

ADOPTION PLACEMENT PLAN (Form APP)

ADOPTION AGENCIES REGULATIONS 2005, 35(2) AND SCHEDULE 5 (ENGLAND) ADOPTION AGENCIES (WALES) REGULATIONS 2005, 36(2) AND SCHEDULE 6 (WALES)

About this form

The CoramBAAF Form APP 2018 incorporates the interagency planning arrangements previously set out in Form H2. It has been updated with some additional points following feedback from agencies. It should be used alongside CoramBAAF Form APR (Adoption Placement Report) 2015 and where appropriate CoramBAAF Form IA (Interagency Agreement) 2018. It has been designed so that it can include information sourced from the Child's Permanence Report 2014 in England or the Child's Adoption Report 2015 in Wales, and the CoramBAAF Proforma for Adoption Support Assessment developed for use with the Adoption Support Fund. In Scotland and Northern Ireland it can also be used in conjunction with Form IA for inter-agency placements.

Notes for completing the Adoption Placement Plan

A child cannot be placed with prospective adopters until the placement has been authorised by formal parental consent (parental agreement if the child is under six weeks of age) or the granting of a placement order, and the prospective adopters notify the agency that they wish to proceed. **Regulation 35(3) (England) and 36(7) (Wales)**

Where an adoption agency has decided to place a child for adoption with a prospective adopter/s and has met with the prospective adopter/s to discuss this, the adoption agency must, as soon as possible, and before the placement, send the prospective adopter/s an **adoption placement plan**.

Placement planning is a critical part of the making of an adoption placement. Once the agency has made the decision that the placement should proceed, the social worker will need to meet with the adopter/s as soon as possible. A wide range of issues will need to be discussed and agreed and these are set out in **Regulation 35(2) (England) and 36(2) (Wales)**.

Careful consideration will need to be given to who is present at the meeting but this may include the child's social worker; the prospective adopter/s' social worker; the prospective adopter/s; the child's current carer; any relevant child specialist; the foster carer's social worker.

The **Adoption Support Plan** and the **Parental Responsibility Form** used in the **APR** should be included with the **APP** and updated if necessary. After the meeting, the agency is required, as soon as possible, to send the prospective adopter the **adoption placement plan**.

If the agency subsequently changes the adoption placement plan, the agency must notify the prospective adopter/s in writing.

NB. If a sibling group is to be placed together, a separate APP should be completed for each child.

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THIS PLAN CONCERNS THE PLACEMENT OF:

| | | | |
|----------------------|--|----------------------|--|
| Name of child | | Date of birth | |
| Legal status | | | |

| Names of sibling to be placed with this child | Date of birth |
|--|----------------------|
| | |
| | |

ADOPTION AGENCY DETAILS

| CHILD | PROSPECTIVE ADOPTER/S |
|-------------------------------|---|
| Name of agency | Name of agency |
| Address | Address |
| Telephone number | Telephone number |
| Name of child's social worker | Name of prospective adopter's social worker |
| Telephone number | Telephone number |
| Email address | Email address |
| Name of team manager | Name of team manager |
| Telephone number | Telephone number |
| Email address | Email address |
| Out of hours contact | Out of hours contact |

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| | |
|--|--|
| Name and address of current carer/s | |
| Name and address of prospective adopter/s | |

PLACEMENT PLANNING MEETING

| Date held | Attendees |
|-----------|-----------|
| | |

AGENCY PROCESS

| | |
|--|--------|
| The agency decision-maker approved the plan for this child on | (date) |
| The agency decision-maker approved the family as adopter(s) on | (date) |
| The agency decision-maker approved the plan for (name of child) to be placed with (name of adopter/s) on | (date) |

LEGAL STATUS/AUTHORISATION FOR PLACEMENT

Where the placement is being made following the making of a placement order:

| Date of care order | Date of placement order |
|--|-------------------------|
| | |
| Name of court | |
| Does the mother agree with the plan to place this child for adoption? | Yes/No |
| Is she likely to make any challenge to the placement proceeding? | Yes/No |
| Does the father agree with the plan to place this child for adoption? | Yes/No |
| Is he likely to make any challenge to the placement proceeding? | Yes/No |

