

ADOPTION SUPPORT SERVICES ASSESSMENT

(ASSA)

Complete Practice Guidance for Social Workers

Statutory Framework, Procedures, and Legal Duties

Under the Adoption and Children Act 2002
and Adoption Support Services Regulations 2005

February 2026

Version 2.9 (CoramBAAF Integrated)

Contents

1. Executive Summary
2. The Legal Framework
3. What is an ASSA?
4. ASSA Process Flow Diagram
5. CoramBAAF Core Assessment Principles
6. Planning the Assessment
7. Conducting the Assessment (Regulation 14)
8. Mandatory Assessment Questions
9. Typical Areas of Identified Need and Support
10. Preparing the Plan (Regulation 16)
11. Service Coordination Diagram
12. Multi-Agency Duties
13. Decision Making: Section 4(4)
14. Regulation 17: The Family's Right
15. Panels: What You Need to Know
16. The CSDPA 1970: Mandatory Duties
17. Why There Is No Appeal Mechanism
18. The Presumption to Provide
19. Human Rights Considerations
20. Reviews of Adoption Support Services
21. Urgent Cases (Regulation 21)
22. Step-by-Step ASSA Process
23. Summary: Key Principles

Appendix A: Quick Reference Card

Appendix B: Full Statutory Text — ASSR 2005 Regulations 13-21

Appendix C: Key Case Law

Appendix D: Therapeutic Provision Options

Appendix E: Practitioner Compliance Checklist

Appendix F: Procedural Audit Tool

Appendix G: Training and CPD Guidance

Appendix H: Sample Completed Assessment

Appendix I: Regulation 16 Plan Template

Appendix J: Table of Statutory Parallels

1. Executive Summary

This guidance provides a complete framework for conducting Adoption Support Services Assessments (ASSAs) under the Adoption and Children Act 2002 and the Adoption Support Services Regulations 2005 (ASSR 2005).

The purpose of this document is to ensure all social workers understand their statutory duties and follow the correct legal framework when assessing and providing adoption support services.

CRITICAL: Legal Status of Regional Adoption Agencies

Regional Adoption Agencies (RAAs) are NOT separate legal entities. They are arrangements between local authorities. The statutory duties under ACA 2002 and ASSR 2005 remain with the local authority. When you work for an RAA, you are exercising LA functions and LA duties apply.

THE CORE PRINCIPLE

Assessment informs provision. Where assessment identifies that support is necessary, there is a strong presumption that support should be provided. Budget constraints alone cannot justify refusing to meet assessed statutory needs (Tandy). However, decisions about the scope and nature of services involve professional judgment within the statutory framework.

2. The Legal Framework

2.1 Primary Legislation

The statutory basis for adoption support is found in:

Legislation	Key Provisions
Adoption and Children Act 2002	Section 3: Duty to maintain adoption support services Section 4: Assessments and plans
Children Act 1989	Section 17: General duty to children in need
Children Act 2004	Section 10: Duty to co-operate Section 11: Duty to safeguard
Chronically Sick and Disabled Persons Act 1970	Section 2: Mandatory duty - 'shall be the duty'
Children and Families Act 2014	Section 42: EHCP duties (where applicable)
Human Rights Act 1998	Section 3: Interpretation of legislation Section 6: Acts of public authorities

2.2 The Adoption Support Services Regulations 2005

These regulations set out the detailed requirements for assessment and provision. Key regulations include:

Regulation	Requirement
Regulation 13	Who has the right to request an assessment
Regulation 14	How the assessment must be carried out
Regulation 15	Financial support assessment
Regulation 16	Preparation of the support plan
Regulation 16(4)	MANDATORY: Nominate person to monitor provision
Regulation 17	Notice of proposal - family's right to make representations
Regulation 18	Notice of decision - must include reasons
Regulation 19	Review of adoption support services
Regulation 21	Urgent cases - requirements may be disapplied

⚠️ IMPORTANT: Regulation 16(4)

The local authority **MUST** nominate a person to monitor the provision of adoption support services in accordance with the plan. This is a coordinator role - the family should **NOT** be left to case-manage their own services.

2.3 Key Case Law

Case	Principle
R v East Sussex CC ex p Tandy [1998] AC 714	Where statute imposes duty to meet assessed need, resources are NOT a lawful ground for refusal. Applied to CSDPA in R v Gloucestershire CC ex p Barry [1997] - principle directly applicable to disabled children's services.
R (G) v Barnet LBC [2003] UKHL 57	Duties to children in need are owed to individual children, not merely target duties.
R (CD) v Isle of Anglesey CC [2004]	Confirms Tandy applies to children's services under CSDPA.

2.3a Scope of the Tandy Principle

R v East Sussex CC ex p Tandy [1998] establishes that where statute imposes a duty to meet assessed need, resource constraints cannot justify failure to meet that duty. However, this principle applies in specific circumstances:

- Where the statute uses mandatory language (shall, must)
- Where the duty is to meet assessed need (not merely to have regard to it)
- Where necessity has been established through proper assessment

In the ASSA context, Tandy applies most strongly where:

- CSDPA s.2 is engaged (shall be the duty of the authority) - noting that Tandy has already been applied to CSDPA duties in R v Gloucestershire CC ex p Barry [1997] and subsequent cases confirming that where CSDPA necessity is established, resources cannot justify non-provision
- Assessment has identified services as necessary to meet need
- The sufficiency test demonstrates current provision is inadequate

⚠ WHAT TANDY DOES NOT MEAN

Tandy does not mean resources can never be considered in any context. Authorities may still prioritise between competing demands and make rational allocation decisions. However, where statute imposes a duty to meet assessed need, that duty must be discharged regardless of resource pressure.

2.4 Compatibility with Related Statutory Frameworks (NEW)

✓ STATUTORY COMPATIBILITY

Nothing in this guidance is inconsistent with existing statutory frameworks. The ASSA process is designed to integrate with and complement other legal duties, not to create parallel or conflicting obligations.

This guidance operates consistently with the following legislation and statutory guidance:

Legislation/Guidance	Relationship to ASSA	Integration Point
Children and Families Act 2014	ASSA should align with EHCP provision where applicable	ASSA Reg. 14(4) notification to LEA; coordinated planning
SEND Code of Practice 2015	Adopted children with SEND entitled to both EHCP and ASSA	Joint commissioning; designated teacher involvement
Chronically Sick and Disabled Persons Act 1970	CSDPA duties (short breaks, respite) delivered through ASSA plan	Reg. 16 plan to specify CSDPA services; mandatory provision
Care Act 2014	Transition to adult services from age 18	ASSA review to include transition planning from age 16
Children Act 1989 (s.17, s.24)	General duty to children in need; leaving care provisions	ASSA as mechanism for meeting s.17 duties for adopted children
Children Act 2004 (s.10, s.11)	Duty to cooperate; duty to safeguard	Multi-agency coordination through ASSA; Reg. 16(4) coordinator role
Working Together to Safeguard Children	Safeguarding duties apply throughout ASSA process	Safety planning integrated into ASSA; sibling safeguarding

Where a child is subject to multiple statutory frameworks (e.g., EHCP, CIN Plan, ASSA), the Reg. 16(4) coordinator should ensure coherent delivery across all plans.

3. What is an ASSA?

3.1 Definition

An Adoption Support Services Assessment (ASSA) is a statutory assessment under Section 4 of the Adoption and Children Act 2002, conducted in accordance with the Adoption Support Services Regulations 2005.

● ASSA IS NOT A FAMILY HELP ASSESSMENT

A Family Help Assessment (FHA) is a different assessment under different legislation with different purposes. Adopted children are entitled to an ASSA under the ACA 2002/ASSR 2005 framework. Do not substitute one for the other.

3.2 Purpose of ASSA

The Explanatory Notes to the ACA 2002 (paragraph 32) state that the assessment is intended:

- To provide a mechanism to assist adopted children and their families in accessing adoption support services
- To facilitate a planned and co-ordinated support package
- To link with other local authority functions and education/health services
- To help adoptions succeed

✓ THE FRAMEWORK IS DESIGNED TO PROVIDE SUPPORT

The purpose of ASSA is to facilitate support, not to gatekeep or deny it. The legislative intent is 'to help adoptions succeed' through 'a planned and co-ordinated support package.'

3.3 Who Can Request an ASSA?

Under Regulation 13, the following persons have the right to request and receive an assessment:

- Adoptive parents
- Adopted children
- Birth parents and former guardians
- Children of adoptive parents (birth children in the home)
- Natural siblings of adopted children
- Related persons as prescribed

3.4 Golden Triggers for Initiating ASSA

[i] NOTE: The timescales below are operational good practice recommendations based on safeguarding principles, not statutory deadlines. ASSR 2005 does not prescribe specific timescales for ASSA completion. These timescales represent what good practice requires to meet the urgency of the presenting situation.

The following table identifies key triggers that should prompt immediate consideration of an ASSA. These Golden Triggers represent situations where timely assessment is critical:

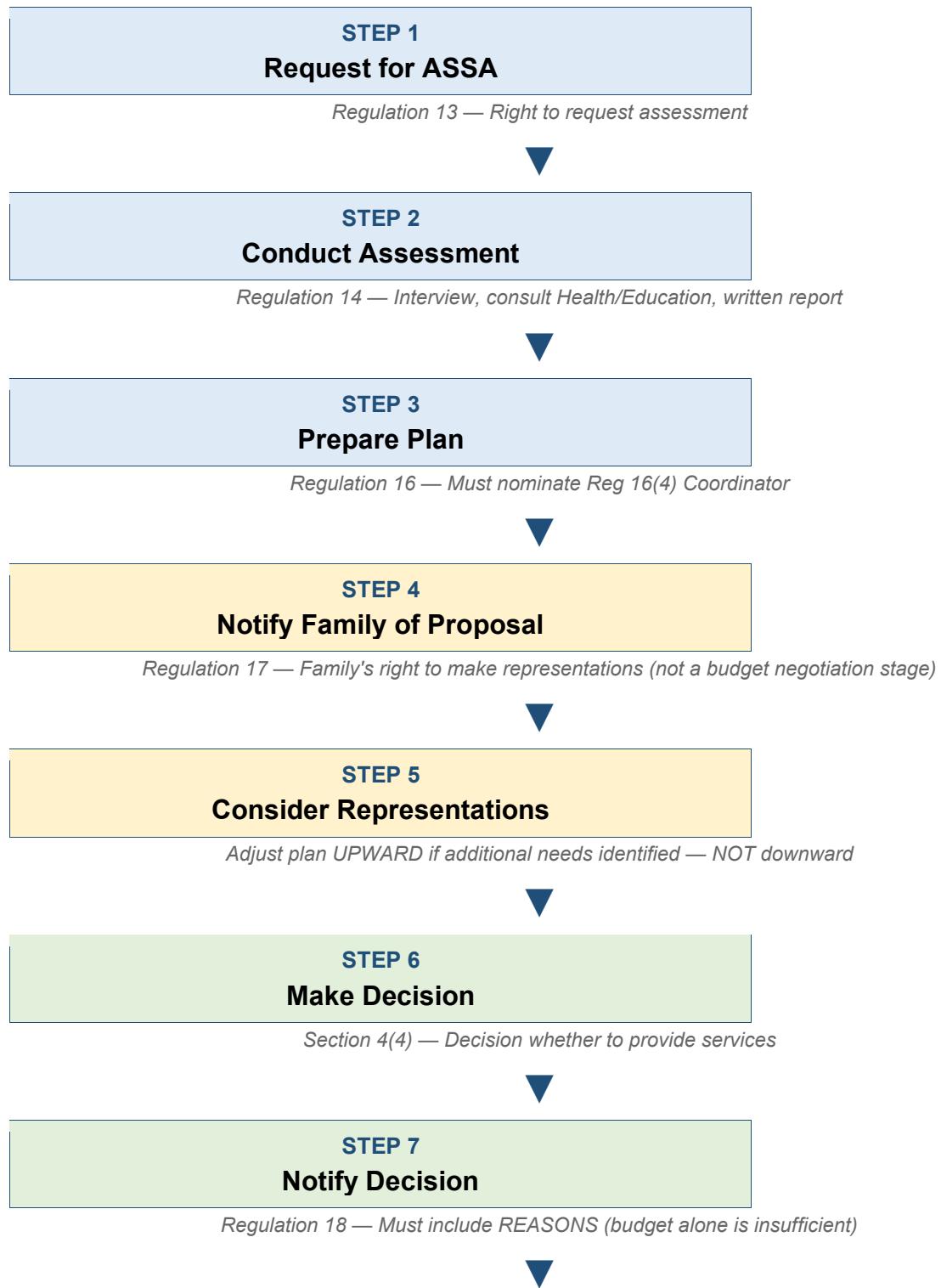
Trigger Event	Mandatory Response	Timescale
Hospitalisation or disability of primary carer	ASSA must be initiated	Within 10 working days
Adoption breakdown risk flagged in CIN/Core Group	Immediate ASSA	Urgent - same week
Formal complaint citing unmet adoption support needs	Review of need under Reg. 19	Within 15 working days
School exclusion (fixed term 5+ days or permanent)	ASSA if not already in place; review if existing	Within 10 working days
CAMHS referral indicating trauma/attachment needs	ASSA to coordinate therapeutic provision	Within 15 working days
Request from adoptive family (Reg. 13 right)	ASSA must be carried out	Acknowledge within 5 days; complete within 45 days
Child displaying harmful sexual behaviour	Immediate ASSA with safeguarding integration	Urgent - within 5 working days
Adoptive parent requests respite/short breaks	ASSA to assess CSDPA eligibility	Within 15 working days
EHCP Annual Review identifies unmet social care needs	ASSA or review to integrate provision	Within 20 working days of AR
Police involvement with adopted child (victim or perpetrator)	ASSA to assess underlying needs	Within 10 working days

PROACTIVE IDENTIFICATION

These Golden Triggers should be embedded in referral pathways, duty systems, and multi-agency protocols. Waiting for families to request an ASSA when these triggers are present represents a failure to discharge the authority's duties proactively.

