Child’s Permanence Report

(Where there is parental consent to place)

Child’s Permanence Report

(Where there will be an application for a Placement Order)

Practice Direction 14C Annex B Report to court where there has been an application for a Placement Order

(Delete as appropriate)

Please refer to ‘Guidance notes’ for more on how to complete this form. Note – letters in brackets in superscript refer to sections in the ‘Guidance notes’ document.

#### This document includes 'pop up' guidance, which you can view by hovering your cursor (for a couple of seconds, and without clicking), wherever you see **text with an asterisk\***.

### Section B: The child and the birth family

### Part one

1. The child’s details

|  |  |
| --- | --- |
| Name of child: |  |
| Date of birth: |  |

Insert photograph of child:

|  |
| --- |
|  |
| Date photograph taken: |  |

## Genogram\***(a)**

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| --- |
|  |

1. Adoption agency details

|  |  |
| --- | --- |
| Name of agency: |  |
| Address: |  |
| Telephone: |  |
| Adoption agency case reference no. |  |

|  |  |
| --- | --- |
| Name of social worker completing this form: |  |
| Address if different from the one above: |  |
| Telephone: |  |
| Email: |  |
| Signature: |  |
| Is the social worker qualified\* under the Restriction on the Preparation of Adoption Reports Regulations 2005 to prepare this report?(b)(i.e. employed by adoption agency, three years direct experience of adoption work, see guidance for definition of ‘direct’) | Yes [ ]  | No [ ]  |
| If no, give details below of the person who is qualified and has supervised the preparation of this report. This may not necessarily be the team manager. |
|  |
| Name: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Name of team manager:\*(c) |  |
| Address if different from the one above: |  |
| Telephone: |  |
| Email: |  |
| Signature: |  |

|  |  |
| --- | --- |
| Name of worker responsible\* for family finding: (d) |  |
| Address if different from the one above: |  |
| Telephone: |  |
| Email: |  |

|  |  |
| --- | --- |
| Date report completed: |  |
| Date report updated:\* (e)  | (List) |
| Date of agency decision that child should be placed for adoption and list any review dates/s: |  |
| Has there been any delay in implementing this decision? If yes, give details and reasons: |  |
| Date of care order/placement order or any other orders made: |  |

1. Essential information about the child

|  |  |
| --- | --- |
| Surname: |  |
| First name/s: |  |
| Other names child is known by (including familiar names): |  |
| Date of birth: |  |
| Place of birth: |  |
| Ethnicity: |  |
| Gender\*:(f) |  |
| Current address: (can be withheld\* if confidential) (g) |  |
| Local authority area of this address: |  |

1. Details of current carer

|  |  |
| --- | --- |
| Name of person/s at this address who is the main carer of the child: |  |
| Relationship/status of this person/s to the child: |  |
| Ethnicity\*: (h) |  |
| Telephone: |  |
| Email: |  |

1. Family composition

#### This section should include birth parents, other family members, significant adults and other children and should specify the relationship to the child. Set out the family members' full names, their dates of birth and their current addresses. For **siblings\***(i), note whether full or half-sibling, maternal or paternal and if living with the child.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Relationship | Parental responsibility | DOB | Nationality | Ethnicity(h) | Address |
|  |  |  |  |  |  |  |
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1. Legal status of the child

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| --- |
| If there is a court order in force, or there have been any previous orders, give name of court, date on which order was made and type of order: |
|  |
| Have any orders been applied for but not yet granted? If so, which orders and at which court and date of application?  |
|  |
| Give date of final hearing:  |  |
| If the child is subject to proceedings, who are the parties to the proceedings? |
|  |
| Is the child provided with accommodation under section 20 or section 59(1) of the Children Act 1989? | Yes [ ]  | No [ ]  |
| Give details and date of any formal or advanced consent to the placement of the child for adoption and the making of the adoption order (and whether yet witnessed by a CAFCASS officer). If subsequently withdrawn, give date withdrawn. |
|  |
| Give details and the date where the parent or guardian has made a statement under section 20(4)(a) of the 2002 Act that they do not wish to be informed of any application for an adoption order. If such statements were subsequently withdrawn, give the dates of these withdrawals. |
|  |
| Is the child entitled to compensation for the death of a parent or carer, or do they have any expectation of inheritance that might be affected by the making of an adoption order? (j) If yes, please give details. |
|  |

## Nationality

How acquired?

Immigration status – resolved or pending?

Does the child have a passport?