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| | |
|--|---------------|
| Are there any other birth relatives who may challenge the placement proceeding? | Yes/No |
| Where a parent or birth relative is likely to challenge the adoption placement, set out below any action the relevant agency is proposing | |
| | |

Where the placement is being made with parental consent:

| | | |
|---|-----------------|-------------|
| Give details below of the process of obtaining consent and express views of the parent/s: | | |
| | | |
| Details of formal consent | | |
| The formal consent of the birth mother (s. 19) | Yes / No | Date |
| The formal consent of the birth father (s. 19) | Yes / No | Date |
| Is the birth mother's consent given in relation to these adopter/s? | Yes / No | Date |
| Is the birth father's consent given in relation to these adopter/s? | Yes / No | Date |
| Has the birth mother given consent in advance to adoption (s.20)? | Yes / No | Date |
| Has the birth father given consent in advance to adoption (s. 20)? | Yes / No | Date |
| What court proceedings are necessary and, if so, the likely timescales? | | |
| | | |
| Will the child's agency undertake to pay the adopter's legal costs where required? Yes/No/NA | | |
| | | |
| Please specify any expectations or conditions below | | |
| | | |

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| Key tasks | Person responsible | Telephone | Email |
|---|--------------------|-----------|-------|
| Prime responsibility for co-coordinating the introductions: | | | |
| Prime responsibility for supporting the adopter/s: | | | |
| Prime responsibility for supporting the child: | | | |
| Prime responsibility for supporting the birth family: | | | |
| Prime responsibility for convening further planning meetings and statutory reviews: | | | |
| Prime responsibility for assisting the prospective adopters in preparing and lodging their court application: | | | |
| Prime responsibility for the work with the children and prepare them for placement: | | | |
| Prime responsibility for working with the child's current carers: | | | |

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PROVIDE DETAILS OF ANY ACTIONS OR TIMESCALES FOR THE WORK IDENTIFIED WITH THE CHILD BELOW, AS APPROPRIATE:

| Work with the child | |
|--|------------|
| 1. Working on the child's feelings of loss and separation from their birth family and any concerns about their birth parents or family members' views on them moving to another family | |
| Actions | Timescales |
| 2. Preparing the child for separation from siblings, where this is the plan | |
| Actions | Timescales |
| 3. Identifying work needed to enable "goodbye" visits to birth parents and family members | |
| Actions | Timescales |
| 4. Identifying work needed in relation to the future plan for contact with birth parents or family members or any other significant people | |
| Actions | Timescales |
| Preparation for the move | |
| 1. Giving the child information about the adopter/s in a way they can understand, e.g. a "welcome book" with photos and other material prepared by the adopter/s | |
| Actions | Timescales |
| 2. Helping the child to ask any questions and express any feelings they may have about the proposed adopter/s | |
| Actions | Timescales |
| 3. Helping the child to express what they feel about leaving their current carers and what is important to them with them from their current placement | |
| Actions | Timescales |
| 4. Informing the child about the proposed timescales for introductions, visits, overnight stays and moving in | |
| Actions | Timescales |
| 5. Providing support to foster carers to prepare the child and manage the emotions for everyone involved in the transition and move. | |
| Actions | Timescales |

