|  |
| **Proposed outcomes and review arrangements (where relevant):** |
|  |

|  |
| --- |
| 1. **EMOTIONAL AND BEHAVIOURAL**   (including self-care skills and social presentation where relevant) |
| **Child’s identified needs:** |
|  |
| **Prospective adopters’ ability to meet the child’s needs, and where the child is already placed how the prospective adopters have already been meeting these needs:** |
|  |
| **Identified support needs for the child and the prospective adopters:** |
|  |
| **Current services in place and person responsible:** |
|  |
| **Future services identified to meet the needs and person responsible:** |
|  |
| **Anticipated timescales for service delivery:** |
|  |
| **Proposed outcomes and review arrangements (where relevant):** |
|  |

|  |
| --- |
| **D) IDENTITY**  (including ethnicity, sense of self, religion, culture and language) |
| **Child’s identified needs:** |
|  |
| **Prospective adopters’ ability to meet the child’s needs, and where the child is already placed how the prospective adopters have already been meeting these needs:** |
|  |
| **Identified support needs for the child and the prospective adopters:** |
|  |
| **Current services in place and person responsible:** |
|  |
| **Future services identified to meet the needs and person responsible:** |
|  |
| **Anticipated timescales for service delivery:** |
|  |
| **Proposed outcomes and review arrangements (where relevant):** |
|  |

|  |
| --- |
| 1. **FAMILY and SOCIAL RELATIONSHIPS and CONTACT arrangements** (including appropriate friendships with peers and significant other and details on life story books, later life letters and proposed future contact arrangements) |
| **Child’s identified needs:** |
|  |
| **Prospective adopters’ ability to meet the child’s needs, and where the child is already placed how the prospective adopters have already been meeting these needs:** |
|  |
| **Identified support needs for the child and the prospective adopters:** |
|  |
| **Current services in place and person responsible:** |
|  |
| **Future services identified to meet the needs and person responsible:** |
|  |
| **Anticipated timescales for service delivery:** |
|  |
| **Proposed outcomes and review arrangements (where relevant):** |
|  |

|  |
| --- |
| 1. **POTENTIAL VULNERABILITIES** ie geographical location |
| **Child’s identified needs:** |
|  |
| **Prospective adopters’ ability to meet the child’s needs, and where the child is already placed how the prospective adopters have already been meeting these needs:** |
|  |
| **Identified support needs for the child and the prospective adopters:** |
|  |
| **Current services in place and person responsible:** |
|  |

|  |  |
| --- | --- |
| 1. **OTHER ADOPTION AGENCY SUPPORT** | |
| **Services available:** | **Person responsible including any actions required:** |
| ACE Newsletter |  |
| ACE mentoring scheme |  |
| ACE family events ie picnics and family fun days |  |
| ACE support groups including stay and play |  |
| ACE specific training (including NVR, Theraplay, PCAP, Therapeutic Parenting, Family and Friends, First Year of placement, Eat, Sleep and Play, Early days of placement) |  |
| ACE assessment of needs and access to ACE therapeutic support team ( via ASF funding) |  |

**Financial support from the Local Authority** (to be completed by the child’s social worker)

|  |  |  |
| --- | --- | --- |
| **Does the local authority agree to cover the following expenses:** | | |
| Travel costs during introductions | Yes/No | Details: |
| Accommodation costs during introductions | Yes/No | Details: |
| Equipment costs (e.g. a settling in grant) | Yes/No | Details: |
| Adoption application court fee | Yes/No | Details: |
| Any expenses incurred in relation to direct contact arrangements | Yes/No | Details: |
| Any expenses incurred in relation to therapeutic needs separate to those being met through the Adoption Support Fund where applicable | Yes/No | Details: |
| Any expenses incurred in relation to medical examinations | Yes/No | Details: |
| Any ongoing adoption allowance | Yes/No | Details: |
| Legal costs if prospective adopters are required to have legal representation | Yes/No | Details: |
| Any other identified need/cost e.g. payment for loss of earnings, payment towards a larger vehicle or property adaptation. | Yes/No | Details: |

