Adoption Placement Report

Adoption Agencies Regulations 2005, Regulation 31

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| **Name of child**  |
| Surname |  | First Names |  |
| Date of Birth |  | Ethnicity |  |
| Client Number |  | Gender |  |
|  |  | Religion  |  |

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| --- | --- |
| **Legal timetable**  |  |
| Date of Agency Decision that placement order should be applied for: |  |
| Date Placement Order |  |

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| **Name of any Sibling to also be placed with this child** |
| Surname |  | First Names |  |
| Date of Birth |  | Ethnicity |  |
| Client Number |  | Religion |  |

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| **Name of Prospective Adopters** |
| Surname |  | First Name/s |  |
| Date of Birth |  | Ethnicity |  |
| Client Number |  | Gender  |  |
|  |  | Nationality |  |
|  |
| Surname |  | First Name/s |  |
| Date of Birth |  | Ethnicity |  |
| Client Number |  | Gender  |  |
|  |  | Nationality |  |

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| **Name of Child’s Social Worker**  |  |
| Telephone Number |  |
| E-mail address |  |
| *Is the Social worker qualified under the Restriction on the Preparation of Reports Regulations 2005 to prepare this report?* |  |
| If not identify the person who is qualified and supervised the preparation of this report  |
| Name |  |
| Date |  |
| Signature |  |

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| **Prospective Adoptive Family’s Social Worker Name** |  |
| Telephone |  |
|  |  |
| E-mail Address |  |
| Sections  |  |

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| **Family’s agency**  |  |
| Social Worker |  |
| Team Manager |  |
| Address |  |
| Telephone |  |
| E-mail Address |  |

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| **Adoption Manager Adoption Name** |  |
| Telephone |  |
| Email Address |  |

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| **Completion of Reports** | Please insert sections completed  |
| Child’s Social Worker  | Sections 1 (Child’s matrix), 3, 5 and 6 |
| Adoption Social Worker  | Sections 1 (Prospective Adopter’s capacity meeting needs of child) and 6  |
| Family Finder  | Family Finding process 3 |
| Prospective adopter(s) | Section 4  |

**Section 1**

**Child’s Placement Needs**

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| **Child's physical appearance** |
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| ***Physical description of prospective adopters.***  |
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| **Child’s ethnic, cultural, religious and linguistic needs**  |
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| ***Prospective adopter(s) ability to meet the child’s needs***  |
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| **Child’s Health**  |
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| ***Prospective adopter(s) understanding of child’s health needs and capacity to meet these now and in the future*** |
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| **Educational needs** |
|  |
| ***Prospective adopter(s) capacity to meet child’s educational needs***  |
|  |
| **Emotional and behavioural needs**  |
|  |
| ***Prospective adopter(s) understanding of child’s emotional and behavioural needs, now and in the future and capacity to meet these needs***  |
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| **Preparation work** |
|  |
| ***Prospective adopter(s) capacity to meet need*** |
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| **Identity**  |
|  |
| ***Prospective adopter(s) understanding of child’s identity needs and capacity to meet these needs now and in the future?***  |
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| **Family and Social relationships** |
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| ***Prospective adopter(s) capacity to meet needs*** |
|  |
| **Child’s attachment history and ability to form new attachments?**  |
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| ***Prospective adopter(s) understanding of the relevance of attachment and capacity to meet these needs?***  |
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| **Contact arrangements**  |
|  |
| ***Prospective adopter(s) understanding of contact arrangements and willingness to maintain links***  |
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| **Social presentation and personality of child**  |
|  |
| ***Personality of prospective adopter(s) and capacity to meet child’s needs*** |
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| **Self-care skills** |
|  |
| ***Prospective adopter(s) capacity to meet needs and encourage independent development of the child***  |
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| **Geographical considerations, environmental factors and accommodation** |
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| ***Prospective adopter(s) locality***  |
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| **Child’s views and expectations**  |
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| ***Prospective adopter(s) capacity***  |
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| **Views of foster carers** |
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| ***Prospective adopter(s) willingness to work with and maintain links with foster carers***  |
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| **View of birth parents**  |
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**Section 2**

Family Finding Process

This section will be shared with Adoption Panel only

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| **What family finding activities have been undertaken to identify a family for this child and why these prospective adopters.**  |
| *To include:* *Date family finding allocated* *When did family finding commence**What considerations were given to family finding**How many families were considered, why if any, were discounted* *Any external activities such as Exchange days, Activity days**Any specific considerations given i.e. siblings, contact, foster carers*  |
| **Reasons for identifying these prospective adopters as being able to meet the child’s needs as an adoptive placement.** |
| *To include: Summary of matching meeting, who was involved, and recommendations made. Consider Skills, capacity, support network, attitude to background of child, ability to promote contact and local services to meet the needs of the child.*  |

**Section 3**

Information Sharing

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| **Information Shared with Prospective adopters** |
| **Type of information** | **Date** |
| Child Permanence Report |  |
| Medical Report |  |
| Meeting with Child’s Social Worker/Family Finder |  |
| Consultation Agency Medical Advisor |  |
| Meeting with Foster carers |  |
| Education Provider |  |
| Other Medical Professionals (list) |  |
| CoramBAAF CR-C Carer’s report |  |
| Other |  |

**Section 4**

Views of prospective adopters on the proposed placement.