4. ASSA Process Flow Diagram

The following diagram shows the complete ASSA process from request to provision:



STEP 8
Provide Services

Per Plan — Reg 16(4) Coordinator monitors ALL provision

⚠ KEY POINTS FROM THE FLOW

1. Assessment identifies needs (Reg 14).
2. Plan reflects assessed needs (Reg 16).
3. Family can make representations via Reg 17.
4. Authority decides whether to provide services (S.4(4)).
5. If declining, must give lawful reasons — budget alone is insufficient (Tandy).
6. Coordinator monitors provision (Reg 16(4)).

5. CoramBAAF Core Assessment Principles

Source: CoramBAAF "Example form for recording an assessment for adoption support" (Caroline Thomas, © CoramBAAF 2024)

CoramBAAF states: "The relationships that are developed with the child and family during the assessment process should be therapeutic. The process should be child-centred and involve active listening by professionals."

5.1 The Seven Core Principles

Assessments for adoption support must be:

- 1. Supportive and sensitive:** The process of being assessed can be stressful and demanding. Families may need information, reassurance, and practical help as they go through the process.
- 2. Non-blaming:** Adoptive parents should not be judged by, or pushed out of, the assessment. Assessors must recognise how hard it is to parent a child who is unhappy and/or challenging, and show care for parents as well as the child.
- 3. Engaging:** Assessments need to engage all family and household members, including children. Consider whether family members need to be seen together or separately.
- 4. Transparent:** The assessment process should be transparent. Be honest about services that are not available, thresholds, and professional uncertainties about what would help.
- 5. Adoption-informed:** All professionals must understand the particular issues adopted children and their families face relating to adoption and childhood maltreatment.
- 6. Sensitive to diversity:** Recognise particular issues faced by LGBTQ+ adoptive parents, and families with members from different ethnic and/or mixed ethnicity backgrounds.
- 7. Timely:** Delays in assessments have negative impacts on adoptive families, with difficulties escalating during waiting periods.

5.2 Information Sharing Principle

IMPORTANT

Children and their families should only have to provide information ONCE during the assessment process. Information should then be shared appropriately with other professionals involved. Families should not be asked to repeat information they have already provided.

6. Planning the Assessment

Source: CoramBAAF Chart 3 and Form Part 3

Before undertaking an assessment, there should be a plan. This is Stage 3 of the CoramBAAF framework and implements Regulation 14(2).

6.1 Planning Questions

The following must be determined before the assessment begins:

- Who from the family/household should be included in the assessment?
- Which other professionals/agencies should be involved (e.g. school, health)?
- Will the child be seen separately?
- Who should lead the assessment?
- Are there specific issues affecting how assessment is conducted (e.g. disabilities)?
- Where should the assessment be conducted?
- How many meetings are likely to be needed?
- Has consent for information sharing been obtained?

6.2 Other Agencies (CoramBAAF Form Part 3)

CoramBAAF Form Part 3 requires recording all professionals currently involved. For each, record: Name, Role, Organisation, whether Universal/LA-contracted/Private, Ofsted registration, services provided, length of provision, and whether they will be contacted for this assessment.

CRITICAL

Regulation 14(4): If at any time during the assessment it appears the person may need services from Health (ICB) or Education (LEA), the local authority MUST notify that body. The CoramBAAF form ensures you identify these agencies at the planning stage.

7. Conducting the Assessment (Regulation 14)

7.1 Requirements

When conducting an assessment, you MUST:

Requirement	Regulation Reference
Interview the person (and adoptive parents if child)	Reg 14(3)(a)
Consider needs of the whole adoptive family	Reg 14(2)
Have regard to prescribed matters	Reg 14(1)
Prepare a written report	Reg 14(3)(b)
Consult with Health (ICB)	Reg 14(4)
Consult with Education (LEA)	Reg 14(4)

7.2 What the Assessment Must Cover

The assessment must identify ALL needs, including:

- Therapeutic needs (trauma, attachment, mental health)
- Practical support needs (short breaks, respite, direct support hours)
- Financial support needs
- Educational support needs
- Health needs
- Disability-related needs (which trigger CSDPA duties)

CRITICAL: The CSDPA Connection

Many adopted children have EHCPs, indicating they meet disability criteria. If the child is disabled AND assessment establishes that CSDPA services are necessary to meet their needs, section 2 applies: 'it shall be the duty of that authority to make those arrangements.' Note: Having an EHCP does not automatically trigger CSDPA duties — the authority must be 'satisfied' that the specific services are 'necessary' to meet the child's needs.

8. Mandatory Assessment Questions (CoramBAAF)

Source: CoramBAAF Form Part 4

CoramBAAF specifies that the assessment should answer two overarching questions:

1. **What is the family's story?**
2. **What does the story come to mean to the family?**

8.1 Opening the Assessment

Begin with a review of the main concerns raised in the referral, exploring whether there have been any changes. Clarify which areas of family life are affected, exploring what, when, how much and for how long.

8.2 Core Questions

- What does the child/young person say and feel about the concerns?
- What does the child/young person think is needed now?
- What in the child's history may be relevant?
- What in the family's history may be relevant?
- What are the family's strengths?
- What/who are the family's main sources of support?
- What has already been tried and how effective was it?
- How openly does the family talk about adoption? Any contact arrangements?

8.3 MANDATORY Safety Questions

CRITICAL

Research suggests that information about family members' safety may not be volunteered during assessments, because of shame, guilt and stigma (Selwyn et al, 2014). CoramBAAF therefore recommends that ALL assessments include:

- **Are there concerns about the child/ren's safety?**
- **Are there concerns about the safety of the adult/s in the family and/or household?**

8.4 Outcome Questions

- What do the parent/s think is needed now and what are the desired outcomes?
- Does everyone agree?

8.5 Evidencing Necessity

Where services are identified as necessary, the assessment must clearly document the evidential basis for that conclusion. This protects both the family and the authority.

For each need identified as requiring provision, the assessment should set out:

- The specific need identified (what is the problem?)
- The impact on the child/family if unmet (what happens without support?)
- Why the proposed service is required to meet that need (why this intervention?)
- Why lesser provision would be insufficient (why this level/intensity?)

PROFESSIONAL EVIDENCE

Conclusions regarding necessity should be evidence-based and, where appropriate, supported by professional input (e.g. Educational Psychologist, Occupational Therapist, SALT, CAMHS, therapeutic specialists). Professional recommendations should be explicitly referenced in the assessment.

This evidential discipline makes it significantly harder to justify downscaling provision later, creates a strong record for Ombudsman or judicial review purposes, and demonstrates professional rigour.

8.6 Protecting Necessity Findings

● THE REAL BATTLEFIELD

The most common attempt to avoid provision is not to argue against the law, but to water down the assessment itself - avoiding the word necessary, framing needs as merely beneficial, and preventing the evidential triggers from being recorded. Practitioners must resist this pressure.

Once necessity is properly recorded in an assessment:

- CSDPA mandatory duty is triggered (for disabled children)
- Tandy principle constrains resource-based refusal
- Sufficiency test applies to quantum
- Grounds for lawful refusal become very limited

This is why assessments must use clear, professional language. Where a service is needed, say necessary. Where the impact of unmet need is serious, document that. Do not soften language to make panel approval easier - you may be creating an unlawful assessment.

✓ LANGUAGE THAT TRIGGERS PROTECTION

Use: necessary, required, essential, must have, without which [harm/impact]. Avoid: would be helpful, might benefit, could consider, desirable. The difference is not semantic - it determines which legal duties apply.

9. Typical Areas of Identified Need and Support

In line with Regulation 14 of the Adoption Support Services Regulations 2005, the assessment must consider the full range of needs experienced by adopted children and their families. This section provides a non-exhaustive list of areas that should routinely be considered during an ASSA, along with examples of supportive services.

9.1 Education, Health and Care Needs

Many adopted children are disabled within the meaning of the Children Act 1989 and the Equality Act 2010. Where this is the case, the ASSA should consider whether the child:

- Requires an Education, Health and Care Needs Assessment (EHCNA)
- Needs updated Educational Psychology assessments
- Has unmet speech and language therapy (SALT) needs
- Requires Occupational Therapy (OT) for sensory, motor, or functional needs
- Would benefit from physiotherapy, CAMHS or neurological assessment where trauma has had a neurodevelopmental impact
- Has been excluded, school-refused, or experienced educational failure requiring placement in specialist or therapeutic provision

9.2 Therapeutic Support

In many cases, therapeutic intervention is not a “nice to have” but a clinical necessity to secure attachment, regulate emotions, and reduce safeguarding risk. The following should be considered:

- Dyadic Developmental Psychotherapy (DDP)
- Theraplay and other attachment-based therapies
- EMDR or trauma-informed CBT
- Parent-child psychotherapy (including for adoptive parents and children together)
- Sibling support programmes or specialist family-based trauma work

9.3 Parenting Capacity and Carer Needs

Where adoptive parents are disabled (e.g. through illness or stroke) or under strain, the support plan should integrate practical assistance:

- Respite care / Short breaks (under CSDPA 1970)
- Direct payments to hire in-home support
- Parenting therapy or coaching
- Adoption-competent counselling
- Help with home adaptations, transport, or night waking

9.4 Sibling Dynamics and Safeguarding

Sibling aggression, violence or enmeshment is common in adoptive placements and should never be dismissed as typical rivalry. Plans must consider:

- Sibling risk assessments using appropriate safeguarding frameworks
- Family therapy or psychoeducation around sibling roles
- Separate provision or support packages for each child
- Ongoing monitoring of sibling interactions
- Emergency safety planning

9.5 Sibling Conflict and Intra-Family Risk

SIBLING SAFEGUARDING - CRITICAL PRINCIPLE

Where support for one sibling is essential to protect the welfare of another, this creates an enhanced duty to assess and provide services. Sibling-on-sibling harm must be treated with the same seriousness as any other safeguarding concern.

The following risk factors should be explicitly assessed and documented where multiple children are placed together:

Risk Factor	Indicators	Assessment Response
Trauma re-enactment	Child replicates abusive behaviours experienced in birth family; concerning play or interactions	Specialist trauma assessment; separate therapeutic work before sibling work
Sexual harm behaviours	Inappropriate sexual behaviour towards siblings; boundary violations	Immediate safety planning; AIM3 or equivalent assessment; possible separation

Physical violence	Repeated physical aggression; injuries to siblings; escalating severity	Risk assessment using HSB framework; safety plan; possible emergency respite
Coercive control	One child dominating, controlling or manipulating sibling; fear-based compliance	Family dynamics assessment; individual support for controlled child
Emotional abuse	Persistent belittling, rejection, or terrorising of sibling	Therapeutic assessment of attachment patterns; whole-family intervention
Differential attachment	Adoptive parents more attached to one child; scapegoating dynamics emerging	DDP or family therapy; parental support; possible separate placements if severe

⚠ WHEN SIBLING SEPARATION MUST BE CONSIDERED (SAFEGUARDING DUTY)

Where sibling-on-sibling harm is occurring and therapeutic intervention has not succeeded, the ASSA must consider whether the welfare of both children requires separate support packages or, in extreme cases, separate placements. The failure to protect a victimised sibling is itself a safeguarding failure.

