



**Adoption
Central
England**

**Practice Guidance:
Adoption Placement Report
(APR)**



Guidance for completion of the Adoption Placement Report (APR) in respect of adoption matching

The Adoption Placement Report (APR) includes the following information:

Part 1 The Child

Part 2 The Adopters

Part 3 The Agencies

Part 4 Matching Matrix and Support Plan

Part 5 Parental Responsibility Agreement

Part 6 Views

Part 7 Signatures

The purpose of the Adoption Placement Report is to:

- enable the adoption panel and agency decision maker (ADM) to discharge their functions under the Adoption Agencies Regulations 2005 and subsequent amendments, in respect of the matching of a child with their proposed adoptive parents
- to provide the adopters with the adoption support plan for the child and to specifically identify what support is available to them as an adoptive family, as identified under Regulation 3 of the Adoption Agency Support Services Regulations 2005.

In writing the APR, it is important to remember these two different functions and purposes and potential audiences for the report. For the APR to fulfil these functions, it will need to be accurate, up to date, balanced, coherent and complete. The report combines facts about the child and the proposed adoptive family and why the match is recommended. It also contains evidence about the child's development and their current and future needs. The report will combine the work of the child's social worker and the adopter's social worker, contributing their experience, understanding and knowledge of the child, the adopters and each of their circumstances.

The accuracy of the APR is essential since it will not only form the basis on which decisions are made about whether the child should be matched for adoption, but will



also set out the needs and proposed support for the child and their adoptive parents, clearly identifying who will provide this support and when and how it can be accessed by the adoptive family.

Guidance Notes for completing the APR

PART 1 The child – to be completed by the child’s social worker

This section should include the full name and date of birth of the child.

The photograph of the child should be current (within 6 weeks of the matching panel date) and consideration should be given to the quality of the photograph to ensure that the photograph shows the child fully and where possible the child’s hair and body should be visible i.e. no hats or children in car seats. The child should also be the only person in this photograph. If appropriate more than one photo can be used to reflect the character and personality of the child.

The child’s profile should be reflective of the child’s personality and key characteristics. The physical description should complement the photograph of the child and should include any information not obvious in the photograph, for example, if the child is bigger or smaller than the average for his or her age and any striking characteristics or any birth marks.

The child’s personality should also be included. Given the subjective nature of this description, considerable care should be exercised in using words and phrases that are accurate and give a balanced and helpful picture of the child. The foster carer will often be the best placed to “bring the child to life”, but it will be important for the social worker to also draw on their own knowledge of the child as well as that of other relevant people, e.g. teachers, nursery workers, parents. It should be made clear where information/views about the child have come from and if there are differing perceptions of the child in different settings.

Describe the child’s interest in hobbies, music, sporting activities, etc. If she or he has aptitudes or talents, these should be noted. If there are significant things the child dislikes, these should also be noted. The social worker should include any clubs and/or activities that the child is either currently or has historically been involved in and how important in these continuing are for the child.

The date of the ADM best interest/SHOPA decision must be clearly recorded alongside the date of the placement order or signed consent for a relinquished child.



Where a child is being matched alongside their brothers and sisters, the siblings; details should be accurately recorded. A separate APR is required for each child and should be individual and reflect the needs of each child.

It is important that a clear representation of the child's family finding journey is reflected in the APR. This should detail the steps undertaken in identifying the right family for the child. Where a number of profiles and/or adopter assessments have been considered for a child, this must be detailed, and reasons provided for why families were ruled out and why the chosen family were felt to be the best match for the child. Where a child has been profiled internally on ACE's family finding portal or externally via Linkmaker the information should be detailed, including dates when the child's information was added to any portals.

If a child has been part of any activity days or exchange events this information should also be detailed, with any outcomes.

If only one family profile has been viewed then a clear reasoning and understanding of why this is felt to be the right match must be made, to avoid the possibility of the match being considered as it was the 'only option'.

Timescales for the children should be accurately recorded to determine:

- the time between the placement order being made and the matching being agreed.

The aim is for this time to be 4 months, where there is any delay this should be detailed.