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Life story work

Arrangements for completing life story work and later life letter and timing for them to be passed to the prospective adopter/s

| Actions | Timescales |
|---------|------------|
|---------|------------|

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PROVIDE DETAILS OF ANY ACTIONS OR TIMESCALES FOR THE WORK IDENTIFIED WITH THE ADOPTER/S BELOW AS APPROPRIATE:

| Information gathering about the Child | |
|---|-------------------|
| <i>1. Planning visits to the children's current carers</i> | |
| <i>Actions</i> | <i>Timescales</i> |
| <i>2. Further actions or decisions in relation to the health or educational needs of children e.g. further health information needed, meeting with medical adviser or meeting with teachers</i> | |
| <i>Actions</i> | <i>Timescales</i> |
| <i>3. Understanding the plans that are being made for the children to say 'goodbye' to birth parents, siblings or birth family members</i> | |
| <i>Actions</i> | <i>Timescales</i> |
| <i>4. Any other actions agreed</i> | |
| <i>Actions</i> | <i>Timescales</i> |
| Planning for the Move | |
| <i>1. Answering any questions the adopter/s may have about the agreed placement</i> | |
| <i>Actions</i> | <i>Timescales</i> |
| <i>2. Planning visits or introductions with the child/ren</i> | |
| <i>Actions</i> | <i>Timescales</i> |
| <i>3. Discussing and agreeing the proposed timescales for introductions, overnight stays and moving</i> | |
| <i>Actions</i> | <i>Timescales</i> |
| <i>4. Plans for involving any children of the adopter/s in the introductions and subsequent placement and identifying specific work to be done with them</i> | |
| <i>Actions</i> | <i>Timescales</i> |
| <i>5. Identifying any plans for the prospective adopter/s to meet the birth parent/s and any other family members</i> | |
| <i>Actions</i> | <i>Timescales</i> |
| <i>6. Any other actions agreed</i> | |
| | |

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| Post-placement | |
|--|------------|
| 1. The agency has explained to the adopter(s) the importance for the birth family of receiving information should the child die during childhood or soon after | |
| Person responsible | Timescales |
| 2. The adopter(s) agree to inform the agency should this happen (National Minimum Standard 12.9) | |
| | Timescales |
| 3. The adopter(s) understand the significance of keeping the child for a times | |
| Actions | Timescales |

PLAN FOR INTRODUCTIONS, PLACEMENT AND REVIEW

Date introductions to start:

Date of midway review of introductions:

Planned date of placement:

Any participant can request further meetings at any time. The co-ordinator must be informed of any proposed changes to the introduction plan or to personnel. All parties undertake to keep each other informed at regular intervals of the progress of the placement and any work undertaken.

The programme of introductions is included on the following page.

Details of the arrangements for review of the placement until the adoption order is granted:

Name of Independent Reviewing Officer (IRO):

Address:

Telephone:

Email:

Proposed location of review:

Frequency of reviews:

Date of first review:

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PROGRAMME OF INTRODUCTIONS (repeat chart as needed)

Complete dates, times, details and purpose of visits/meetings.

| | | |
|--------------|--------------|--------------|
| Mon | Mon | Mon |
| Tues | Tues | Tues |
| Wed | Wed | Wed |
| Thurs | Thurs | Thurs |
| Fri | Fri | Fri |
| Sat | Sat | Sat |
| Sun | Sun | Sun |

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CONTACT ARRANGEMENTS FOR THE CHILD AND ARRANGEMENTS FOR REVIEW: AAR 46 (7)

**Has any order been made for contact under section 26 (England)/section 27 (Wales)?
Yes / No**

If yes, please give details of the date of the order, the court and what type of contact, e.g. direct/indirect, has been ordered and for whom:

Set out below the proposed future contact arrangements for birth family and other significant people, e.g. current carers.

| Name of person and relationship to child | Type of contact planned | Contact frequency, location and supervision arrangements |
|--|-------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Worker/s with responsibility for co-ordinating, monitoring, reviewing and, if necessary, amending contact arrangements

Name:

Designation:

Agency:

Have any relevant legal orders re: contact been given/contact agreements been completed? YES / NO

Give details:

What contact is planned between the birth family and prospective adopter/s?

What information about the adoptive family will be shared with birth relatives?