Each child in a sibling group must have their needs assessed distinctly. A single support package may fail all children if it does not address the specific dynamics between them.

● SIBLING SAFEGUARDING

Where there are multiple children in an adoptive placement with complex needs, each child's needs must be assessed and supported distinctly. A single package approach may fail both children. The risk of harm to all children must be assessed using appropriate safeguarding frameworks.

9.6 Joined-Up Working

All assessments and services identified in the ASSA must be properly referred and integrated with:

- The EHCP process (if in place)
- Integrated Care Boards (CAMHS, SALT, OT)
- Children with Disabilities Team (for direct payments or short breaks)
- School (SENCO, DSL, Designated Teacher for Looked After Children)
- Voluntary sector support (adoption charities, peer groups)

⌚ DUTY TO CO-OPERATE

Under Section 10 of the Children Act 2004, local authorities must make arrangements to promote co-operation between agencies to improve outcomes for children. ASSA plans

should be delivered in accordance with this duty, not constrained by organisational boundaries.

10. Preparing the Plan (Regulation 16)

10.1 When a Plan is Required

Under Section 4(5) ACA 2002, where the local authority decides to provide adoption support services, and the services are to be provided on more than one occasion, the authority **MUST** prepare a plan.

10.2 Plan Requirements

The plan must specify:

- The services to be provided
- The objectives of the plan
- How services will meet identified needs
- Timescales for provision
- Review arrangements

9.3 Regulation 16(4): The Coordinator — **MANDATORY**

MANDATORY REQUIREMENT

Regulation 16(4): 'The local authority must nominate a person to monitor the provision of adoption support services in accordance with the plan.' This is not optional.

The nominated coordinator's role is to:

- Monitor that all services in the plan are being delivered
- Liaise with Health, Education, and Social Care providers
- Chase any gaps or failures in provision
- Report to the family on progress
- Arrange reviews

THE FAMILY'S ROLE

The family's role is to PARENT. They should not be left to case-manage multiple services. That is what the Reg 16(4) coordinator is for. Taking this burden off the family is central to helping adoptions succeed.

11. Service Coordination Diagram

The ASSA should coordinate services across Health, Education, and Social Care into ONE integrated package:

HEALTH NHS Provides	EDUCATION EHCP - Must Secure	SOCIAL CARE CSDPA - Shall Be Duty
<ul style="list-style-type: none"> • CAMHS • Speech & Language • Occupational Therapy • Paediatrics 	<ul style="list-style-type: none"> • School placement • 1:1 support • Therapies in school • Transport 	<ul style="list-style-type: none"> • Short breaks • Respite • Direct support hours • Financial support

▼ ▼ ▼

REG 16(4) COORDINATOR

Monitors ALL provision — Coordinates ALL services — Reports to family

▼

FAMILY

Family's job is to PARENT — not to case-manage services

INTEGRATION IS KEY

The purpose of the ASSA is to create ONE coordinated package. The family should not have to navigate multiple assessments, multiple panels, and multiple systems. The Reg 16(4) coordinator pulls it all together.

12. Multi-Agency Duties

11.1 Children Act 2004 — Duty to Co-operate

Section 10 of the Children Act 2004 imposes a duty on local authorities to make arrangements to promote co-operation between the authority and its relevant partners, with a view to improving the well-being of children.

Relevant partners include:

- Integrated Care Boards (Health)
- NHS Trusts
- Police
- Probation services
- Youth offending teams

11.2 Children Act 2004 — Duty to Safeguard

Section 11 requires that functions are discharged having regard to the need to safeguard and promote the welfare of children.

IMPLICATION FOR ASSA

Where an ASSA identifies needs that require input from Health or Education, those agencies have a duty to co-operate (s.10) and to safeguard the child's welfare (s.11). The ASSA plan can request and coordinate services from partner agencies. However, enforceability depends on each partner's own statutory scheme (e.g., CFA 2014 for EHCP health elements; NHS commissioning duties for health provision; LEA duties under SEND framework). ASSA creates coordination obligations, not direct commissioning power over other bodies.

11.3 Notification Duties

Under Regulation 14(4) ASSR 2005:

"If at any time during the assessment it appears to the local authority that the person may need services which fall to be provided by a local education authority or a Primary Care Trust, the local authority must notify that body." [Note: Primary Care Trusts are now Integrated Care Boards (ICBs) following the Health and Care Act 2022.]

12.4 Integrating Multi-Agency Input into ASSA (NEW)

CRITICAL PRINCIPLE

Adoption support does not sit in isolation - it must integrate with wider statutory frameworks. The ASSA should actively seek and incorporate assessments from all relevant agencies to build a complete picture of the child and family's needs.

The following multi-agency inputs should routinely be requested or considered as part of every ASSA:

Agency/Professional	Type of Input	When to Request
Educational Psychologist	Cognitive assessment; learning profile; recommendations for educational provision	Where child has EHCP, learning difficulties, school exclusion, or educational underachievement
Speech and Language Therapist (SALT)	Communication assessment; language disorder identification; therapy recommendations	Where child has communication difficulties, social communication needs, or developmental language disorder
Occupational Therapist (OT)	Sensory processing assessment; motor skills; daily living skills; equipment needs	Where child has sensory sensitivities, coordination difficulties, or functional impairments
CAMHS / Paediatric Psychology	Mental health assessment; trauma formulation; therapeutic recommendations	Where child has emotional/behavioural difficulties, trauma history, or attachment concerns
Paediatrician	Developmental assessment; FASD screening; neurodevelopmental conditions	Where child has suspected or diagnosed developmental conditions, prenatal exposure concerns
Designated Teacher (LAC/Previously LAC)	Educational progress; attachment-aware strategies; Pupil Premium Plus usage	For all adopted children in education - mandatory consultation
Virtual School Head	Strategic educational oversight; additional resources; specialist provision	Where educational placement is at risk or specialist provision may be needed

12.5 Statutory Duties to Notify

Under Regulation 14(4), where it appears during assessment that the person may have needs for services from Health (ICB) or Education (LEA), the local authority **MUST** notify that body. This creates a duty to cooperate, though the precise nature and enforceability of any response depends on the notified body's own statutory framework. The LA cannot directly commission NHS or education services through ASSA, but can and should escalate non-cooperation.

MULTI-AGENCY COORDINATION

The ASSA should serve as the coordination point for all support services. Where a child has an EHCP, the ASSA plan should align with and complement the EHCP provision, not duplicate or contradict it. Where Health services are indicated, the ASSA coordinator should liaise with ICB commissioners to ensure timely provision.

12.6 Escalation When Agencies Fail to Engage

The duty to cooperate under Section 10 Children Act 2004 does not guarantee that partner agencies will always respond promptly or provide the services needed. Where this occurs, escalation is required.

ESCALATION PATHWAY

Where notified agencies fail to engage or provide timely input or services, the Reg 16(4) coordinator should escalate through: (1) formal inter-agency dispute resolution procedures, (2) senior management channels, and (3) where necessary, safeguarding governance structures including the Local Safeguarding Children Partnership.

The coordinator should document all attempts to engage partner agencies and any failures to respond. This record may be relevant to complaints, Ombudsman referrals, or judicial review if the failure to cooperate results in unmet need.

Under Section 4(9) ACA 2002, if adoption support needs include health or education services, the LA must notify the relevant body. Those bodies must then inform the LA if they decide to provide services.

12.7 The Sufficiency Test

THE SUFFICIENCY TEST

When determining provision, practitioners and decision-makers should ask: Is the proposed package SUFFICIENT to meet the identified needs as assessed? If not, the provision is inadequate regardless of resource constraints.

This test mirrors how courts approach statutory duties. The question is not whether some provision has been made, but whether the provision made is sufficient to meet the assessed need. Token or inadequate provision does not discharge the duty.

13. Decision Making: Section 4(4)

13.1 The Statutory Position

Section 4(4) of the Adoption and Children Act 2002 states:

"Where, as a result of an assessment, a local authority decide that a person has needs for adoption support services, they must then decide whether to provide any such services to that person."

13.2 Understanding the Decision

Section 4(4) requires the authority to decide whether to provide "any such services". This is a decision about whether to provide services, followed by determination of the appropriate scope through the planning process under Section 4(5) and Regulation 16.

The Decision IS	The Decision IS NOT
Whether to provide services	How much to provide
Whether to provide any services	A sliding scale
Based on assessed need	Based on budget
Subject to Regulation 18 (reasons)	Arbitrary or unexplained

13.3 Exercising Discretion Under Section 4(4)

While Section 4(4) requires a decision whether to provide services, that discretion must be exercised rationally, in accordance with the assessment of need, and consistently with statutory duties.



SUFFICIENCY PRINCIPLE

Where an assessment identifies that particular services are necessary to meet needs, the authority must provide services sufficient in scope and intensity to meet those needs.

Authorities may not lawfully substitute a lesser level of provision unless a fresh professional assessment demonstrates that the reduced provision is sufficient to meet the identified need.

The correct legal question is not must the authority provide everything requested? but must the authority provide enough to meet assessed need? Where the answer to the latter question is yes, and the assessment identifies what is necessary, provision must follow.

13.4 If the Decision is YES

If the authority decides to provide services:

1. A plan MUST be prepared (Regulation 16)
2. The plan MUST reflect the assessed needs
3. A coordinator MUST be nominated (Regulation 16(4))
4. The person MUST be notified (Regulation 18)
5. Services MUST be provided in accordance with the plan

13.5 If the Decision is NO

● REGULATION 18: REASONS REQUIRED

If the authority decides NOT to provide services, Regulation 18 requires written notice including THE REASONS. You must be able to give a lawful reason for refusal.

13.6 What is NOT a Lawful Reason?

Reason	Why It Is Unlawful
Budget constraints	R v East Sussex ex p Tandy [1998]: resources not lawful ground
Panel decision based solely on budget	Panel cannot use budget alone to override assessed need (Tandy)
Need not established	Cannot contradict your own assessment
Not necessary	Cannot contradict your own assessment
Resource allocation	Budget by another name - Tandy applies

13.7 Potentially Lawful Reasons for Declining

While budget alone cannot justify declining services, there may be legitimate reasons not to provide particular services:

- Assessment concludes the need is not present or not established
- Services are already being provided by another agency (avoiding duplication)
- The family has declined consent for the proposed services
- Alternative, equally effective provision is available
- The requested service is not within the scope of adoption support services

Any reason given must be properly documented and explained to the family under Regulation 18.

⚠ THE TANDY PRINCIPLE

R v East Sussex County Council ex parte Tandy [1998] AC 714 (House of Lords): Where statute imposes a duty to meet assessed need, the local authority cannot refuse on grounds of resources alone. 'The assessed need must be met.'

14. Regulation 17: The Family's Right

14.1 Before Making a Decision

Regulation 17(1) states:

"Before making any decision under section 4(4) of the Act as to whether to provide adoption support services, the local authority must allow the person an opportunity to make representations in accordance with this regulation."

14.2 What This Means

REGULATION 17 IS THE FAMILY'S RIGHT

This regulation gives the FAMILY the right to make representations about the proposed plan. It is an opportunity for the family to identify any needs that may have been missed or to request adjustments to the proposed provision. The authority must consider these representations before making its final decision.

Regulation 17 IS	Regulation 17 IS NOT
The family's right	The authority's right
To request more/better	To negotiate down
To make representations	A mechanism for arbitrary reduction
Opportunity to identify additional needs	A budget negotiation process
Statutory procedural safeguard	A cost-cutting mechanism

14.3 The Process

6. Notify the family of the proposed decision and draft plan
7. Allow time for the family to make representations
8. Consider any representations made
9. Adjust the plan upward if representations identify additional needs
10. Make final decision
11. Notify under Regulation 18

14.4 Responding to Representations

Regulation 17 exists to ensure families have a meaningful opportunity to comment on proposed provision and to identify any unmet needs or inaccuracies in the assessment or draft plan.

OPEN-MINDED CONSIDERATION

Authorities should approach representations with an open mind, with a focus on ensuring that the final plan accurately reflects assessed needs and provides sufficient support to meet those needs. Representations may identify additional information, correct misunderstandings, or highlight needs that were not fully captured in the assessment.