There must be clear rationale and reasoning as to why the local authority have progressed the match for the child with the chosen adopters. The local authority may hold a Matching Meeting for this to be considered and reasons made, if this is the case the notes from this meeting should be included to clearly record the planning process and decision making. The Matching Meeting should include the reasons why the match is felt to be the right one and consider how the adopters are going to meet the needs of the child, including acceptance and understanding of their lived experiences and trauma.

If a Matching Meeting has not been held then the local authority need to ensure that the strengths of the match are identified and recorded, including how they believe the adopters will meet the child's individual needs and accept the child for who they are, having an understanding of their trauma and lived experiences.



PART 2 The Adopters – to be completed by the adopter’s social worker

This section should include the full names and dates of birth for each adopter.

The photograph should be recent (within 6 months) and should be a true representation of the adopter(s). Where possible the photo should not include hats, sunglasses or other ‘props’ that detract from seeing who is in the photograph. Where it is not obvious, who is in the photo should be identified to avoid any confusion.

The up to date profile of the adopters should provide a reflective presentation of who they are, their lifestyle, hobbies, activities, any information about other children/adults/pets in the household and most importantly their motivation to adopt and what qualities they bring to adoption.

Updates in respect of the adopters should be clearly recorded and be accurate, this should include:

- Any additional learning or training the adopters have undertaken, identifying what they have completed and their reflections and learning in respect of this.
- Any family finding activity, have the adopters attended any exchange events or activity days, have they explored their approval category and considered widening/reducing this due to any specific reasons, what are the adopter’s reflections on these events.
- Have there been any specific events and actions in relation to the match, have there been any pre meets, if so how were these, how did the adopters feel about them, did they enable them to gain a greater understanding of the child and their needs, and how they will parent. Have they met with foster carers, what have they been able to learn or get to know about the child which they will find useful moving forward if the match is progressed?
- Has there been a Child Appreciation Meeting, if so, what are the adopters’ reflections on this, what have they learnt about the child’s lived experiences and experiences of trauma, how may this information help inform their parenting moving forward?

Where there has been any change to the adopter’s approval, there should be clear evidence of why these decisions were made and how, considering all relevant factors. Has there been an annual review that has endorsed this change?

If the match is outside of the adopters approval, what evidence (including any training, learning or experience) is available to confirm that this is an appropriate match and how are the adopters able to demonstrate an ability to meet the needs of the child(ren).



For any Fostering for Adoption (FFA) placement it is essential that there is clear reasoning and explanation as to why the match is still believed to be the right match for the child. There should be evidence from observations and agency visits as to how the child's needs are both understood and are being met by the adopters. Where there have been any challenges these should be highlighted and explored with the adopters and the outcomes of these including what the adopters have learnt from the experience and what they will do differently for the child in the future. There should also be a summary of the child in care reviews and the views of the IRO in respect of how the placement has been progressing whilst an FFA placement.

The social workers must be able to demonstrate why this match is still the right match for the child and clearly articulate the reasons for this, considering the long term needs for the child and how the FFA carers have and will continue to meet these needs.

The date of the adopter's approval should be clearly recorded, including the dates of any subsequent annual reviews, where relevant.

PART 3 The Agencies – to be completed by the child's social worker and adoption social worker

For any placements within ACE the Adoption Agency details are:

Adoption Central England
Saltisford Office Park
Ansell Way
Warwick
CV34 4UL
Tel no: 0300 369 0556

For any interagency placements the Adopters Agency details must be completed in full.

The Restriction on the Preparation of Adoption Reports Regulations 2005 apply here. This means that the social worker **must** have at least three years' post-qualifying experience in child care social work, including direct experience of adoption work, or be supervised by a social worker who is employed by the local authority or adoption agency and has at least three years' post-qualifying experience in child care social work, including direct experience of adoption work.



The details and contact details of the social workers completing the APR and their respective line managers should be clearly identified in this section.

