REFERRAL FOR ADOPTION SUPPORT





Date of Enquiry:					
Parent(s) name:					
Referred by:					
Home address:					
Current Trust area:					
Contact telephone:			Email:		
Family composition Who lives in your hom	ie?	DOB		Date of placement	Date of Adoption order

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.

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.
Please list what support or services you have received from your local Trust's Post-Adoption Team (if any)
Please list any training you have already undertaken e.g. therapeutic parenting, attachment, trauma
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.
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)
Upon completion of this form and attached Equality Monitoring Form please return both to <u>info@tessani.org</u> 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

The TESSA project is funded by the National Lottery Community Fund and we are required to submit equality information in our annual return.

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 on the service required by the National Lottery Community Fund.

Thank you.

Ethnic Background	
White	
English/Scottish/Welsh/Northern Irish/ UK	
Irish	
Gypsy or Irish Traveller	
Any other white background	
Example	2
Mixed/Multiple Ethnic Groups	
Mixed Ethnic background	
Example	1
Asian/Asian UK	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian Background	
Example	0
Black/African/Caribbean/Black UK	
African	
Caribbean	
Any other Black/African/Caribbean	
Example	1
Other ethnic group	
Arab	
Any other	
Example	0
Community Background	
Protestant	
Catholic	
Other	

Age	
2 – 12 years	
13 - 24	
25 – 64 years	
65 + years	
Disability	
Disabled	
Not Disabled	
Religion or belief	
No religion	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Other religion	
Sexual Orientation	
Heterosexual	
Lesbian, gay men or bisexual	
Gender	
Male	
Female	

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.