Regulation 17 is not a cost-cutting mechanism. Any downward change following representations requires evidence-based reassessment of need, not panel pressure or budget negotiation. The family should be informed of the reasons for any changes. The family should be informed of the reasons for any changes made following their representations.

15. Panels: What You Need to Know

● UNDERSTANDING PANELS AND STATUTORY DUTIES

The ASSR 2005 does not prescribe how local authorities should organise decision-making. Local authorities may use panels for quality assurance, governance, and resource allocation. The key question is not whether panels exist, but whether their decisions comply with statutory duties. A panel cannot lawfully use budget alone to refuse services where statute imposes a duty to provide (Tandy). However, panels applying lawful criteria as part of proper decision-making processes are not inherently unlawful.

15.1 What ASSR 2005 Actually Says

The regulations provide for:

- Assessment (Regulation 14) - by the assessing social worker
- Plan (Regulation 16) - reflecting assessed needs
- Representations (Regulation 17) - family's right
- Decision (Section 4(4)) - with reasons required
- Notification (Regulation 18) - with reasons

Notice what is NOT mentioned: panels, resource allocation, quantum decisions, budget caps.

15.2 CoramBAAF Guidance on Panels

CoramBAAF guidance refers to plans being sent to 'ASSA or resource allocation panel' for 'QA and authorisation' (Regulation 6). This means:

Panel Role IS	Panel Role IS NOT
Quality assurance	Deciding quantum
Checking plan is complete	Reducing assessed hours
Authorising provision	Overriding professional assessment
Compliance check	Budget gatekeeping

● LEGAL RISK WARNING - FOR MANAGERS AND PANELS

Failure to provide services sufficient to meet assessed needs may expose the authority to: (1) successful complaints finding service failure, (2) Ombudsman findings of maladministration with recommendations for remedy, (3) judicial review for breach of statutory duty or irrationality, (4) damages under Human Rights Act 1998 where Article 8 rights are breached. The cost of defending such challenges, plus any remedy ordered, often exceeds the cost of providing the services in the first place.

15.3 If Your Authority Uses Panels

If your authority operates a panel system, understand that:

- The panel cannot override your professional assessment
- The panel cannot reduce quantum below assessed need

- Where statute imposes duty to meet assessed need, budget is not a lawful reason for reduction (Tandy)
- If the child is disabled, CSDPA applies - 'shall be the duty'
- Any reduction must comply with Regulation 18 - reasons required

⚠ YOUR PROFESSIONAL RESPONSIBILITY

Your assessment is a professional document. If a panel reduces provision below what you have assessed as needed, and this is based on budget rather than a reassessment of need, you should raise this concern through appropriate channels.

15.4 Panel Amendments to Assessed Provision

● PANEL AMENDMENT REQUIREMENTS

Where a panel proposes to amend provision identified in an assessment, this must be based on a documented professional reassessment of need. Panels may not reduce provision solely through governance or resource allocation processes without revisiting the underlying assessment and recording professional reasons for concluding that a lower level of provision is sufficient to meet identified needs.

This principle protects the integrity of professional assessment. A panel is entitled to ask questions, seek clarification, or request additional information. However, a panel cannot substitute its judgment for that of the assessing professional without a proper basis.

If a panel concludes that lesser provision would be sufficient, this conclusion must be:

- Based on professional reasoning, not resource availability
- Documented in writing with clear rationale
- Capable of being defended as a reassessment of need
- Communicated to the family with reasons under Regulation 18

A decision that simply says "approved at reduced level" without professional justification is vulnerable to challenge.

15.5 Panel Authority and Statutory Constraints

Panels may be the formal decision-making body exercising the Section 4(4) discretion on behalf of the authority. This guidance does not challenge that governance structure. However, panels remain bound by statutory duties and professional assessments.

✓ PANEL AUTHORITY - PROPERLY UNDERSTOOD

Panels may exercise decision-making authority delegated by the local authority. That authority includes the power to approve, question, seek clarification, or (with proper justification) amend proposed provision. It does not include the power to override statutory duties, disregard professional assessments without reassessment, or reduce provision on budget grounds alone.

The relationship between practitioner assessment and panel decision should be collaborative, not adversarial. Panels bring governance oversight; practitioners bring professional judgment. Neither can lawfully act in isolation from the other.

16. The CSDPA 1970: Mandatory Duties

16.1 When CSDPA Applies

The Chronically Sick and Disabled Persons Act 1970 applies to disabled children. A child is disabled if they have:

- An EHCP (a significant proportion of adopted children have EHCPs)
- A diagnosed disability (ASD, ADHD, FASD, learning disability, etc.)
- A physical or mental impairment with substantial long-term effect

16.2 The Mandatory Duty

Section 2 of CSDPA 1970 states:

"Where a local authority... are satisfied that it is necessary in order to meet the needs of that person... it SHALL BE THE DUTY of that authority to make those arrangements."

● NO DISCRETION ON WHETHER TO PROVIDE (ONCE NECESSITY ESTABLISHED)

Note the language: 'SHALL BE THE DUTY.' Once the authority is 'satisfied' that services are 'necessary' to meet the child's needs, provision becomes mandatory. The key professional judgment is whether services are necessary — once that threshold is crossed, provision must follow.

16.3 Integration with ASSA

For adopted disabled children, CSDPA services should be delivered through the ASSA plan:

12. ASSA identifies ALL needs (including disability-related)
13. Plan specifies ALL provision (including CSDPA services)
14. Reg 16(4) coordinator monitors ALL services
15. ONE integrated package - not fragmented assessments

✓ THE DOUBLE LOCK

For adopted disabled children, BOTH frameworks may apply: ASSA (ACA 2002) AND CSDPA (1970). Where the authority is satisfied that CSDPA services are necessary to meet the child's needs, those services must be provided — there is no discretion once necessity is established. The two frameworks can reinforce each other.

17. Why There Is No Appeal Mechanism

17.1 Understanding the Framework

You may have noticed that, unlike EHCPs (which have SENDIST), there is no tribunal for adoption support decisions. This is not an oversight — it reflects the design of the framework.

17.2 The Logic

EHCP Framework	ASSA Framework
Assessment identifies need	Assessment identifies need
Plan specifies provision	Plan specifies provision
LA 'must secure' provision	CSDPA: 'shall be the duty'
If LA refuses → SENDIST appeal	Why would LA refuse?
Tribunal exists because disputes expected	No specialist tribunal; disputes resolved through lawful assessment, reasons, complaints, Ombudsman and JR

17.3 Remedies and Redress

The absence of a specialist tribunal (unlike SENDIST for EHCPs) reflects the frameworks design, which places primary emphasis on accurate professional assessment, lawful decision-making, and administrative remedies where duties are not met.

Where a family believes that the authority has not met its statutory duties, the available remedies include:

- Local authority complaints procedure (statutory process with independent investigation at Stage 2)
- Local Government and Social Care Ombudsman (can find maladministration and recommend remedy)
- Judicial review (for unlawful decisions, irrationality, or breach of statutory duty)
- Human Rights Act claims (where Article 8 or other Convention rights are engaged)

The strong presumption in favour of meeting assessed need, combined with the Tandy principle and (for disabled children) the mandatory CSDPA duty, means that grounds for lawful refusal will be limited and must be properly evidenced.

17.4 The Key Point

The ASSA framework, particularly when combined with CSDPA, creates a strong presumption that assessed need will be met:

- Assessment identifies what is necessary
- CSDPA says 'shall be the duty' to meet necessary needs
- If refusal, must give reasons (Reg 18)
- Where statute imposes duty to meet assessed need, budget is not a lawful reason (Tandy)

- Grounds for lawful refusal after assessment confirms need are limited and must be properly justified
- Therefore: limited grounds for lawful refusal once need established

THE DESIGN ASSUMPTION

The absence of a formal tribunal (unlike SENDIST for EHCPs) may reflect different policy choices about how disputes should be resolved. The framework does create a strong presumption that assessed need will be met. If you assess that support is necessary and the authority decides not to provide it, the family's remedies include the local authority complaints procedure, the Local Government and Social Care Ombudsman, and judicial review. The absence of a specialist tribunal does not mean families have no recourse.

18. The Presumption to Provide

18.1 Legislative Intent

The Explanatory Notes to the ACA 2002 make clear that the purpose of the framework is to help adoptions succeed through planned and coordinated support. This creates a presumption in favour of provision.

18.2 The Working Assumption

✓ THE CORRECT APPROACH

If the spirit of the legislation is to provide support, then the working assumption must be that support WILL be provided unless there is a good reason not to. And as we have seen, budget is not a good reason (Tandy).

18.3 The Test

Question	Analysis
Does the assessment identify need?	If yes → presumption to provide
Is the need 'necessary' to meet?	If yes → CSDPA duty triggered (mandatory)
Is there a good reason not to provide?	Budget is NOT a good reason (Tandy)
What other reason could there be?	After assessment, limited and must be evidenced
Therefore?	PROVIDE THE SUPPORT

18.4 Comparison with EHCP

The EHCP framework uses 'must secure.' The ASSA framework uses 'must decide whether to provide.' However:

- The purpose is the same: ensure children get what they need
- The expectation is the same: assessment determines provision
- Tandy applies to both: budget is not a lawful reason to refuse
- For disabled children, CSDPA makes it mandatory anyway

⚠ THE PRACTICAL EFFECT

Section 4(4) creates discretion ('whether to provide'), but this discretion is constrained by the Tandy principle. Where assessment identifies that support is necessary to meet statutory duties, budget alone cannot justify refusal. There is a strong presumption in favour of provision where need is established.

19. Human Rights Considerations

19.1 Human Rights Act 1998

Section 3 HRA 1998 requires that legislation must be read and given effect in a way which is compatible with Convention rights. Section 6 makes it unlawful for a public authority to act incompatibly with Convention rights.

19.2 Article 8 ECHR — Right to Respect for Family Life

Article 8 of the European Convention on Human Rights provides:

"Everyone has the right to respect for his private and family life, his home and his correspondence."

Interference with this right is only permitted if it is:

- In accordance with the law
- Necessary in a democratic society
- Proportionate to the aim pursued

19.3 Application to ASSA

● ARTICLE 8 IMPLICATIONS

Where an assessment identifies that a family needs support to remain together and function, and that support is refused, the decision should be reviewed against Article 8 proportionality principles. Article 8 analysis is multi-factor - not every refusal will breach it, but poorly reasoned or budget-only refusals carry significant risk. Article 8 is a qualified right — interference may be justified if it is in accordance with law, pursues a legitimate aim, and is proportionate. However, refusal based solely on budget without proper consideration of the family's circumstances may be vulnerable to challenge.

Consider:

- Is the refusal 'in accordance with the law'? — If based on budget, NO (Tandy)
- Is the refusal 'necessary'? — If assessment says support IS necessary, NO
- Is the refusal 'proportionate'? — If it risks family breakdown, NO

19.4 Practical Implications

When making decisions under S.4(4), you must consider:

- The family's Article 8 rights
- Whether refusal would be compatible with those rights
- Whether the authority can demonstrate lawful justification for any interference

✓ THE HUMAN RIGHTS DIMENSION

Refusal of assessed support should be considered against the family's Article 8 rights. While not every refusal will breach Article 8, decisions should be proportionate and properly reasoned. Courts afford public authorities a margin of appreciation, but this does not permit arbitrary or resource-only based refusals where statutory duties apply.

19.5 Post-18 Provision and Continuity (NEW)

Adoption support services do not automatically cease when an adopted person turns 18. Practitioners should be aware of the following provisions for continuity of support:

19.6 Adoption and Children Act 2002

Section 3(1) of ACA 2002 includes adults among those for whom adoption support services must be maintained. Adopted adults may request an assessment under Regulation 13, and services may include counselling, advice and information, and therapeutic services where appropriate.

19.7 Intersection with Leaving Care Provisions

⚠ CHILDREN ACT 1989 SECTION 24

Some adopted young people may have overlapping entitlements depending on their precise legal status and care history. The interaction between adoption and leaving care provisions is complex - adoption changes legal status and leaving care eligibility has specific rules. Practitioners should seek specialist legal advice where a young person's history suggests potential dual entitlements, rather than assuming s.24 Children Act 1989 automatically applies.

Where there is any doubt about a young person's entitlements, seek specialist leaving care legal advice. Do not assume leaving care provisions apply to adopted young people without careful verification of their specific circumstances and legal status history.