PART 4 Matching Matrix and Support Plan – to be completed by the child’s social worker and adopter’s social worker

The most important section of the APR is the Matching Matrix and subsequent Support Plan. Careful consideration must be made in respect of the child’s presenting needs, not just in the present but what the future is likely to hold for the child, based on what we know about their lived experiences and trauma, and therefore the support needs of the child and their adoptive parents.

The child’s needs will be considered across all areas of:

- Health (including any mental health needs and/or disabilities)
- Education and learning (including impact of family history, cognitive development and interests and hobbies)
- Emotional and behavioural (including self-care and social presentation)
- Identity (including ethnicity, sense of self, religion, culture and language)
- Family and social relationships and contact arrangements
- Potential vulnerabilities.

For each area of need each of the following must be considered.

Child’s identified needs:

It is important to ensure that the child’s needs are accurately reflected, taking into consideration the child’s lived experiences, developmental trauma and abuse. It is also important to consider any parental needs which may be relevant, especially in respect of health and education and learning, identifying if there are any needs that may be inherited or identifying where a child is at a greater risk of having a similar challenge to their parents.

The needs must be specific and individual to the child and their circumstances. Where appropriate it is important to hypothesise the child’s future needs, especially where a child is very young and therefore their needs are not yet fully determined or are uncertain. It is however possible to base judgement on what is known about their lived experiences and the use of research to identify what the potential needs for the child are i.e. where a child has been exposed to drugs and/or alcohol in utero and the potential risks to development and behaviour in the future.



Some examples are identified below:

Sam was born at University Hospital Coventry and Warwickshire, at 39 weeks of gestation, by normal delivery. Her birth weight was 3.380Kg. It has been noted in her adoption medical report, that birth mother had smoked cigarettes and cannabis whilst pregnant with Sam.

Reggie's birth mother has a diagnosis of Emotionally Unstable Personality Disorder, also known as Borderline Personality Disorder (BPD). She has a history of depression, self-harm and overdoses, which are common in people with a diagnosis of BPD. In view of this, there is an increased risk of Reggie developing mental health difficulties in his later years. There are diagnoses of diabetes, heart disease and asthma in both maternal and paternal birth family.

Aimee is now attending pre-school full time. Aimee is doing very well educationally and is where she needs to be. She is developing her social skills and is now learning the names of the other children in her class. It is felt that Aimee does view her pre-school as her safe place as they do not appear to have the same behaviours which are seen in placement with her carer. She is beginning to build friendships within her nursery and attends her friends' birthday parties.

When John first came into foster placement, he was not able to effectively regulate his emotions. He became tearful and irritable when tired, and when craving attention. This was not atypical of his age. Whilst more regulated he does still need a sensitive caregiver to support him. John presented with some attention needing behaviours, such as head banging and screaming when he needed comfort from his carer.

Sally attends nursery, where she interacts well with other children. Sally responds well to a routine, and so nursery agrees with her very well. She has also been exposed to older children, such as her foster carers own children, whom she gets along with and enjoys playing with. In a short time, Sally has also built a positive and trusting relationship with her foster carers, showing an ability to form positive relationships with adults.

Jayden is a White British/Black Caribbean, male, English is his first language. Jayden has 2 siblings, Ariaiah (half sibling) lives with her paternal grandmother, Jayden does not have an established relationship with Ariaiah. Mackenzie (half sibling) currently shares the same foster placement as Jayden, however his care plan is to be placed in a separate long term foster placement to allow his needs to be met.



Bella's first name is an important part of her identity, Sarah and Toby recognise this and have no plans to change her name, although for confidentiality purposes her family name will be changed once an adoption order is granted and she will be given Sarah and Toby's family name.

Isaac may potentially regress when he transitions into his new adoptive placement. Isaac is currently being allowed to regress to the age of approx. 18 months in his foster placement, there is potential that Isaac may regress beyond this once transitioned to his adoptive family.

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:

In order to demonstrate that the match is the right match for the child, the adopters must be able to identify how they will meet the child's identified needs, taking into consideration their own lived experiences, journey to adoption and learning through the adoption process. They must be able to demonstrate meeting not just their current needs but also any future needs that may arise. The adopters should be able to demonstrate an understanding and acceptance of who the child is, alongside their experiences and trauma, recognising how this trauma may manifest itself in behaviours.

