**REFERRAL FOR ADOPTION SUPPORT** Logo, company name

Description automatically generated

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| Date of Enquiry: | Click here to enter a date. | | |
| Parent(s) name: | Click here to enter text. | | |
| Referred by: | Click here to enter text. | | |
| Home address: | Click here to enter text. | | |
| Current Trust area: | Click or tap here to enter text. | | |
| Contact telephone: | Click here to enter text. | Email: | Click here to enter text. |

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| Family composition –  (Please include everybody who lives in your home)  Who lives in your home? | DOB | Date of placement | Date of Adoption order |
| Click or tap here to enter text. | Click or tap to enter a date. |  |  |
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At TESSA, we believe that we can have the greatest impact by supporting parents to understand their child’s needs and how best to meet them. We believe that therapeutic parenting will make the most difference for not just the child but the whole family. For this reason, we offer a range of short-term supports to parents to enable them to create and maintain stability for their child.

Supports for parents include:

* Training in therapeutic parenting
* Counselling
* Skills based training e.g. narrative coaching, filial therapy

We also offer short-term therapeutic support to children to help them make sense of their situation, to understand their feelings and behaviours, and to develop ways of coping better when things are difficult for them. We will usually offer support to the child after the parent has accessed support through TESSA.

Supports for children include:

* Art therapy
* Music therapy
* Equine therapy
* Other therapies may also be available

Training can also be provided to schools in relation to the impact of trauma and attachment issues of children who have been adopted.

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| Please tell us what challenges your family is facing at present and why you are seeking support now. Please give as much detail as you feel comfortable with as this will help us to understand your needs and therefore what is most likely to make a difference for your family. |
| Click or tap here to enter text. |

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| |  | | --- | | Please list what support or services you have received from your local Trust’s Post-Adoption Team and/or TESSA (if any) | | Click or tap here to enter text. | | Please list any training you have already undertaken e.g. therapeutic parenting, attachment, trauma | | Click or tap here to enter text. | | Please identify any therapy or support your child is currently receiving e.g. CAMHS, counselling. We will hold this information in the strictest confidence. This information is important as it may not be helpful for your child to be using more than one service at this time. | | Click or tap here to enter text. | |  | | Is there any other information you think is important to share with us in order for TESSA to best meet your family’s needs? (eg Contact issues, FASD, family changes such as bereavement) | | Click here to enter text. |   ***Upon completion of this form and attached Equality Monitoring Form please return both to*** [***info@tessani.org***](mailto:info@tessani.org) ***and we will be in touch.***  ***Should you wish to discuss your referral please don’t hesitate to contact us on 028 90 469211.*** |

**EQUALITY MONITORING FORM**

As part of the referral process, we ask that you complete and return this form, giving details for **everyone in your family** using TESSA services.

Please note that we will keep your information confidential and store it securely. No personal or identifying information will be included in any reports.

Your completion of this form will help us to provide a better service but if you choose not to it will not affect either your access to services or how we treat you.

Thank you.

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| **Ethnic Background** | |  | **Age** | |
| White | |  | 2 – 12 years |  |
| English/Scottish/Welsh/Northern Irish/ UK |  |  | 13 - 24 |  |
| Irish |  |  | 25 – 64 years |  |
| Gypsy or Irish Traveller |  |  | 65 + years |  |
| Any other white background |  |  |  |  |
|  |  |  | **Disability** | |
| Mixed/Multiple Ethnic Groups | |  | Disabled |  |
| Mixed Ethnic background |  |  | Not Disabled |  |
|  |  |  |  |  |
| Asian/Asian UK | |  | **Religion or belief** | |
| Indian |  |  | No religion |  |
| Pakistani |  |  | Christian |  |
| Bangladeshi |  |  | Buddhist |  |
| Chinese |  |  | Hindu |  |
| Any other Asian Background |  |  | Jewish |  |
|  |  |  | Muslim |  |
| Black/African/Caribbean/Black UK | |  | Sikh |  |
| African |  |  | Other religion |  |
| Caribbean |  |  |  |  |
| Any other Black/African/Caribbean |  |  | **Sexual Orientation** | |
|  |  |  | Heterosexual |  |
| Other ethnic group | |  | Lesbian, gay men or bisexual |  |
| Arab |  |  |  |  |
| Any other |  |  | **Gender** | |
|  |  |  | Male |  |
| **Community Background** | |  | Female |  |
| Protestant |  |  |  |  |
| Catholic |  |  |  |  |
| Other |  |  |  |  |

**Thank you for completing this form. The information provided will be used to help us to improve our services. It will be kept confidential and stored securely.**