19.8 Transition to Adult Services

Where an adopted person reaching 18 has ongoing needs that may be met by adult services, the ASSA review should include:

- Assessment of eligibility for adult social care under the Care Act 2014
- Referral to adult mental health services where therapeutic needs continue
- Consideration of continuing education support where applicable
- Liaison with DWP regarding benefits entitlement
- Transition planning beginning at age 16-17, not left until 18

✓ GOOD PRACTICE

Transition planning for adopted young people should begin at 16 and be integrated into the ASSA review process. The Reg 16(4) coordinator should liaise with adult services to ensure continuity. An abrupt cessation of support at 18 may undo years of therapeutic progress and should be avoided where statutory duties permit continued provision.

20. Reviews of Adoption Support Services

Regulations 19 and 20 establish requirements for reviewing adoption support services. Reviews ensure that provision remains appropriate to the family's changing circumstances.

20.1 When Reviews Must Take Place

For non-financial services (Regulation 19):

- At least annually
- If any change in circumstances comes to the authority's notice
- At appropriate stages in plan implementation

For periodic financial support (Regulation 20):

- Annually, on receipt of the adoptive parent's statement under Regulation 12
- If any relevant change of circumstances or breach of conditions comes to the authority's notice
- At appropriate stages in plan implementation

20.2 The Review Process

When conducting a review:

- **Apply the same assessment criteria** — Regulations 14 and 15 apply to reviews as they apply to initial assessments
- **Consider current circumstances** — Has the child's situation changed? Have family circumstances changed? Are the current services still meeting assessed need?
- **Evaluate plan progress** — Are the plan objectives being met? Are services being delivered as specified?
- **Consult the family** — Seek the family's views on how well services are meeting their needs

20.3 Varying or Terminating Services

If proposing to vary or terminate services as a result of review:

- Give notice of the proposed decision
- Allow time for the person to make representations
- Include a draft revised plan if applicable
- Consider representations before making a final decision
- Give notice of the decision with reasons

FINANCIAL SUPPORT: SUSPENSION PENDING REVIEW

Regulation 20(6) permits the authority to suspend financial support pending a decision to reduce or terminate it, even before the representations process is complete. However, this power should be used sparingly and only where there are clear grounds (e.g., evidence of breach of conditions or significant change of circumstances).

21. Urgent Cases (Regulation 21)

21.1 The Statutory Provision

Regulation 21 provides:

“Where any requirement applicable to the local authority under these Regulations in relation to carrying out an assessment, preparing a plan or giving notice would delay the provision of a service in a case of urgency, that requirement does not apply.”

21.2 What This Means in Practice

In urgent cases, you may provide adoption support services without first completing:

- A full assessment under Regulation 14
- A plan under Regulation 16
- The notice and representations process under Regulations 17 and 18

21.3 When to Use Regulation 21

Regulation 21 should be considered where:

- An adoptive placement is at imminent risk of disruption
- A child is experiencing acute crisis (e.g., mental health crisis, placement breakdown)
- Immediate respite is needed to prevent family breakdown
- There are safeguarding concerns requiring immediate support
- Waiting for formal processes would cause significant harm

21.4 Procedure for Urgent Cases

21.5 Urgency Criteria Checklist

The following checklist should be used to determine whether a case meets the threshold for urgent provision under Regulation 21. At least one criterion should be present:



URGENCY CRITERIA CHECKLIST

Use this checklist to assess whether Regulation 21 applies. Document which criteria are met.

Category	Criteria	Indicators
Placement Stability	Imminent risk of adoption breakdown	Adoptive parents have stated they cannot continue; child at risk of being removed from home; previous disruptions in placement history
Child Safety	Violence or harm to siblings	Physical aggression causing injury; sexual harm behaviours; persistent threats creating fear in other children
Child Safety	Risk of harm to self	Self-harm behaviours; suicidal ideation; dangerous behaviours requiring immediate intervention

Carer Capacity	Carer burnout or crisis	Carer physical or mental health deteriorating; carer unable to meet basic care needs; secondary trauma in carers
Mental Health	Acute psychiatric crisis	Psychotic episode; severe dissociation; crisis intervention from CAMHS indicated
Safeguarding	Immediate protection needed	Section 47 enquiry indicated; child at risk without immediate support; safety plan cannot be maintained

21.6 Response Timelines

[i] OPERATIONAL GOOD PRACTICE: These response timelines are operational good practice based on safeguarding urgency, not statutory deadlines. Regulation 21 disapplies normal requirements in urgent cases; the law requires action “as soon as practicable” which these timescales operationalise. Failure to meet these timescales is not automatically unlawful but may evidence inadequate response to urgency.

Where urgency is established, the following response timelines apply:

Urgency Level	Definition	Response Timeline
CRITICAL	Immediate risk to life or placement breakdown within 24-48 hours	Same day authorisation; provision within 24 hours
HIGH	Risk of significant harm or breakdown within 1 week	Authorisation within 48 hours; provision within 5 working days
ELEVATED	Deteriorating situation likely to become critical without intervention	Authorisation within 5 working days; provision within 10 working days

⚠ DOCUMENTATION REQUIREMENT

Even when Regulation 21 disapplies formal requirements, practitioners MUST document:

(a) the urgency criteria met, (b) the authorisation obtained, (c) the services provided, and (d) the plan for completing the full ASSA process once the immediate crisis has stabilised.

- **Identify the urgency** — Document why waiting for standard processes would delay necessary provision
- **Obtain management authorisation** — Follow your authority's procedures for emergency provision
- **Provide the service** — Implement the necessary support immediately
- **Record the decision** — Document that Regulation 21 was invoked and why
- **Complete the formal process** — As soon as practicable, complete the assessment, plan, and notification process

✓ GOOD PRACTICE: URGENT CASES

Although Regulation 21 disapplies formal requirements in urgent cases, good practice suggests completing a brief initial assessment of need, even if not to the full Regulation 14 standard. This protects both the family and the authority. The full assessment and plan should then follow as soon as the immediate crisis has stabilised.

22. Step-by-Step ASSA Process

Step 1: Receive Request

- Person entitled under Reg 13 requests assessment
- Acknowledge request promptly
- Check if child is disabled (CSDPA will also apply)

Step 2: Conduct Assessment (Reg 14)

- Interview person (and adoptive parents if child)
- Consider needs of whole adoptive family
- Consult Health and Education (s.10 CA 2004 duty to co-operate)
- Identify ALL needs (therapeutic, practical, financial, CSDPA)
- Document what is NECESSARY to meet needs
- Prepare written report

Step 3: Prepare Plan (Reg 16)

- Draft plan reflecting ALL assessed needs
- Specify all services (including from Health/Education)
- Set objectives and timescales
- **NOMINATE COORDINATOR (Reg 16(4)) — MANDATORY**

Step 4: Notify Family (Reg 17)

- Send notice of proposed decision
- Include draft plan
- Allow time for representations (this is the FAMILY'S right)

Step 5: Consider Representations

- Review any representations from family
- Adjust plan UPWARD if additional needs identified
- DO NOT use this stage to negotiate down

Step 6: Make Decision (S.4(4))

- Decide WHETHER to provide services
- If YES: proceed to provision
- If NO: must have lawful reason (budget alone is insufficient) and consider Article 8

Step 7: Notify Decision (Reg 18)

- Send written notice of decision
- Include REASONS
- Include final plan
- Include name of Reg 16(4) coordinator

Step 8: Provide Services

- Deliver services in accordance with plan
- Coordinator monitors provision across all agencies
- Review plan regularly (Reg 19)

23. Summary: Key Principles

Principle	Application
RAAs are not separate entities	You are exercising LA functions - LA duties apply
ASSA is not FHA	Use the correct assessment framework for adopted children
Assessment informs provision	Strong presumption to provide where need is established
Panel decisions must comply with law	Panels cannot use budget alone to refuse statutory duties
Budget is not a reason	Tandy: resources cannot justify refusing assessed need
CSDPA is mandatory	'Shall be the duty' once necessity established
Reg 16(4) coordinator	MUST nominate - family should not case-manage
Reg 17 is family's right	Family's opportunity to make representations
Reg 18 requires reasons	If refusing, must explain lawfully - not budget
Multi-agency duties	CA 2004 s.10 and s.11 - duty to co-operate and safeguard
Human rights	Article 8 - refusal may be vulnerable to challenge on proportionality grounds
Presumption to provide	Framework designed to support - not gatekeep

THE BOTTOM LINE

Your job is to assess need accurately and ensure that assessed need is met. The framework is designed to help adoptions succeed. Every element - assessment, plan, coordinator, representations, decision - exists to ensure families get the support they need. That is the purpose. That is the law.

Appendix A: Quick Reference Card

Statutory References

Document	Key Sections
Adoption and Children Act 2002	S.3 (services), S.4 (assessment/plan)
ASSR 2005	Reg 13-20 (assessment to review)
CSDPA 1970	S.2 ('shall be the duty')
Children Act 1989	S.17 (children in need)
Children Act 2004	S.10 (co-operate), S.11 (safeguard)
Human Rights Act 1998	S.3 (interpretation), S.6 (public authorities)
ECHR	Article 8 (right to family life)
Tandy [1998] AC 714	Budget not lawful ground for refusal

Key Questions to Ask Yourself

16. Am I using ASSA (not FHA) for this adopted child?
17. Is this child disabled? (If yes, CSDPA applies - mandatory)
18. Have I identified ALL needs?
19. Does my plan reflect ALL assessed needs?
20. Have I nominated a Reg 16(4) coordinator?
21. Have I given the family their Reg 17 rights?
22. If refusing anything, do I have a lawful reason (not budget)?
23. Have I considered Article 8 implications?
24. Is the family being asked to case-manage? (They shouldn't be)

Quick Reference Checklist for Practitioners

USE THIS CHECKLIST

Complete this checklist before finalising any ASSA. If you cannot tick all applicable boxes, review the relevant section of this guidance.

Assessment (Regulation 14)

- Have you interviewed the person being assessed?
- Have you interviewed the adoptive parents (if assessing a child)?
- Have you considered the needs of the WHOLE adoptive family?
- Have you considered the needs of OTHER children in the family?
- Have you included assessed education needs (e.g. EHCP status, school concerns)?

- Have you consulted Education (LEA) and notified them if education needs identified?
- Have you consulted Health (ICB/CAMHS) and notified them if health needs identified?
- Have you consulted SEND, OT, SALT or EP teams if relevant to the child's needs?
- Have you checked if the child is DISABLED (triggering CSDPA mandatory duties)?
- Have you prepared a WRITTEN assessment report?

Plan (Regulation 16)

- Does your plan specify ALL services to be provided?
- Does your plan state clear OBJECTIVES?
- Does your plan include TIMESCALES for achieving objectives?
- Does your plan include REVIEW arrangements?
- Have you NOMINATED A COORDINATOR under Regulation 16(4)? (MANDATORY)
- Have you consulted the family about the plan content?

Notice and Decision (Regulations 17-18)

- Have you sent the family NOTICE of your proposed decision?
- Have you offered the family a chance to make REPRESENTATIONS under Reg 17?
- Have you allowed adequate TIME for representations?
- Have you CONSIDERED any representations received?
- Have you sent written notice of your FINAL DECISION?
- Does your notice include REASONS for the decision?
- If refusing services, is your reason LAWFUL (not budget alone)?

Review (Regulation 19)

- Have you scheduled the NEXT REVIEW DATE?
- Have you documented what would TRIGGER an earlier review?
- Have you informed the family of their RIGHT to request a review?

Final Checks

- Is the family clear who their Reg 16(4) COORDINATOR is?
- Does the family know they do NOT have to case-manage their own services?
- Have you considered ARTICLE 8 implications if refusing any provision?
- If CSDPA applies, have you documented that provision SHALL be made?

REMEMBER

Your role is to assess need accurately and professionally. The framework is designed to support families and help adoptions succeed. Exercise your professional judgment carefully, document your reasoning clearly, and ensure decisions comply with statutory duties. Where you identify genuine need, advocate for appropriate provision while working constructively within your authority's processes.

Appendix B: Full Statutory Text — ASSR 2005 Regulations 13-21

The following is the full text of the key regulations. This is what the law actually says.

Regulation 13 — Persons who may request an assessment

"(1) The local authority must carry out an assessment of the needs for adoption support services of— (a) any of the persons mentioned in section 3(1) of the Act at that person's request; and (b) any person mentioned in paragraph (2) at that person's request. (2) The persons are— (a) a child of an adoptive parent; (b) a child of a former partner of an adoptive parent; (c) any person who the local authority consider to have a significant and beneficial relationship with an adoptive child. (3) The local authority may carry out an assessment of any other person's needs for adoption support services."