Where a child has already been living with the adopters (under FFA or where foster carers are adopting a child in their care) it is essential that there is an accurate reflection of how the adopters have already been meeting the child's needs and how this will continue once the placement becomes an adoptive one.

The information should be specific and detailed and clearly identify the adopter's parenting capacity, where there are any potential shortfalls or gaps, there should be details included to confirm what the adopters have already undertaken and will undertake in the future to minimise any shortfalls.

Some examples are identified below:

We have discussed Arabella's in-utero experience and Claire and Emma understand the impact of stress during pregnancy and the impact this is likely to have had on Arabella. The ongoing stress and the parenting that she received will also have compounded any developmental trauma.



Nalini and Sanjeev have read information detailing birth mother's struggles with her mental health and whilst this will increase mental health vulnerability for Akeel, they are committed to supporting him therapeutically to understand his own emotions in order to regulate and use their parental support, which will be a protective factor in any future developing mental and emotional needs.

It is positive that Aimee is working within or is secure in all areas of her learning and that she has continued to make progress educationally and socially. Jenny and Tom will support all aspects of her learning and development, however initially their focus will be on building a positive and trusting relationship with Aimee. It is likely that she will regress in her development once she has moved to live with Jenny and Tom and their 'expectations' will be based around her emotional needs rather than her chronological age. Jenny and Tom understand that Aimee continues to seek out a familiar adult at nursery to help her to feel safe and secure and having this replicated (identified key worker) in a new setting will be important. Jenny and Tom have identified a primary school setting that they feel will meet Aimee's holistic needs and whilst she is due to start school in September, this transition could be delayed. Aimee will need to feel secure in her adoptive family and settled before she can start to form new relationships within an educational setting. Jenny and Tom will be guided by professionals, but they are in no rush for her to start school, and when she does, the transition should be gradual.

Leon is only 3 years of age and the impact of his early trauma on his cognitive functioning, will not be truly known until he starts to reach future developmental milestones. Paul and Mike will advocate for any support that he may need in school, whether this be academic or emotional or to support the development of social skills.

The current carers are not seeing the level of aggression that they first experienced when caring for Max, however another move is likely to trigger past behaviours and the adopters could experience similar behaviours. As a couple they feel strong enough to be able to support Max and one another and are accepting of any therapeutic support that can enable Max to feel secure and a sense of belonging in his new family.

Adele and Simon are 'mind-minded' and are thinking through Alfie's eyes and how scary this move will be for him. They have discussed ideas to prepare and support Alfie and have arranged his bedroom to be opposite their bedroom. His bed is placed where he can see their bedroom and bed when the doors are open, so when he wakes, he will be able to see them in the hope that this will reduce some anxiety for him. In preparation for his anxiety around food, they are reading and preparing for different parental strategies that are sensitive and nurturing.



Kate and Ian are committed to supporting Rosie to understand her journey before being placed with them for adoption. Using her life story book, later life letter and her own memories, they will talk to her about her birth family and why she could not remain in their care.

Anita and Basa wanted to be considered for children up to the age of 5 years, and therefore in preparation for an older child being placed with them, they have undertaken reading and research, spoken with their assessing social worker and their family.

The adopters have supported the children in their family including nieces and nephews and whilst this is different to parenting their own child and one who has experienced trauma, they feel as prepared as they can be to support Wayne and his needs now and in the future.

Identified support needs for the child and the prospective adopters:

The support that the child and adopters already need or are likely to need should be made clear, taking into consideration the child's specific needs and the adopter's abilities to meet these. Where support is identified, the following should be considered:

- What the need is?
- What support is needed for the child?
- What support is needed for the adopters?
- Who is going to provide or source the support?
- When is it going to be in place or how do the adopters access the support when they need it?

Some examples are identified below:

Sarah and Mike will register Reggie with their local GP and optician and continue to monitor his support needs. Reggie will have ongoing emotional support needs and in order to support him and Sarah and Mike in their reparenting, Theraplay work has been identified to be undertaken with Sarah and Mike in preparation for therapeutic support once Reggie is placed into their care.