Is the local authority applying for British Citizenship for the child?

|  |
| --- |
|  |

1. CAFCASS Guardian’s position or provisional view on whether adoption would be an appropriate plan if a care order is made**(k)**

|  |
| --- |
| **CAFCASS view\*** inc. transracial adoption (if applicable) and identity needs. Include name of Guardian, the date their provisional view was given and whether written or oral, or details of attempts made to ascertain a view.  |
|  |

UPDATE: Summary of position taken at hearing

|  |
| --- |
|  |

1. Chronology\* of the child’s care since birth(l)

This should be a continuous/complete record with no gaps

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age of child (years and months) | From | To | Name and address of parent/carer and relationship to child | Child’s lived experience at this address (refer to guidance)  | Observations on the care provided and reason for move |
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1. Descriptive and evaluative report on the child(m)

#### In compiling this **report\***, where evidence has been drawn from the reports of other professionals, list reports below and give details.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of report**  | **Author of report** | **Professional position**  | **Date of report** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Description of an occasion when you have spent time with the child and the child’s interaction and engagement with you. Include date and location (e.g. foster carer’s house, nursery, etc). |
|  |

## AFDiT: The transracial adoption framework(n)

## Description of the child(o)

|  |
| --- |
| 9.1 Physical\* description |
|  |
| 9.2 Child’s personality\* |
|  |
| 9.3 Interests\*, likes and dislikes |
|  |
| 9.4 Self-care\* skills |
|  |
| 9.5 **A day\*** in the life of the child |
|  |
| 9.6 Emotional, behavioural and social development\* |
|  |
| 9.7 Identity – Include the child’s identity as a sibling, how do they view themselves as part of the family? Is there a meaning or reason behind the child’s name? Why was this name chosen for them?  |
|  |
| 9.8 Religion – Has a religion been identified for the child? Does the child actively participate in a religious faith? Has the child been formally admitted to their religion through a recognised ceremony? (State which) |
|  |
| 9.9 Language – Identify the child’s first language, any other languages the child uses in daily living or has experienced in the past. |
|  |
|  9.10 The child’s general **health\*(**p) – daily, observations, etc. Avoid **duplication\*** with medical **summary\*.** |
|  |

1. Summary from the agency medical adviser(q)

Must be inserted or attached

#### This should be a summary of the Child Health Report (not the whole report) written by the agency medical adviser. It must include the state of the child's health, health history and any need for health care that might arise in the future. The agency medical adviser should include confirmation that no other examinations or reports are necessary.

|  |
| --- |
|  |
| Update and date |
|  |

1. The child’s education(r)

This section should include all school placements, including playgroup and nursery provision

|  |  |  |  |
| --- | --- | --- | --- |
| From  | To | Name of provider and address | Type of educational provision |
|  |  |  |  |
|  |  |  |  |
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| --- | --- | --- |
| Does the child have an Education, Health and Care Plan (EHCP) (Children and Families Act 2014)?  | Yes [ ]  | No [ ]  |
| If yes, include a summary of the main features and requirements. Attach any relevant copies of the following: EHCP, Annual Review Report, latest school and/or educational psychologist’s report, any other relevant reports or plans. |
|  |
| If no, is the child receiving any other additional support?  |
|  |

|  |
| --- |
| 11.1 Summary of the child’s **educational\*** progress and needs(o) |
|  |
| 11.2 Child’s experience of playgroup/nursery or school |
|  |

1. Summary\* of relevant family history and the child’s history(s)

|  |
| --- |
| 12.1 Summary account of **relevant\*** family history |
|  |
| 12.2 Summary account of the **child's history\*** from their birth to present time (including prenatal experience) and how this led to them becoming looked after |
|  |

1. Social worker’s analysis of the child’s needs and the implications for their future home and parenting needs based on the above information

|  |
| --- |
| What is this child like to live with? What are their needs likely to be?(t) |
|  |
| How does the child respond to their carers?  |
|  |
| Social worker **analysis\*** based on the above |
|  |

1. Child’s wishes and feelings about adoption and maintaining relationships(u)

|  |
| --- |
| 14.1 **Wishes\*** and feelings and date ascertained (include wishes and feelings recorded in any other proceedings) |
|  |
| 14.2 How do you know this?  |
|  |
| 14.3 Social worker’s **analysis\*** of the wishes and feelings of the child(v) |
|  |
| 14.4 Any further relevant information. Include any preparation for adoption. |
|  |

### Part two: The child and their relationships(w)

1. The child’s mother\*

|  |  |
| --- | --- |
| Surname: |  |
| First name/s: |  |
| Are these the names used at the time of the child’s birth? If no, what were they? |  |
| Other names used (including familiar names): |  |
| Date and place of birth: |  |
| Nationality and immigration status\*: |  |
| Gender (self-defined): |  |
| Sexual orientation (self-defined): |  |
| Racial origin, cultural and linguistic background ethnicity:Are they a different cultural identity to the child? How have they contributed to the child’s identity? | Consider fine detail within these characteristics – avoid generalisations |
|  |
| Current address (give date when last confirmed): |  |
| Local authority area: |  |