Regulation 14 — Assessments

"(1) When carrying out an assessment, the local authority must have regard to— (a) the needs of the person being assessed and how these might be met; (b) where the assessment relates to an adoptive child, the needs of the adoptive family and how these might be met. (2) Where an assessment relates to an adoptive child, the local authority must also have regard to the needs of any other children in the family and how these might be met. (3) The local authority must— (a) interview the person whose needs are being assessed and, if that person is a child, the adoptive parents; (b) prepare a written report of the assessment."

"(4) If at any time during an assessment it appears to the local authority that the person being assessed may have needs for services which fall to be provided by— (a) a Primary Care Trust or Local Health Board; or (b) a local education authority, the local authority must notify that body."

Regulation 15 — Financial support: assessment

"(1) Where, as part of an assessment, the local authority are considering whether financial support should be provided, they must have regard to— (a) the financial circumstances of the adoptive parent or prospective adoptive parent; (b) the financial needs and resources of the adoptive child or child to be adopted; (c) any special needs of the adoptive child or child to be adopted; (d) the nature of the adoption support services to be provided."

Regulation 16 — Adoption support services: plan

"(1) Where the local authority decide to provide adoption support services, they must prepare a plan for the provision of those services (an 'adoption support services plan'). (2) The local authority must consult with the person whose needs have been assessed about the content of the plan. (3) The plan must set out— (a) the services to be provided; (b) the objectives of the plan and timescales for achieving them; (c) any arrangements to enable the objectives to be achieved; (d) the arrangements for review of the plan. (4) The local authority must nominate a person to monitor the provision of adoption support services in accordance with the plan."

Regulation 17 — Notice of proposal

"(1) Before making any decision under section 4(4) of the Act as to whether to provide adoption support services, the local authority must allow the person an opportunity to make representations in accordance with this regulation. (2) The local authority must first give the person notice of the proposed decision and the time allowed for making representations. (3) The notice must contain— (a) a statement of the person's needs for adoption support services; (b) whether the local authority propose to provide adoption support services; (c) if the local authority propose to provide adoption support services, details of the services proposed to be provided."

Regulation 18 — Notice of decision

"(1) After making their decision under section 4(4) of the Act as to whether to provide adoption support services to a person, the local authority must give the person notice of that decision, including the reasons for it. (2) Where the local authority decide to provide adoption support services, the notice must also include— (a) details of the services to be provided; (b) details of any conditions attached to the provision of services; (c) the name of the person nominated to monitor the provision of services in accordance with the plan."

Regulation 19 — Review

"(1) The local authority must review the provision of adoption support services at such times as they consider appropriate. (2) The local authority must carry out a review— (a) at the request of the person to whom adoption support services are being provided; (b) if there is any significant change in the circumstances of a person to whom adoption support services are being provided."

Regulation 20 — Review of financial support payable periodically

"(1) This regulation applies where the local authority provide financial support payable periodically. (2) The local authority shall review the financial support— (a) annually, on receipt of the statement from the adoptive parent mentioned in regulation 12; (b) if any relevant change of circumstances or any breach of a condition mentioned in regulation 12 comes to their notice; (c) at any stage in the implementation of the plan that they consider appropriate."

Regulation 21 — Urgent cases

"Where any requirement applicable to the local authority under these Regulations in relation to carrying out an assessment, preparing a plan or giving notice would delay the provision of a service in a case of urgency, that requirement does not apply."

Appendix C: Key Case Law

R v East Sussex County Council ex parte Tandy [1998] AC 714

House of Lords. The leading authority on the relationship between assessed need and resources.

"The local authority cannot escape from its duty to make provision by saying that it has insufficient resources to do so... The assessed need must be met."

Held: Where statute imposes a duty to meet assessed need, resources are not a lawful ground for refusing to meet that need. The duty is to the individual, not a target duty subject to resources.

R (G) v Barnet London Borough Council [2003] UKHL 57

House of Lords. Confirms that duties to children in need are owed to individual children.

Held: Section 17 Children Act 1989 creates a general duty, but once specific needs are assessed, those needs must be met. The duty crystallises when need is established.

R (CD) v Isle of Anglesey County Council [2004] EWHC 1635 (Admin)

Administrative Court. Confirms Tandy applies to children's services.

Held: CSDPA section 2 duties are owed to individual disabled persons (including children). Once the authority is satisfied that provision is necessary, it shall be the duty of that authority to make those arrangements. Resources are not a defence.

Appendix D: Therapeutic Provision Options

This annex provides guidance on therapeutic interventions commonly indicated for adopted children, organised by primary need domain. This is not exhaustive but represents evidence-informed options that should be considered during ASSA.

D.1 Attachment and Relationship-Based Needs

Intervention	Description	Typical Indications
Dyadic Developmental Psychotherapy (DDP)	Attachment-focused therapy involving both child and caregiver; uses PACE (playfulness, acceptance, curiosity, empathy)	Attachment difficulties; relational trauma; blocked care in adoptive parents
Theraplay	Structured play therapy building attachment through nurturing, engaging, challenging and structuring activities	Attachment insecurity; sensory regulation needs; parent-child relationship difficulties
Video Interaction Guidance (VIG)	Strengths-based approach using video clips to enhance attunement between caregiver and child	Relationship difficulties; blocked care; enhancing parental sensitivity
Parent-Child Interaction Therapy (PCIT)	Skills-based therapy coaching parents in real-time during interactions	Behavioural difficulties; parent-child conflict; oppositional behaviours

D.2 Trauma Processing

Intervention	Description	Typical Indications
EMDR (Eye Movement Desensitisation and Reprocessing)	Evidence-based trauma processing using bilateral stimulation	Single-incident trauma; PTSD symptoms; traumatic memories affecting daily functioning
Trauma-Focused CBT (TF-CBT)	Structured approach combining trauma narrative with cognitive restructuring and coping skills	Complex trauma with cognitive distortions; anxiety; depression
Sensorimotor Psychotherapy	Body-oriented approach addressing trauma held in the body	Somatic symptoms; dissociation; embodied trauma responses
Narrative Exposure Therapy	Creating coherent life narrative integrating traumatic experiences	Multiple traumas; fragmented memory; identity confusion

D.3 Emotional Regulation

Intervention	Description	Typical Indications
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DDP (see above)	Core regulation work through co-regulation with attuned caregiver	Emotional dysregulation; shame-based difficulties
Dialectical Behaviour Therapy (DBT) - adapted	Skills training in distress tolerance, emotional regulation, interpersonal effectiveness	Severe emotional dysregulation; self-harm; adolescents
Zones of Regulation	Programme teaching self-regulation using colour-coded zones	School-age children; classroom integration; mild-moderate dysregulation
Therapeutic Life Story Work	Creating coherent narrative of child's history with therapeutic support	Identity difficulties; unanswered questions; preparation for contact

D.4 Sensory and Developmental Needs

Intervention	Description	Typical Indications
Sensory Integration Therapy (SI)	OT-led approach addressing sensory processing difficulties	Sensory sensitivities; hypo/hyper-responsiveness; motor planning difficulties
Play Therapy (non-directive)	Child-led therapeutic play allowing expression and processing	Younger children; pre-verbal trauma; anxiety; selective mutism
Art Therapy	Creative expression through art materials with trained therapist	Difficulty with verbal expression; trauma processing; emotional exploration
Music Therapy	Therapeutic use of music for communication, expression and regulation	Communication difficulties; sensory needs; relational engagement

D.5 Family and Systemic Support

Intervention	Description	Typical Indications
Systemic Family Therapy	Working with whole family system to address patterns and communication	Family conflict; sibling difficulties; communication breakdown
NVR (Non-Violent Resistance)	Parent-focused approach for managing violent/controlling behaviours	Child-to-parent violence; controlling behaviours; parental helplessness
Adoption-Competent Couples Therapy	Supporting adoptive parents' relationship with adoption-specific understanding	Parental relationship strain; differing approaches; secondary trauma
Sibling Therapy	Direct work with siblings together or separately	Sibling conflict; jealousy; different needs creating tension

COMMISSIONING CONSIDERATIONS

Therapists delivering these interventions should be adoption-competent, meaning they understand developmental trauma, attachment, and the specific dynamics of adoptive families. Generic therapy services may not meet the complex needs of adopted children. Consider whether individual, family, or group modalities are most appropriate.

Appendix E: Practitioner Compliance Checklist

Use this checklist to ensure all statutory requirements have been met throughout the ASSA process. This should be completed before finalising any ASSA and kept on file.

E.1 Assessment Stage (Regulations 13-15)

Requirement	Regulation	Completed?	Date/Notes
Person entitled to assessment under Reg 13 confirmed	Reg 13	<input type="checkbox"/>	
Interview with person being assessed completed	Reg 14(3)(a)	<input type="checkbox"/>	
Interview with adoptive parents (if child) completed	Reg 14(3)(a)	<input type="checkbox"/>	
Needs of whole adoptive family considered	Reg 14(1)(b)	<input type="checkbox"/>	
Needs of other children in family considered	Reg 14(2)	<input type="checkbox"/>	
Health needs identified - ICB notified if applicable	Reg 14(4)(a)	<input type="checkbox"/>	
Education needs identified - LEA notified if applicable	Reg 14(4)(b)	<input type="checkbox"/>	
Financial support assessment completed if applicable	Reg 15	<input type="checkbox"/>	
CSDPA eligibility considered (is child disabled?)	CSDPA 1970 s.2	<input type="checkbox"/>	
Written assessment report prepared	Reg 14(3)(b)	<input type="checkbox"/>	

E.2 Plan Stage (Regulation 16)

Requirement	Regulation	Completed?	Date/Notes
Plan prepared specifying all services to be provided	Reg 16(3)(a)	<input type="checkbox"/>	
Plan objectives clearly stated	Reg 16(3)(b)	<input type="checkbox"/>	
Timescales for achieving objectives specified	Reg 16(3)(b)	<input type="checkbox"/>	
Arrangements to enable objectives documented	Reg 16(3)(c)	<input type="checkbox"/>	
Review arrangements specified in plan	Reg 16(3)(d)	<input type="checkbox"/>	

COORDINATOR NOMINATED (Reg 16(4)) - MANDATORY	Reg 16(4)	<input type="checkbox"/>	
Person assessed consulted about plan content	Reg 16(2)	<input type="checkbox"/>	

E.3 Notice and Representations (Regulation 17)

Requirement	Regulation	Completed?	Date/Notes
Notice of proposed decision sent to family	Reg 17(2)	<input type="checkbox"/>	
Notice includes statement of person's needs	Reg 17(3)(a)	<input type="checkbox"/>	
Notice states whether services proposed	Reg 17(3)(b)	<input type="checkbox"/>	
Notice includes details of proposed services	Reg 17(3)(c)	<input type="checkbox"/>	
Time allowed for representations specified	Reg 17(2)	<input type="checkbox"/>	
Representations received recorded	Reg 17	<input type="checkbox"/>	
Representations considered before final decision	Reg 17(1)	<input type="checkbox"/>	

E.4 Decision and Notification (Regulation 18)

Requirement	Regulation	Completed?	Date/Notes
Final decision made under S.4(4)	ACA 2002 s.4(4)	<input type="checkbox"/>	
Written notice of decision sent	Reg 18(1)	<input type="checkbox"/>	
REASONS for decision included	Reg 18(1)	<input type="checkbox"/>	
If providing: details of services included	Reg 18(2)(a)	<input type="checkbox"/>	
If providing: conditions attached specified	Reg 18(2)(b)	<input type="checkbox"/>	
If providing: coordinator name included	Reg 18(2)(c)	<input type="checkbox"/>	
If refusing: reason is lawful (not budget alone)	Tandy [1998]	<input type="checkbox"/>	

E.5 Review Planning (Regulation 19)

Requirement	Regulation	Completed?	Date/Notes
Next review date scheduled	Reg 19	<input type="checkbox"/>	

Review triggers documented (change of circumstances)	Reg 19(2)(b)	<input type="checkbox"/>	
Family informed of right to request review	Reg 19(2)(a)	<input type="checkbox"/>	
✓ SIGN-OFF I confirm that all applicable requirements above have been completed in accordance with the Adoption Support Services Regulations 2005 and relevant statutory guidance.			