Due to her young age, Evie has received some basic direct work. It is important that Evie is supported emotionally throughout the transition period and beyond in this area. Due to her age, she will be supported by the adopters, ensuring that she is offered a calm and nurturing home environment with lots of cuddles, touch, and familiar smells.



Aimee is mentally and physically stimulated within her current foster placement and nursery. This will need to continue when Aimee transitions to her new adoptive home. Jenny and Tom would like professional guidance from the local authority and ACE to help them to support Aimee's transition into primary school.

The adopters have continued to read material from their training post their approval and have remained in contact with adopters from their preparation training group. Tom and Alex have worked well with professionals in triangulating all information about Skylar to enable them to gain a full understanding of her needs. Their questioning and discussions with professionals have helped them to consider the support that this little girl will need, and they feel confident that they can support her needs now and in the future.

Angelika and Lukaz are as prepared as they can be at this stage and are expecting to be emotionally and physically exhausted by the demanding attachment needs of Anastasia. They have a robust support system in place and feel that their whole family is adopting, not only them as parents. Their families have signed up to ACE Friends and Family training in March and this will support them further to understand the needs of children who have experienced trauma.

All children adopted from care need their adoptive parents to have a clear understanding of the child's birth family background and the story of how that child came to be adopted. An adopted child will need their parents to be emotionally resilient enough to 'share' with him or her at a psychological level with the child's birth parents, i.e. able to be open, relaxed, not emotionally triggered but instead respectful and understanding towards the people who brought the child into the world.

Cobi's family and social relationships will be provided in the first instance by his adopter's family and support network. Peter and Jasmine's own family and social relationship needs are well met by their respective parents, siblings and extended family and friends, including Peter's best friend who has adopted two children.

Therapeutic support will be implemented. A therapeutic social worker will work with Jenny and Beth initially to deliver the PCAP programme in the early days of placement and then support will be tailored to the needs of the family. Funding for additional therapeutic support will also be available through the ASF.

Adopters have attended training where they have learnt Theraplay techniques and will continue to access resources through ACE to help them to develop their knowledge and embed their therapeutic skills.



Current services in place and person responsible:

Where the child and/or the adopters are currently receiving a support service, this should be identified and the details provided, including if this will continue following the child's move to their adoptive family and who is or will be responsible. If there are no current services in place, then this needs to be acknowledged and an explanation of why this is the case.

Some examples are detailed below:

Tom is registered at a GP and dentist local to his foster home, these will need to transfer to the local area when he has transitioned to his adoptive home.

Six-monthly LAC health reviews will take place until the making of the adoption order, these will be arranged by the child's social worker

Aimee is currently attending nursery; her adopters will look to identify a nursery provision once she is settled in their care.

Reggie's current foster carers received some support from a practitioner who is trained in therapeutic informed strategies and parenting. The foster carers have implemented this advice and have seen a decrease in Reggie's anxieties and an improvement in his behaviour.

Contact with birth parents has now ended following a 'wish you well' contact on the 12.6.20.

Jasmine's cultural and identity needs are being fully met whilst in her foster placement. She is placed with her half sibling Jaydon therefore her sense of identity is being promoted by her continuing her relationship with him. She also continues to have contact with her half-sibling Kyla once per week to maintain their relationship.

Future services identified to meet the needs and person responsible:

Looking towards the future or where current services need to be continued, it is important that it is made clear what services are available to the child and the adopters, including when this can be accessed and who is responsible for putting the support in place. The support can be from a range of different areas, including the adopter's own family, universal services, education and more specific services from an adoption agency or therapeutic provider.



Future support needs should again consider what is known about the child and their lived experiences and trauma, any uncertainty about their future needs and therefore should be proactive in identifying where the child and their parents can access support as and when they may need it. The support should not only consider the here and now.

Some examples are identified below:

Although Max does not have any current diagnosis of asthma, it is important to note that his birth mother smoked cigarettes during Max's pregnancy, therefore he is more prone to chest infections or asthma related difficulties. His adopters will need to monitor for this, and any needs can be met via his local GP.

