

**CONTACT PLAN**

**(To be completed and attached to Adoption Panel Matching Documentation)**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Types of contact to consider:** Face to face meeting with adopters, settling in letter, phone calls, video calls, email, social media e.g. WhatsApp, face to face contact, photos or video clips (viewed in the office or copies given), birthday and / or festival cards, presents or gifts (What is acceptable?), letters via Letterbox Exchange Scheme, other?

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| **Name:** | **Relationship to child:** |

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| --- | --- | --- | --- | --- |
| **Type of contact proposed.** | **Frequency & duration** | **Risks or issues associated with contact.****Who & how will this be managed?** | **Identified support needs** | **When will this be reviewed and by whom?** |
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| **Name:** | **Relationship to child:** |

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| **Name:** | **Relationship to child:** |

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| **Type of contact proposed.** | **Frequency & duration** | **Risks or issues associated with contact.****Who & how will this be managed?** | **Identified support needs** | **When will this be reviewed and by whom?** |
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The signatories below are agreeing to the above contact arrangements that have been assessed to be in the best interests of the child in supporting their identity and future wellbeing. This is not a legal contract and birth family members may challenge contact through the Courts where support can be accessed from Family Connexions. It is acknowledged that birth family members might not be in a position to maintain contact consistently and support is available to adopters to help them to manage the impact of this on their family.

Contact may change over time and this Agreement may be subject to review as required.

Adoption Central England (ACE) must be contacted if any changes to this agreement are required once the local authority has agreed the placement match.

**Date contact plan completed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name of person** | **Position** | **Signature** | **Date** |
| Child’s social worker |  |  |  |
| Local Authority team manager |  |  |  |
| Adoption social worker |  |  |  |
| ACE team manager |  |  |  |
| Adoptive parent |  |  |  |
| Adoptive parent |  |  |  |

**Arrangements and dates when the Contact Plan has or is to be discussed and agreed with the birth parents and/or others.**