Practitioner Name: _____ Signature: _____

Date: _____

Manager Name: _____ Signature: _____

Date: _____

Appendix F: Procedural Audit Tool

This audit tool is designed for managers, quality assurance officers, and compliance teams to verify that ASSA processes comply with Regulations 13-21 of the Adoption Support Services Regulations 2005. Complete this audit for a sample of cases quarterly.

F.1 Case Identification

Case Reference: _____ Child Name: _____ Date of Audit: _____

Auditor Name: _____ Allocated Worker: _____ Team: _____

F.2 Regulation 13 Compliance (Right to Assessment)

Audit Question	Yes	No	N/A	Evidence/Notes
Was the requester entitled under Reg. 13?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was the request acknowledged within 5 working days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was assessment commenced within statutory timescales?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F.3 Regulation 14 Compliance (Assessment Quality)

Audit Question	Yes	No	N/A	Evidence/Notes
Was the person being assessed interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were adoptive parents interviewed (if child)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were needs of whole family considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were needs of other children considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was Health (ICB) notified if health needs identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was Education (LEA) notified if education needs identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was a written assessment report produced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does assessment identify ALL needs comprehensively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F.4 Regulation 15 Compliance (Financial Assessment)

Audit Question	Yes	No	N/A	Evidence/Notes
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Was financial support assessment completed if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were all required factors considered (Reg. 15(1))?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F.5 Regulation 16 Compliance (Plan)

Audit Question	Yes	No	N/A	Evidence/Notes
Was a plan prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does plan specify all services to be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does plan state clear objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does plan include timescales?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does plan include review arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAS A COORDINATOR NOMINATED (Reg. 16(4))?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was family consulted about plan content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F.6 Regulation 17-18 Compliance (Notice and Decision)

Audit Question	Yes	No	N/A	Evidence/Notes
Was notice of proposed decision sent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did notice include statement of needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was time allowed for representations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were representations considered before final decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was written notice of decision sent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did notice include REASONS for decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If services provided: does notice include coordinator name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If services refused: is reason lawful (not budget alone)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

F.7 Regulation 19-20 Compliance (Review)

Audit Question	Yes	No	N/A	Evidence/Notes
Is next review date scheduled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has annual review been completed (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Were reviews triggered by change of circumstances?

F.8 Overall Compliance Rating

- FULLY COMPLIANT - All applicable requirements met
- PARTIALLY COMPLIANT - Minor gaps identified (specify below)
- NON-COMPLIANT - Significant failures identified (specify below)

Summary of Findings:

Remedial Actions Required:

Auditor Signature: _____ Date: _____

Appendix G: Training and CPD Guidance

This appendix provides guidance on training frontline social workers, managers, and commissioners on ASSA statutory duties. Effective implementation requires workforce development at all levels.

G.1 Recommended Training Structure

The following training modules are recommended for different staff groups:

Module	Target Audience	Duration	Key Learning Outcomes
ASSA Foundations	All adoption support workers; duty officers	2 hours	Reg. 13-21 overview; when ASSA applies; who is entitled; basic process
ASSA Assessment Practice	Assessing social workers	3 hours	Reg. 14 requirements; CoramBAAF principles; identifying needs; CSDPA integration
ASSA Planning and Coordination	Social workers; team managers	2 hours	Reg. 16 plan writing; Reg. 16(4) coordinator role; multi-agency working
Legal Framework Deep Dive	Senior practitioners; managers; legal advisors	3 hours	Tandy; CSDPA mandatory duties; Article 8; lawful decision-making
Commissioning for ASSA	Commissioners; service managers	2 hours	Commissioning therapeutic provision; budget vs duty; panel compliance
ASSA for Managers	Team managers; service managers; heads of service	2 hours	Quality assurance; audit; compliance monitoring; escalation

G.2 Core Competencies

Staff completing ASSA training should demonstrate competency in:

- Correctly identifying when an ASSA (not FHA) is required
- Understanding Regulation 13 entitlements and the right to request assessment
- Conducting Regulation 14-compliant assessments including Health/Education notification
- Writing Regulation 16-compliant plans with clear objectives, timescales, and review dates
- Nominating and briefing a Regulation 16(4) coordinator
- Applying Regulation 17 correctly (family's right to make representations)
- Providing lawful reasons under Regulation 18 (understanding Tandy principle)
- Identifying when CSDPA mandatory duties are triggered
- Recognising Golden Triggers for proactive ASSA initiation
- Coordinating ASSA with EHCP and other statutory plans

G.3 Suggested CPD Activities

Activity	Format	Frequency	Notes
ASSA case discussion	Group supervision / peer learning	Monthly	Review live cases against this guidance
Legal update briefing	Team meeting slot	Quarterly	Cover relevant case law, Ombudsman decisions
Multi-agency ASSA workshop	Workshop with Health, Education, CAMHS	Annually	Build relationships; clarify referral pathways
Audit feedback session	Team meeting	Following each audit cycle	Share findings from Appendix F audits
Family feedback review	Service development session	6-monthly	Review complaints, compliments, feedback on ASSA process

G.4 Training Resources

The following resources support ASSA training delivery:

- This Practice Guidance document (Version 2.3)
- CoramBAAF Example Form for Recording an Assessment for Adoption Support
- Adoption Support Services Regulations 2005 (full text in Appendix B)
- Adoption and Children Act 2002 Explanatory Notes
- R v East Sussex CC ex p Tandy [1998] AC 714 (judgment summary)
- Practitioner Compliance Checklist (Appendix E)
- Procedural Audit Tool (Appendix F)



TRAINING RECORD

All staff undertaking ASSA work should have documented evidence of completing relevant training. This should be recorded in supervision and annual appraisal. Managers should ensure training is refreshed at least every 2 years or following significant legal/policy changes.

Appendix H: Sample Completed Assessment

⚠️ ANONYMISED WORKED EXAMPLE

This sample assessment is entirely fictional and created for training purposes. Any resemblance to real individuals or cases is coincidental. All names, dates, and identifying details have been anonymised. This example demonstrates how the ASSA framework should be applied in practice.

H.1 Case Information

Case Reference: ASSA/2026/0147

Assessment Date: 15 January 2026

Assessing Social Worker: Jane Mitchell, Senior Practitioner

Team: Anyshire Adoption Support Service

Reason for Assessment: Request from adoptive parents under Regulation 13

Child Details

Name: Tyler James (pseudonym)

Date of Birth: 14 March 2017 (age 8)

Gender: Male

Ethnicity: White British

Legal Status: Adopted - Adoption Order granted 22 September 2019

Placing Authority: Neighbouring County Council

EHCP Status: EHCP in place since September 2024 (SEMH primary need)

Adoptive Family

Adoptive Parents: Sarah and David James (pseudonyms)

Other Children: Mia James (birth child, age 11)

Address: [Redacted], Anyshire

H.2 Background and History

Pre-Adoption History

Tyler was removed from birth family at age 14 months following neglect and suspected physical abuse. He experienced three foster placements before being placed with Sarah and David at age 2 years 3 months. Birth mother had documented alcohol misuse during pregnancy; FASD was queried but not formally diagnosed. Tyler witnessed domestic abuse between birth parents. No contact with birth family since placement.

Post-Adoption History

Adoption was initially stable. Difficulties emerged around age 5 when Tyler started school. He struggled with transitions, had frequent meltdowns, and found it difficult to form peer relationships. By Year 2, he had received multiple fixed-term exclusions for aggressive behaviour. EHCP was secured in Year 4 following tribunal. Currently attends mainstream

primary with 1:1 support. Previous ASSA completed in 2022 provided 6 sessions of Theraplay which parents report was helpful but ended too soon.

Current Concerns (Reason for Referral)

Adoptive parents report significant escalation in challenging behaviour over past 6 months. Tyler has become physically aggressive towards his sister Mia, including hitting and biting. He has made statements suggesting he does not feel part of the family (I wish I was never adopted). Sarah reports feeling burnt out and has taken sick leave from work. David describes walking on eggshells at home. Parents requested ASSA on 2 January 2026 stating they were at breaking point.

H.3 Assessment Methodology (Regulation 14 Compliance)

Requirement	How Met	Date
Interview with person being assessed (Tyler)	Individual session using age-appropriate communication; drawing and play-based exploration of his feelings	8 January 2026
Interview with adoptive parents	Joint session with Sarah and David; explored family dynamics, parenting challenges, support needs	8 January 2026
Needs of whole adoptive family considered	Separate session with Mia to understand her experience; observation of family interaction	10 January 2026
Consultation with Health	Telephone consultation with CAMHS (Dr Patel); written report requested	9 January 2026
Consultation with Education	Meeting with SENCO and Designated Teacher at Anytown Primary	11 January 2026
Review of existing records	Adoption file; previous ASSA 2022; EHCP; school records; CAMHS correspondence	6-7 January 2026

H.4 What Tyler Says

Tyler was seen individually using drawing and play. He presented as a lively but anxious child who found it difficult to settle. Key themes from the session:

On family: Sometimes I get really angry and I dont know why. I love Mum and Dad but sometimes my brain goes all fizzy. On Mia: She gets to do everything. Mum loves her more because shes the real one. On school: The other kids think Im weird. I only have one friend and sometimes he doesnt want to play with me. On feelings: I have a monster inside me that makes me do bad things. I try to stop it but it comes out anyway. On what would help: I want someone to help me with the monster. And I want Mum to not be so tired all the time.

ASSESSORS ANALYSIS

Tylers comments reflect classic attachment and trauma-related difficulties. His sense of not being the real one indicates identity confusion and insecurity about his place in the family. The monster metaphor suggests he experiences his dysregulation as ego-dystonic - he wants to control it but cannot. His awareness of his mothers exhaustion indicates attunement but also potential anxiety about placement security.

H.5 What the Adoptive Parents Say

Sarah: I love Tyler completely but I am exhausted. Every day is a battle - getting him dressed, getting him to school, managing the meltdowns when he comes home. I have taken three weeks sick leave because I simply could not cope. I feel like a failure as a mother. The violence towards Mia is terrifying - she is becoming scared in her own home. We were told adoption support would be there but when we ask for help we just get told to wait. The 6 sessions of Theraplay we had before barely scratched the surface.

David: We went into this with our eyes open but nothing prepared us for this. Tyler needs so much more than we were told. The EHCP has helped at school but home is a warzone. Sarah is bearing the brunt of it because I work full-time. I feel guilty but we need my income. We are not asking for someone to take over - we just need proper support before this family falls apart. We are committed to Tyler but we are drowning.

H.6 Multi-Agency Input

CAMHS (Dr Amira Patel, Consultant Child Psychiatrist)

Tyler was referred to CAMHS in September 2025 following school concerns. Assessment indicates significant developmental trauma with attachment difficulties consistent with his early history. Features suggestive of FASD warrant further investigation. CAMHS can offer a 12-week EMDR programme for trauma processing but this requires stability at home to be effective. Recommend intensive family support alongside any individual therapy. CAMHS waiting list for EMDR is currently 4 months.

Education (Mrs Karen Wells, SENCO, Anytown Primary)

Tyler has an EHCP with SEMH as primary need and 25 hours 1:1 support. He is making limited academic progress but relationships are the bigger concern. He struggles with unstructured time and has had 4 fixed-term exclusions this academic year. School has implemented a reduced timetable to manage risk. The Designated Teacher notes Tyler talks about feeling different and not belonging. School would support additional therapeutic input and would release Tyler for appointments during school time if this would help.

Educational Psychologist (Report dated October 2025)

Cognitive assessment indicates average ability but significant executive function difficulties. Emotional age estimated at 4-5 years. Attachment patterns indicate disorganised attachment. Recommends DDP or equivalent attachment-focused therapy for Tyler AND parents together. Notes that individual therapy alone is unlikely to be effective without parallel work on family relationships.