Given Penny's anxieties and potential for regression, therapeutic support will be implemented through Theraplay, to help build those relationships early in placement between Penny and her adopters. Six sessions of Theraplay will be provided initially with further sessions as required after the progress has been reviewed.

Gavin and Kate will be supported by their adoption social worker to put into practice PACE-ful parenting techniques to support Jayden's emotional wellbeing. Should they need any further support and learning, they will be able to attend ACE's therapeutic parenting training, the next course is due to be run in November 2020, should they wish to access this.

Although no educational needs are identified at present for Aimee, Jenny and Tom are advised that:

- Adopted children have priority when parents are expressing preferences around their choice of school.*
- As previously a child in care, adopted children and their families are entitled to a service from the Virtual School and Virtual Head.*
- Adopted children also qualify for pupil premium, a grant claimed by the child's school to be used to support his or her attainment in education. Adoptive parents are encouraged to ask their child's school how this funding (currently £2300 p.a.) is used specifically to support that child.*

Sarah and Mike will be invited to any support groups and social events co-ordinated by ACE. Beyond this, there are no specific 'services' currently identified to meet Alfie's and his adopters social and family relationship needs.



Should Jenny and Tom consider that additional support and advocacy is required, they will seek support from the Virtual Head and or ACE's adoption support team. PAC-UK provides an Education Advice Line which is open each Wednesday and Thursday during school term times between 10am and 12pm.

A life story book and later life letter will enable Daisy's adopters to share her history with empathy to support her sense of self. These will be provided by Daisy's social worker. Tammy and Eric will be invited to any training and group support provided by ACE, particularly around:

- *Talking to your child about adoption*
- *Therapeutic life story work*
- *Managing letterbox contact*
- *Building self-esteem in their child.*

Anticipated timescales for service delivery:

Where support services are in place or proposed, clear timescales should be in place to determine how long support services will continue for and/or when the child or adopters can access support.

Some examples are detailed below:

Reggie's hospital appointments for physiotherapy to be transferred to the local hospital to the adopters once he has transitioned to their care. Six-monthly LAC health reviews until the making of the adoption order. All other health needs to be met in line with ages and stages of Reggie's development.

Aimee will start at the school selected for her by Jenny and Tom. There is opportunity for this to be deferred as Aimee would be due to start school in September 2020.

Life story book to be provided to the adopters by the second adoption review, to enable this to be viewed and any amendments made prior to the making of the Adoption Order. The later life letter to be provided by the final Adoption hearing.

To be monitored and discussed during home visits and LAC Reviews when Jack moves into his adoptive placement.

Theraplay sessions to start two weeks prior to transitions and to continue for 8 sessions at which point it will be reviewed by the social workers and any further



sessions that are needed put in place. Application to the ASF to fund the Theraplay to be made by the adoption social worker.

Settling in letter to be completed by Kate and Sarah and to be shared with birth parents no later than 8 weeks after Alfie has moved to their care. Letterbox contact will take place annually thereafter in April.

Proposed outcomes and review arrangements (where relevant):

The proposed outcomes for the child should be determined across all areas of need and where relevant any review arrangements identified, either through statutory reviews or through the review of therapeutic intervention.

Some examples are detailed below:

For Sally to continue to be healthy, both physically and emotionally. Sally's health will be reviewed at her statutory Adoption Reviews conducted within one month of placement and thereafter at 3 and then 6 monthly intervals until she is adopted.

Aimee is supported to attend, enjoy and achieve through education. The monitoring and review of this outcome will be the responsibility of Aimee's schools in partnership with her parents.

For Max to develop a secure attachment to Kate and Mike in which he can trust them to understand his emotional and behavioural needs and respond in an informed, attachment-aware and nurturing manner. For the adopters to feel equipped and confident to meet the additional needs of an adopted child, where that child has experienced neglect, trauma and loss.