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| **Please note that this section of the document must be signed by the prospective adopters. It is important for the Adoption agency to have your full and frank views on the proposed placement. Please comment on the following*:***  |
| ***Why you believe you can provide an adoptive home for this child (you may wish to discuss your strengths, experiences, circumstances and any resources which are relevant and available to you 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?** |
|  |
| **Any additional comments by prospective adopter’s agency social worker/manager on the proposed placement.** |
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**Section 5**

Parental Responsibility Checklist

Checklist for extension of parental responsibility to prospective adopters.

Introduction

The Adoption and Children Act 2002 and the Adoption Agency Regulations 2005, 32.3 introduces the requirement for parental responsibility to be shared with prospective adopters post placement. The extent that such parental responsibility can be exercised is at the discretion of the Local Authority. It is a requirement that this be considered at an early stage prior to the plan for the placement of a child with specific adopters being presented to Panel. This must therefore be discussed and considered at the Adoption Placement Meeting and including with the Adoption Placement Report. Panel will comment on this aspect of the plan. It should be considered again as part of the Adoption Placement Plan and will be kept under review by Independent Reviewing Officers at each Review until the child is subject to an Adoption Order.

Birth parents should be notified once a child is made subject to a Placement Order as to how they may exercise their restricted parental responsibility until the child placed for adoption. This will be kept under review and birth parents 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. The checklist below provides and aide memoir for determining the areas where prospective adopters can exercise parental responsibility. This is not an exhaustive list.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Issues to consider**  | **Details** | **Delegated to prospective adopters** | **Retained by Local Authority**  | **Retained by birth parents**  |
| **Health**  | Consent for medical treatment including operations that require anesthetic |  | x |  |
| Register child with GP, dentist and optician | x |  |  |
| Decisions in relation to any prophylactic treatment including immunisations | x |  |  |
| Decisions in relation to routine dental or optical treatment | x |  |  |
| Agreement to school medical appointments and routine developmental checks | x |  |  |
| Decisions in relation to involvement in counselling or therapeutic services |  | x |  |
| Involvement in counselling or therapeutic service |  |  |  |
| **Education and Day Care**  | Choice and timing of child attending any type of pre-school/nursery provision |  | x |  |
| Choice of school/nursery and any subsequent decision to change school | x |  |  |
| Decision re attendance at school/nursery - part time/full time/phased introduction |  | x |  |
| Timing of start of new school/Nursery  |  | x |  |
| Decision in relation to year group that child should attend |  | x |  |
| Liaison with school/attendance at parents’ meetings/receipt of school reports | x |  |  |
| Decision to appeal allocation of school place | x |  |  |
| Decision to appeal or advocate for the child re special education provision |  | x |  |
| Agreement to child taking part in out of school activities i.e. Educational trips/holidays with the school in the UK | x |  |  |
| Agreement to child taking part in any out of school activities i.e. educational trips or holidays with the school outside of the UK |  | X  |  |
| **Religion** | Involvement of child in regular religious activities | x |  |  |
| Baptism or confirmation of child in a particular faith |  | x |  |
| Circumcision of child |  | x |  |
| **Holidays and Social**  | Application for a passport  |  | x |  |
|  | Agreement to take child out of the country for more than 28 days or to take the child away for longer than a weekend for holidays/visits etc |  | x |  |
| Agreement to child taking part in any adventure activities that require parental consent | x |  |  |
| Agreement to leave child in care of another responsible adult (with DBS) on regular basis | x |  |  |
| **Identity**  | Decision to change the child’s forename |  | x |  |
| Decision to change the child’s family name / surname before the adoption order |  | x |  |
| Decision to cause the child to be known as anything other than their given name (NB. consent required from birth parents or leave of court) |  | x |  |
| **Contact**  | Assist and promote agreed contact with birth family | x |  |  |
| Changing agreed contact arrangements with the birth family including the exchanges of photographs |  | x |  |
| Making contact arrangements with birth family over and above those already agreed as part of adoption placement plan |  | x |  |
| Making contact arrangements with previous foster carers | x |  |  |
| **Managing Behaviour** | Agreement to provide appropriate strategies / interventions in line with Local Authority policy guidelines and legislation | x |  |  |

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| **Parental Responsibility Checklist**  |
| *I/we are aware that Parental responsibility is shared with the Local Authority and birth parent until an Adoption Order has been granted.**I/we have been read the Parental Responsibility information and understand the restrictions of Parental Responsibility.* *I/we accept that we must adhere to the Parental Responsibility checklist whilst the child remains a Looked After Child.*  |
| **Print Name of Prospective Adopter** | **Signature of Prospective Adopter** | **Date**  |
|  |  |  |
|  |  |  |