H.7 Identified Needs

Based on the assessment, the following needs have been identified:

Need Domain	Identified Need	Evidence	Priority
Therapeutic	Attachment-focused family therapy (DDP recommended)	EP report; CAMHS recommendation; family presentation	HIGH

Therapeutic	Trauma processing for Tyler (EMDR or TF-CBT)	CAMHS assessment; trauma history; dysregulation	HIGH
Therapeutic	Therapeutic Life Story Work	Tylers confusion about identity and belonging	MEDIUM
Carer Support	Intensive adoption support worker input	Parental burnout; risk of placement breakdown	URGENT
Carer Support	Respite/short breaks provision	Carer exhaustion; need for recovery time	HIGH
Carer Support	Peer support group for adoptive parents	Isolation; need for shared experience	MEDIUM
Sibling	Direct work with Mia (sibling of adopted child)	Mias fear and anxiety; sibling relationship breakdown	HIGH
Sibling	Sibling relationship therapy (when safe)	Aggression towards Mia; need to rebuild relationship	MEDIUM
Education	Enhanced transition support for secondary	Year 6; known vulnerability at transitions	MEDIUM
Health	FASD assessment and diagnosis pathway	Queried but never confirmed; would inform interventions	MEDIUM

H.8 CSDPA 1970 Consideration

CSDPA APPLIES

Tyler has an EHCP confirming he meets the definition of a disabled child. Having considered the assessment evidence, I am satisfied that the provision of short breaks/respite under CSDPA s.2 is NECESSARY to meet his needs and the needs of his family. This triggers the mandatory duty - it shall be the duty of the authority to make those arrangements.

CSDPA services to be included in plan: Respite care provision (overnight short breaks) to provide adoptive parents with regular recovery time and prevent placement breakdown.

H.9 Proposed Adoption Support Services Plan (Regulation 16)

Service	Provider	Frequency/Duration	Objective	Start Date	Review
DDP (Dyadic Developmental Psychotherapy)	Anyshire Adoption Therapy Service (commissioned)	Weekly for 12 months initially	Strengthen attachment; reduce dysregulation; support parental therapeutic stance	Within 4 weeks	3 months

EMDR Trauma Processing	CAMHS (Dr Patel)	12-week programme	Process specific traumatic memories; reduce PTSD symptoms	Following 8 weeks DDP	On completion
Adoption Support Worker	Anyshire Adoption Support Team	Weekly home visits x 12 weeks then fortnightly	Practical and emotional support; crisis intervention; liaison	Immediate	6 weeks
Short Breaks (Respite)	Anyshire Short Breaks Service (CSDPA)	1 weekend per month (48 hours)	Provide carer respite; prevent burnout; maintain placement	Within 6 weeks	3 months
Sibling Support (Mia)	Adoption Support Worker	6 individual sessions	Address Mias anxiety; provide safe space to explore feelings	Within 2 weeks	On completion
Therapeutic Life Story Work	Anyshire Adoption Therapy Service	8 sessions over 4 months	Support Tylers identity and sense of belonging	After 3 months DDP	On completion
Peer Support Group	Adopt Together (voluntary sector)	Monthly evening group	Reduce isolation; shared learning; peer support	Immediate referral	6 months
FASD Assessment Referral	Regional FASD Clinic	One-off assessment	Clarify diagnosis to inform interventions	Referral within 2 weeks	N/A

H.10 Regulation 16(4) Coordinator

MANDATORY NOMINATION

In accordance with Regulation 16(4), the following person is nominated to monitor the provision of adoption support services in accordance with this plan.

Nominated Coordinator: Jane Mitchell, Senior Practitioner

Contact Number: [Redacted]

Email: [Redacted]@anyshire.gov.uk

The coordinator will: monitor delivery of all services in the plan; liaise with all providers; convene review meetings; be the single point of contact for the family; escalate any gaps in provision; ensure the family does not have to case-manage their own services.

H.11 Review Arrangements (Regulation 19)

First Review Date: 15 April 2026 (3 months)

Review Frequency: 3-monthly during intensive phase; 6-monthly thereafter

Triggers for Earlier Review: Placement breakdown risk; significant incident; family request; change in circumstances

H.12 Regulation 17 Notice

This proposed plan was sent to Sarah and David James on 16 January 2026 with an invitation to make representations within 14 days. The family has the right to:

- Identify any additional needs that may have been missed
- Request adjustments to the proposed services
- Provide further information for consideration
- Meet with the assessing social worker to discuss the proposal

Representations Deadline: 30 January 2026

Representations Received: [To be completed]

H.13 Decision (Section 4(4) ACA 2002)

Following completion of this assessment, I recommend that adoption support services BE PROVIDED to Tyler James and his family as detailed in the plan above.

Rationale: The assessment has identified significant and complex needs arising from Tylers early trauma and attachment difficulties. Without intensive support, there is a real risk of placement breakdown, which would cause significant harm to Tyler and the family. The proposed plan addresses the identified needs through a coordinated package of therapeutic, practical, and respite provision. The statutory framework supports provision, and refusal would not be defensible given the assessed level of need and the risk of Article 8 breach.

Assessing Social Worker: Jane Mitchell

Signature: [Signed]

Date: 15 January 2026

Approved by (Manager): Robert Chen, Team Manager

Signature: [Signed]

Date: 16 January 2026

H.14 Learning Points from This Example

KEY PRACTICE POINTS DEMONSTRATED

This worked example demonstrates: (1) Full Regulation 14 compliance including multi-agency consultation; (2) Child-centred assessment using age-appropriate methods; (3)

CSDPA consideration and triggering of mandatory duty; (4) Comprehensive plan addressing all identified needs; (5) Mandatory Regulation 16(4) coordinator nomination; (6) Clear review arrangements; (7) Regulation 17 notice with representations opportunity; (8) Lawful decision-making with documented rationale.

Practitioners should adapt this format to their local authority templates while ensuring all statutory requirements are met.

Appendix I: Regulation 16 Plan Template

This template mirrors EHCP formatting principles to ensure consistency and familiarity for practitioners working across both frameworks. Complete all sections for each identified need.

TEMPLATE INSTRUCTIONS

Use one Need/Provision/Monitoring block for each identified need. Add additional blocks as required. Ensure the plan is written in clear, specific language that enables monitoring and review.

I.1 Plan Header

Child Name	
Date of Birth	
Case Reference	
Plan Start Date	
Plan Version	
Adoptive Parents	
Address	
Assessing Worker	
Reg 16(4) Coordinator	
Coordinator Contact	

I.2 Need and Provision Blocks

Complete one block for each identified need. Use clear, specific, measurable language.

Need 1

Section	Content	Guidance
NEED	[Describe the identified need]	What is the specific need arising from the assessment? Be precise.
OUTCOME	[What outcome will addressing this need achieve?]	What will success look like? How will we know the need is being met?
PROVISION	[What service/support will be provided?]	Specify: type of service, provider, frequency, duration, location
RESPONSIBLE BODY	[Who will provide/commission this?]	LA Adoption Support / Health (ICB) / Education (LEA) / Commissioned provider
START DATE	[When will provision begin?]	Specific date or timeframe (e.g. Within 4 weeks of plan approval)

MONITORING	[How will delivery be monitored?]	Who checks provision is happening? How often? What evidence?
REVIEW DATE	[When will this element be reviewed?]	Specific date - align with overall plan review where possible

Need 2

Section	Content	Guidance
NEED	[Describe the identified need]	
OUTCOME	[What outcome will addressing this need achieve?]	
PROVISION	[What service/support will be provided?]	
RESPONSIBLE BODY	[Who will provide/commission this?]	
START DATE	[When will provision begin?]	
MONITORING	[How will delivery be monitored?]	
REVIEW DATE	[When will this element be reviewed?]	

[Add additional Need blocks as required - copy the table structure above]

I.3 CSDPA Services (if applicable)

If the child is disabled and CSDPA s.2 services are assessed as necessary, complete this section:

Child meets disability criteria?	Yes / No
CSDPA services necessary?	Yes / No
Services to be provided under CSDPA	
Mandatory duty acknowledged?	It SHALL BE THE DUTY of the authority to make these arrangements

I.4 Multi-Agency Coordination

Agency	Contact Name	Services Providing	Communication Frequency
Health (ICB/CAMHS)			
Education (School)			
Education (LEA/SEND)			
Other (specify)			

I.5 Review Arrangements

First Review Date	
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Review Frequency	
Review Chair	
Triggers for Earlier Review	

I.6 Authorisation

Assessing Social Worker: _____ Date: _____

Team Manager: _____ Date: _____

Family acknowledgement received: Yes No Date: _____

Appendix J: Table of Statutory Parallels (EHCP vs ASSA)

This table shows the parallel structures between the EHCP framework (for education, health and care needs) and the ASSA framework (for adoption support needs). Understanding these parallels helps practitioners work consistently across both systems.

J.1 Legislative Framework

Element	EHCP Framework	ASSA Framework
Primary Legislation	Children and Families Act 2014	Adoption and Children Act 2002
Secondary Legislation	SEND Regulations 2014	Adoption Support Services Regulations 2005
Statutory Guidance	SEND Code of Practice 2015	Adoption Statutory Guidance 2013 (as amended)
Responsible Body	Local Authority (Education)	Local Authority (Social Care / RAA)

J.2 Assessment Process

Element	EHCP Framework	ASSA Framework
Right to Request Assessment	CFA 2014 s.36 - parent or YP may request	ASSR Reg 13 - entitled persons may request
Assessment Duty	CFA 2014 s.36 - LA must assess if criteria met	ASSR Reg 13 - LA must carry out assessment
Assessment Requirements	SEND Regs Part 3 - multi-agency assessment	ASSR Reg 14 - interview, consult Health/Education
Written Report	EHCP document (Sections A-K)	ASSA written report (Reg 14(3)(b))
Timescale	20 weeks from request to final EHCP	No statutory timescale (good practice: 45 days)

J.3 Plan Requirements

Element	EHCP Framework	ASSA Framework
Plan Document	EHCP (Sections A-K)	Adoption Support Services Plan (Reg 16)
Content - Needs	Section B (SEN), C (Health), D (Social Care)	Reg 16(3) - services to be provided
Content - Provision	Section F (education), G (health), H (social)	Reg 16(3) - objectives, timescales, arrangements
Content - Outcomes	Section E - outcomes sought	Reg 16(3)(b) - objectives of the plan
Review Arrangements	Section J - review date	Reg 16(3)(d) - arrangements for review

Named Officer/Coordinator	No equivalent requirement	Reg 16(4) - MUST nominate coordinator
Consultation	CFA s.38 - must consult child/parent	Reg 16(2) - must consult person assessed

J.4 Provision Duties

Element	EHCP Framework	ASSA Framework
Duty Language	CFA s.42 - LA MUST SECURE provision in EHCP	ACA s.4(4) - LA must DECIDE whether to provide
Mandatory Element	Section F provision - must secure	CSDPA s.2 - SHALL BE THE DUTY (if disabled)
Budget Defence	Not available - must secure regardless	Not available - Tandy applies
Health Provision	Section G - ICB must arrange	Reg 14(4) - must notify ICB if health needs
Social Care Provision	Section H2 - LA must arrange if agreed	Reg 16 plan - specifies social care provision

J.5 Review Process

Element	EHCP Framework	ASSA Framework
Review Frequency	At least annually (CFA s.44)	Reg 19 - at appropriate times; Reg 20 - annually for financial
Review Triggers	Change of circumstances; request	Reg 19(2) - request; significant change
Review Scope	Full reassessment of needs and provision	Regs 14-15 apply to reviews

J.6 Challenge and Redress

Element	EHCP Framework	ASSA Framework
Internal Process	Mediation (mandatory before tribunal)	Reg 17 representations; LA complaints
Tribunal/Formal Appeal	SENDIST (First-tier Tribunal SEND)	NO EQUIVALENT TRIBUNAL
Alternative Redress	Judicial Review; Ombudsman	Judicial Review; Local Government Ombudsman
Timescale for Appeal	2 months from decision	3 months for JR; 12 months for Ombudsman
Legal Aid	Generally available for SENDIST	Limited - mainly for JR

KEY DIFFERENCE - APPEAL ROUTES

The most significant difference between the frameworks is the absence of a specialist tribunal for ASSA decisions. EHCP disputes go to SENDIST; ASSA disputes must be pursued through LA complaints, the Ombudsman, or Judicial Review. This makes getting the ASSA right first time even more critical.

J.7 Interaction Between Frameworks

Many adopted children are subject to BOTH frameworks. Where this occurs:

- The ASSA should reference the EHCP and align provision
- The Reg 16(4) coordinator should liaise with the EHCP case officer
- Health provision should be consistent across both plans
- Review dates should be aligned where practical
- The family should have ONE coordinated package, not two parallel systems

INTEGRATION PRINCIPLE

The ASSA framework exists to coordinate support. Where a child has an EHCP, the ASSA should wrap around it, filling gaps and adding adoption-specific provision - not duplicating or contradicting it. The Reg 16(4) coordinator role is essential for achieving this integration.

— END OF GUIDANCE —

Document prepared February 2026
For use in training and professional development