Adoption Support Assessment

The referral (Part 1)

## Adopted child or children to whom the referral applies

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name | Family name | Date of Birth | Age | Gender | Ethnicity | Date placed | Date of Order | Placing agency | Agency  Ref no. |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Reason for referral (Brief summary of the primary issues) |
|  |

## Adoptive parent(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First name | Family name | Gender | Ethnicity |
| Adoptive parent 1 |  |  |  |  |
| Adoptive parent 2 |  |  |  |  |

## Other adults in the household

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | First name | Family name | Gender | Ethnicity | Legal status in the household |
| Adult 1 |  |  |  |  |  |
| Adult 2 |  |  |  |  |  |
| Adult 3 |  |  |  |  |  |

## Other children in the family/household

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | First name | Family name | Date of Birth | Age | Gender | Ethnicity | Legal status in the household |
| Child 1 |  |  |  |  |  |  |  |
| Child 2 |  |  |  |  |  |  |  |
| Child 3 |  |  |  |  |  |  |  |
| Child 4 |  |  |  |  |  |  |  |

## Family Address

|  |  |
| --- | --- |
| Address |  |
|  |  |
|  |  |
| Telephone numbers |  |
|  |  |
| Email |  |

## Social Workers’ Details

|  |  |
| --- | --- |
| Assessing Social Worker | |
| Name |  |
| Telephone number |  |
| Email |  |
| Social Work Manager | |
| Name |  |
| Telephone number |  |
| Email |  |

## Referral from:

|  |  |
| --- | --- |
| Family self-referral | |
| Name |  |
| Date of referral |  |
| (For contact details see page 3) |  |

|  |  |
| --- | --- |
| Agency or organisation referral | |
| Name |  |
| Role |  |
| Name of organisation |  |
| Address |  |
|  |  |
| Telephone number(s) |  |
| Email |  |
| Date of referral |  |
| Date family informed of referral |  |

Adoption Support Assessment

Determining eligibility for anAssessment (Part 2)

Is the LA responsible for undertaking an assessment?

* Has the child been placed and remains living within the LA’s geographical boundary?
* Has the child moved into the area more than 3 years after the Adoption Order was made?
* Has the child been placed within the LA by another authority and it is more than 3 years since the Adoption Order was made?

If ‘no’ to any of the above, advise the family of its ineligibility for an assessment and refer to the responsible LA.

If ‘yes’ to any of the above:

* Refer the family to a service, if the family’s need for support can be met by a particular adoption support service.
* Advise the family of its eligibility for an assessment for adoption support.

|  |  |
| --- | --- |
| Date family informed of ineligibility and referral made to responsible LA or |  |
| Date family referred to an adoption support service or |  |
| Date family informed of eligibility for an assessment |  |

Adoption Support Assessment

Planning the Assessment (Part 3)

|  |  |
| --- | --- |
| Who should be included? |  |
| Should the child be seen separately? |  |
| Who should lead the assessment? |  |
| Are there specific issues that should influence the way in which the assessment interview is conducted (e.g. a child’s disabilities)? |  |
| Where should the assessment be conducted? |  |
| How many meetings will be needed with family members during the assessment period? |  |

## Other agencies involved with the child:

|  |  |  |
| --- | --- | --- |
| Agency | Involvement | Permission obtained for information sharing |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Adoption Support Assessment

*The Assessment (Part 4)*

The assessment involves the gathering and analysis of key current and historical information for the formulation of an Adoption Support Plan. Consideration needs to be given to the following questions that are relevant to your assessment.

|  |
| --- |
| What does the child or young person say and feel about the issues raised in the referral? |
|  |
| What does the child or young person think is needed now? |
|  |
| What are the key factors in the child’s history? |
|  |
| What are the key factors in the family’s history? |
|  |
| What are the family’s strengths? |
|  |
| What/who are the family’s main sources of support? |
|  |
| What are the primary issues of concern? |
|  |

|  |
| --- |
| What areas of the child’s and family’s functioning are affected? |
|  |
| What might explain these issues? |
|  |
| What has already been tried to resolve these issues and how effective have these measures been? |
|  |
| What do the parents think is needed now and what is the desired outcome? |
|  |
| Does everyone agree? |
|  |

Adoption Support Assessment

*Formulation of the Adoption Support Plan and Recommendations (Part 5)*

## Assessment of Adoption Support Needs Report (ASSR 2005, Regulation 14(3)(b))

|  |  |  |
| --- | --- | --- |
| Analysis of key information | | |
|  | | |
| Recommendations | | |
|  | | |
| Social Worker Name | Signature | Date |
| ASSA | Signature | Date |

## If further assessment of need is required

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Date completed/decision made | |
| Identify issues that need further clarification. | |  | |
| Identify who should undertake the further assessment. | |  | |
| Will an application for funding be made to the Adoption Support Fund for this further assessment? | |  | |
| Social Worker Name | Signature | | Date |
| ASSA | Signature | | Date |

Adoption Support Assessment

*Notification of proposals and decisions (Part 6)*

## The Proposed Plan to provide Support (A&CA 2002 S4(S) and Regulation 17(2 and 3))

## Adopted child or children to whom the plan refers

|  |  |  |  |
| --- | --- | --- | --- |
| First name | Family name | Date of birth | Agency ref no |
|  |  |  |  |

## Support needs and services to meet them

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identified need | Service to meet  the need | Person responsible for delivering the service | Timescale for delivery | Planned outcome  of service |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Person nominated to monitor the provision of service (Regulation 16(4)) | | |
| Prepared by | Signature | Date completed |
| ASSA | Signature | Date approved |

|  |  |
| --- | --- |
| Do proposed ‘therapeutic’ services fall within the scope of the Adoption Support Fund? |  |
| If so, will an application be made to the fund? |  |

## Comments from adoptive parent(s) and child on the proposed plan (Regulation 17(5a))

|  |  |  |
| --- | --- | --- |
| Comments from adoptive parents(s) on the proposed plan | | |
|  | | |
| Name | Signature | Date |
| Comments from the child on the proposed plan | | |
|  | | |
| Name | Signature | Date |

## Notification of the Decision and agreed Plan to provide Support Services (A&CA 2002 S4(5) and Regulation 18(2))

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identified need | Service to be provided to meet  the need | Person responsible for delivering the service | Timescale for delivery | Planned outcome  of service |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Person nominated to monitor the provision of service (Regulation 16(4)) | | |
| Prepared by | Signature | Date completed |
| ASSA | Signature | Date approved |

|  |  |
| --- | --- |
| Do proposed ‘therapeutic’ services fall within the scope of the Adoption Support Fund? |  |
| If so, will an application be made to the fund? |  |