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WRITTEN INFORMATION PROVIDED TO THE PROSPECTIVE ADOPTER/S

It is essential that the new family has been/will be given the following information:

A. Background information

| Item | From whom | Format of information | Date received/ to be handed over |
|---|-----------|-----------------------|-------------------------------------|
| CPR/CAR/APR | | | |
| Adoption support plan/PR checklist | | | |
| Birth certificate | | | |
| Court orders | | | |
| Life story work | | | |
| Later life letter | | | |
| Medical history including any special needs | | | |
| NHS card/Red book | | | |
| CAMHS reports | | | |
| Current school progress/PEP | | | |
| Details of routine incl. foster carer's diary sheets | | | |
| Policy/Advice on management of behaviour | | | |
| GDPR privacy notice | | | |
| Child protection procedures | | | |
| NB. In the event of a disclosure by the child, it is essential that the carers been given a copy of the agency's child protection policy and procedures. | | | |
| Health and safety checklist of agency | | | |
| Other (e.g. passport) | | | |

Can child's file be made available to family's worker under AAR Reg 42.2 or AA(W)R Reg 43.2? **Yes /No**

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B. Educational details

| | |
|--|--|
| Name of current school | Name of new school |
| Address | Address |
| Telephone | Telephone |
| Email | Email |
| Date of current PEP | Date of next PEP |
| Education of Looked after Children Team | Educational psychologist/specialist |
| Address | Address |
| Telephone | Telephone |
| Email | Email |

| Who will be responsible for the necessary liaison, and ensuring that the new school has the appropriate information? | |
|---|--|
| Name | |
| Telephone | |
| Email | |

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C. Medical details

| | |
|-------------------------------|------------------------------|
| Name of current GP | Name of future GP |
| Address | Address |
| Telephone | Telephone |
| Email | Email |
| Current health visitor | Future health visitor |
| Address | Address |
| Telephone | Telephone |
| Email | Email |

Who will be responsible for the necessary liaison, and ensuring that the new GP/ consultants/ specialists have the appropriate information?

Name

Telephone

Email

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| Authority for medical treatment and any special needs | |
|--|--|
| Name | |
| Please enter details re: delegation of PR to allow for consent to treatment, or not. | |

| If authority to consent is not delegated to the prospective adopters, state who must give the necessary consent | | | |
|---|--|---------------------|--|
| Name | | Delegation | |
| Agency | | Address | |
| Telephone | | Emergency telephone | |

| If the child has special needs, give details of consultant/specialists involved | |
|---|--|
| Name | |
| Contact details | |
| Hospital/clinic | |

| If placement necessitates a change of Clinical Commissioning Group (CCG), has the necessary provision been made? | Yes / No |
|--|----------|
| Name of new consultant/specialist | |
| Contact details | |

| Child and medical health services | |
|-----------------------------------|--|
| State nature of involvement | |
| Contact name | |
| Telephone | |
| Email | |
| Address | |

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BEFORE THE AGENCY PLACES THE CHILD, THE AGENCY MUST SEND OUT THE FOLLOWING DOCUMENTATION:

| | Name and address of recipient | Date sent |
|---|-------------------------------|-----------|
| Written notification of the proposed placement, together with a report of the child's health history and current state of health to the prospective adopter's general practitioner | | |
| Written notification of the proposed placement to the local authority, if that authority is not the agency responsible for the plan | | |
| Written notification to the CCG for the area where the prospective adopter/s has their home | | |
| Where the child is of compulsory school age, written notification to the Local Education Authority (for the area where the prospective adopter/s has their home) of the proposed placement, and information about the child's educational history and whether the child has been or is likely to be assessed for special educational needs under the Education Act 1996 | | |
| Copy of Adoption Support Plan to local authority where adopter/s reside | | |

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SIGNATURES

| | |
|--------------------------------|--|
| Child's social worker | |
| Name | |
| Team manager | |
| Name | |
| Date | |
| Adoption social worker | |
| Name | |
| Team manager | |
| Name | |
| Date | |
| Fostering social worker | |
| Name | |
| Date | |
| Prospective adopter/s | |
| Name | |
| Date | |
| Foster carer/s | |
| Name | |
| Date | |