A recent good quality photograph should be attached or inserted here or reasons given where not available

|  |
| --- |
|  |
| Date of photograph:  |  |
| 15.1 Give a brief description of the child’s mother |
|  |
| 15.2 Briefly describe the personality and interests of the child’s mother (see guidance) |
|  |
| 15.3 Brief details of the child’s mother’s education history |
|  |
| 15.4 Current occupation or profession |
|  |
| 15.5 Brief details of employment history |
|  |
| 15.6 Brief description of the home and neighbourhood where the child’s mother lives |
|  |
| 15.7 Brief summary of any relevant health factors |
|  |

1. Details of mother’s current partner (if not the child’s father)

|  |  |
| --- | --- |
| First name/s: |  |
| Surname: |  |
| Other names (including familiar names): |  |
| Gender (self-defined): |  |
| Sexual orientation (self-defined): |  |
| Occupation or profession: |  |
| Status and length of relationship with the mother (married, civil partnership, cohabiting), including relevant dates: |
|  |
| Is this person a different cultural identity to the child? How have they contributed to the child’s identity? |
|  |

1. Summary and brief social history of the child’s mother

|  |  |
| --- | --- |
| Date where known: | Detail any **significant**\* events from birth – details of parents or carers, place of residence, education, bereavements or loss, major illness, significant relationships, including any previous marriages or civil partnerships, to give a brief social history of the child’s mother relevant to this CPR.**(x)** |
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1. Father (or second parent) with parental responsibility (PR) for the child

|  |  |
| --- | --- |
| How did the child’s father acquire PR\* for the child? |  |
| Does the child’s father know of the plan to place the child for adoption?  | Yes [ ]  | No [ ]  |
| If yes, give details of any formal or advanced consent to the placement of the child for adoption and the making of the adoption order (witnessed by a CAFCASS officer)  |
|  |
| If no, has the agency decided that it is appropriate to counsel and advise the child’s father? Is there any ongoing contact with the child’s father directly or through another agency? |
|  |

1. Father without parental responsibility (PR)

|  |  |  |
| --- | --- | --- |
| Is the identity of the child’s father without PR known to the agency? | Yes [ ]  | No [ ]  |
| Has the paternity of the child been confirmed?  | Yes [ ]  | No [ ]  |
| If yes, indicate how this was confirmed |
|  |
| Is anyone else claiming paternity of the child? If yes, give details. |
|  |
| Does the child’s father know of the birth of the child, and what contact has there been with the agency? If the father knows, set out what steps have been taken to offer counselling and advice. Are these continuing? If not and the agency knows the father’s identity, has the agency decided that it is appropriate to offer counselling and advice? Is there any ongoing contact with the father directly or through another agency? |
|  |
| Does the child’s father intend to apply for parental responsibility for the child, or for a residence or contact order? | Yes [ ]  | No [ ]  |
| If yes, give details. |
|  |
| Is this person a different cultural identity to the child? How have they contributed to the child’s identity?  |
|  |

1. The child’s father(w)

|  |  |
| --- | --- |
| Surname: |  |
| First name/s: |  |
| Are these the names used at the time of the child’s birth? If not, what were they? |  |
| Other names used (including familiar names): |  |
| Date and place of birth: |  |
| Nationality and immigration status\*: |  |
| Gender (self-defined): |  |
| Sexual orientation (self-defined): |  |
| Racial origin, cultural and linguistic background:Fine details, etc. |   |
| Current address (give date when last confirmed): |  |
| Local authority area: |  |

A recent good quality photograph should be attached or inserted here or reasons given where not available

|  |
| --- |
|  |
| Date of photograph:  |  |
| 20.1 Give a brief description of the child’s father |
|  |
| 20.2 Briefly describe the personality and interests of the child’s father (see guidance) |
|  |
| 20.3 Brief description of the child’s father’s education history |
|  |
| 20.4 Current occupation or profession |
|  |
| 20.5 Brief details of employment history |
|  |
| 20.6 Brief summary of any relevant health factors |
|  |
| 20.7 Brief description of the home and neighbourhood where the child’s father lives |
|  |

1. Relationship between the child’s mother and father

|  |
| --- |
| What was the status of the father’s relationship with the child’s mother at the time of the birth of the child (married, cohabiting) and what is the current status of the relationship (separated, divorced, living apart or married subsequent to the child’s birth) – include dates. |
|  |
| Give a brief description of the past and current relationship of the birth parents with each other and their views of this |
|  |

1. Details of the father’s current partner (if not the child’s mother)

|  |  |
| --- | --- |
| First name/s: |  |
| Surname: |  |
| Other names (including familiar names): |  |
| Gender (self-defined): |  |
| Sexual orientation (self-defined): |  |
| Occupation or profession: |  |
| Status and length of relationship with father (married, civil partnership, cohabiting), including relevant dates: |
|  |
| Is this person a different cultural identity to the child? How have they contributed to the child’s identity? |
|  |