Peter and Chris's support needs will be reviewed up until the adoption order is made. After this ACE's social worker 'check-in' contact will be made with Peter and Chris post order for the first year, thereafter, Peter and Chris are invited to contact ACE should they wish an assessment of need to be carried out.

Jaydon will grow up with an understanding of his heritage in a positive way that boosts his self-esteem. Jaydon will have an understanding of his birth family and will feel supported to retain a positive sense of self. Promoting post adoption contact with birth family allows adopted children to move on, as they have spent years recovering and repairing, and building their sense of self.



For Arabella to have letterbox contact with both birth parents once a year. For Arabella to have direct contact with her full sibling, Harry, as his care plan is also one of adoption. The frequency of this contact is yet to be determined.

For Reggie to maintain contact with his foster family as he has started to form positive relationships with them, and they were the first family who were able to protect Reggie and make him feel secure. This will be monitored, and should this cause any undue distress for Reggie, it will be reviewed and re-evaluated.

For Anastasia to develop family and social relationships at her own pace, having first learned to trust Sarah and Mike as her 'secure base'.

To be determined according to ongoing involvement with adopters and at statutory adoption reviews until the adoption order is made.

PART 5 Parental Responsibility Agreement – to be reviewed by the child's social worker

The Parental Responsibility Agreement within the APR is prepopulated for ease of completion, but this should be checked for accuracy by the child's social worker to specifically reflect the child's individual circumstance. Any necessary amendments should be made as required.

PART 6 Views - To be completed by the child's social worker and adoptive parents

Child's views (completed by child's social worker)

The social worker should outline the child's wishes and feelings in respect of their care plan of adoption for **ALL** children at the point of matching. This includes in respect of preverbal children where the social worker should within their analysis make comments on their observations of children, to reflect their wishes and feelings. A child who is of preschool age and above should have an age appropriate understanding of their care plan and should be encouraged to share their views on this. Information can be gathered from other sources such as foster carers and/or schools. The social worker should include an assessment of the child's level of understanding and give details of any direct work undertaken to obtain the child's views.

Birth Parents views (completed by child's social worker)

The social worker should also obtain the birth mothers/birth father's wishes and feelings in respect of the plan of adoption for the child and record these as detailed as



possible. This should include when the views were last obtained or where views are limited or not obtained there should be a clear explanation of what attempts have been made to obtain their views.

There should also be evidence of discussions held with birth parents in respect of having the opportunity to meet with the adopters for the child, addressing the benefits of this and how they would be supported in this process. Where there is a recommendation that a birth parent meeting does not take place, the reasons for this should be clearly documented and consideration of alternative methods of information exchange detailed.

All birth parents should be referred to the ACE Family Connexions - Birth Family Support Service. The local authority has a duty to provide counselling and support to birth parents affected by adoption and therefore a referral, if one has not been made already, should be made to Family Connexions at the point of matching.

Birth parents can be referred to Family Connexions through the completion of the referral form and sending this to familyconnexions@aceadoption.com

Adopters views (completed by adopters with support from their adoption social worker)

The adopters in their own words should share their views in respect of the 3 key areas, and state that they understand and accept the shared parental responsibility arrangements.

- 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 challenges do you feel you may face in the future? Please comment on the agency's proposed adoption support plan.

Where any gaps in information are identified by the adopters or additional questions asked the child's social worker and adoption social worker must ensure that these are addressed, and information provided prior to paperwork being submitted to adoption panel. Where this is not possible then the information should be made available at adoption panel and the social workers should be prepared to answer any questions



panel may pose in respect of any gaps in information that have been identified by the adopters.

PART 7 Signatures

It is important that the adopters have sight of and have the time to read and understand the APR and its contents prior to the paperwork being submitted to adoption panel. The adopters **MUST** sign the completed APR prior to paperwork being submitted to adoption panel to evidence their acceptance and understanding of the information contained within the APR. Where they identify any gaps in information within PART 6 this information must be provided to the adopters prior to adoption panel.

The APR must also be signed by the authors of the report and there must be evidence of appropriate management oversight of the APR from both the local authority and ACE prior to paperwork being submitted to adoption panel.