**PART 5 – PARENTAL RESPONSBILITY AGREEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Issues to consider** | **Details** | **Delegated to adopter/s** | **Retained by local authority** | **Retained by birth parents** |
| **Health** | * Arrange for child to be registered with General Practitioner and dentist, which will trigger health visitor. * Consent for medical treatment including operations that require anaesthetic. * Decisions in relation to any routine medical treatment, optical and dental treatment. * Decisions in relation to any immunisations. * Decisions in relation to emergency medical treatment. * Decisions in relation to involvement in counselling, therapeutic or specialist services. * Agreement to school medical appointment. | ✓  ✓  ✓  ✓ | ✓  ✓  ✓ |  |
| **Behaviour management** | * Appropriate behaviour management strategies | ✓ |  |  |
| **Education and day care** | * Choice of child attending and type of pre-school / nursery provision. * Timing of child attending and type of pre-school / nursery provision. * Any subsequent decision to change school. * Decision re attendance at school – part time / full time / phased introduction. * Decision to appeal allocation of school place. * Decision in relation to year group that child should attend. * Plan for liaison with school / attendance at parents meetings / receipt of school reports. * Decision to appeal or advocate for the child in relation to any special education provision. * Agreement to child taking part in any out of school activities i.e. educational trips or holidays with the school (not abroad). | ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓ |  | If disputed LA will have over-riding decision.  If disputed LA will have over-riding decision.  After discussion with LA  Needs discussion with LA.  Copy of all reports should be sent to LA.  Involve LA with plans.  (See Holidays & Social) |
| **Religion** | * Involvement of child in regular religious activities. * Baptism or confirmation of child in particular faith. | ✓ | ✓ | Providing there is no stipulation by birth parents. |
| **Holidays and social** | * Application for passport. * Agreement to take child out of the country. * Need to inform social worker of plans to take the child away from the family home for longer than weekend for holidays / visits to relatives etc. * Agreement to child taking part in any adventure activities that require parental consent. * Leave child in care of another adult (DBS needed for regular childcare) | ✓  ✓  ✓ | ✓  ✓ | Must inform LA. |
| **Identity** | * Change of name. |  | ✓ |  |
| **Contact** | * Altering contact arrangements with birth family over and above those already agreed as part of adoption placement plan. * Maintains contact arrangements with previous foster carers. | ✓ | ✓ |  |
| **Other issues** | * Consent to ear or body piercing. |  | ✓ |  |

**NB**

Until an Adoption Order has been granted the Local Authority retain parental responsibility for this child and procedures relating to Looked After Children will be followed.

All procedures can be accessed via the relevant Local Authorities website or you can request a copy from your social worker.

**PART 6 – VIEWS** (to be completed by the child’s social worker and prospective adopters)

|  |  |
| --- | --- |
| **Consideration of the child’s views:** (to be completed by Child’s social worker) | |
|  | |
| **Consideration of the birth parents’ views: (including are the birth parents in agreement with the plan of adoption and have they been advised of the opportunity to meet with prospective adopters, where appropriate)** (to be completed by Child’s social worker) | |
|  | |
| **Have birth parents been referred to ACE’s birth family support service:** | YES/NO |
| **Have birth parents been referred to any other agency support to meet their needs ie Different Futures or universal services:** | YES/NO include details as relevant |
|  | |
| **Consideration of the adoptive parents’ views:** (to be completed by the prospective adopters) | |
| **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 relevant to this proposed placement):** | |
|  | |
| **What are your views on the agency’s proposed contact arrangements for the child, and what do you see as the challenges?** | |
|  | |
| **What particular challenges do you feel you may face in the future? Please comment on the agency’s proposed adoption support plan:** | |
|  | |
| **Do you understand and accept the level of parental responsibility you will acquire when the child is placed with you?** | YES/NO |
| **Do you feel you have all the information you need to help you parent this child? Is there any further information you feel that you need?** | YES/NO where No please add details |

**PART 7 – SIGNATURES**

|  |  |
| --- | --- |
| **Child’s social worker** |  |
| **Signed** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Children’s Team manager** |  |
| **Signed** |  |
| **Date** |  |

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

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

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

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