1. **Summary and brief social history of the father**

|  |  |
| --- | --- |
| Date where known: | **Detail any significant\* events from birth – details of parents or carers, place of residence, education, bereavements or loss, major illness, significant relationships including any previous marriages or civil partnerships to give a brief social history of the father relevant to this CPR**(x) |
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1. The child’s siblings\* (full/half/step)(y)

Complete this section for each identified sibling\*, whether or not part of the proceedings

|  |  |
| --- | --- |
| Surname\* (can be withheld if confidential): |  |
| First name/s: |  |
| Date of birth: |  |
| Place of birth: |  |
| Gender: |  |
| Ethnicity: |  |
| Nationality: |  |

|  |  |
| --- | --- |
| Birth mother’s full name (surname first): |  |
| Birth father’s full name (surname first): |  |

|  |  |
| --- | --- |
| Current carer’s name (where appropriate): |  |
| Current carer’s address (where appropriate): |  |
| Relationship/status of current carer to child: |  |

A recent good quality photograph should be attached here if appropriate or reasons given where not available

|  |
| --- |
|  |
| Date of photograph:  |  |
| 24.1 Give a brief description of the child and their personality |
|  |
| 24.2 Current circumstances and legal status of siblingSet out the child’s current circumstances, whether they are currently “looked after”, and if so, give details of the local authority that has responsibility for this sibling and their legal status. If there is a court order in force, give details of the type of order, the name of the court and the date on which the order was made. If an order has been applied for and not yet granted, give brief details. |
|  |
| 24.3 Plan for this siblingGive brief details of the current plan for this sibling. If the plan for this sibling is adoption, indicate if this sibling is to be placed with the child subject to this CPR or any other siblings. |
|  |
| 24.4 Sibling relationship – where and when they have lived together, the frequency of any contact and the length of the relationship |
|  |

1. Sibling assessment\*(z)

|  |
| --- |
| Names and ages of children included in the sibling assessment: |
|  |
| Date completed: |  |
| Analysis – how does this relationship work? Quality of the relationship and how does it function? What are the influences on this relationship? |
|  |
| **Outcome\*** (including who they identify as a sibling?) |
|  |
| Recommendations – what is needed to support this relationship? |
|  |

1. Other significant\* relatives or people important to this child(aa)

|  |  |
| --- | --- |
| Name: |  |
| Relationship and significance to the child (including if they hold PR): |  |
| View of the plan and date obtained: |  |

|  |  |
| --- | --- |
| Name: |  |
| Relationship and significance to the child (including if they hold PR): |  |
| View of the plan and date obtained: |  |

|  |  |
| --- | --- |
| Name: |  |
| Relationship and significance to the child (including if they hold PR): |  |
| View of the plan and date obtained: |  |

1. Current arrangements for the child to stay connected with family and people important to them identified in sections above

|  | What are the current arrangements?Include frequency, location and supervision arrangements. | Child’s experience:Give brief details of the quality of this. Are the arrangements meeting the child’s needs? |
| --- | --- | --- |
| Child’s mother: |  |  |
| Child’s father: |  |  |
| Child’s mother’s/father’s current partner (as applicable): |  |  |
| Maternal grandparents: |  |  |
| Paternal grandparents: |  |  |
| Sibling 1 (name): |  |  |
| Sibling 2 (name): |  |  |
| Sibling 3 (name): |  |  |
| Other significant people (name and relationship): |  |  |

1. Proposed arrangements for the child to stay in touch\* with family and people important to them in the future(bb)

|  |
| --- |
| What are the proposed contact arrangements, post-placement and post-adoption order as set out in the Care Plan? Set out the reasons and any assessment used to inform this plan (e.g. Research in Practice tool). How will it meet the needs of the child (balance the options) and how will the plans be reviewed? (See guidance) |
|  |
| Give a description of the arrangements for all relevant people set out below: e.g. meetings, exchange of information, frequency, duration, photographs, any other relevant details, and any support or supervision requirements. If this is not planned to be face-to-face meetings, give reasoning as to why not.  |
| Child’s mother: |  |
| Child’s father: |  |
| Mother’s/father’s current partner: |  |
| Maternal grandparents: |  |
| Paternal grandparents: |  |
| Sibling 1 (name): |  |
| Sibling 2 (name): |  |
| Sibling 3 (name): |  |
| Other significant people (name and relationship): |  |
| What are the child’s views on these proposals and what is the likely impact on them throughout their life? (Balance the risks of staying in touch with the risks of not staying in touch for the child into their adulthood.)  |
|  |
| What are the transitional arrangements to the proposed plan once the care order/placement order is made?Include support plans for initial meetings between the child’s family and early permanence carers or adopters. |
|  |

### Part three: Summary of the actions of the agency

1. Key decisions and actions\* taken by the agency with respect to the child(cc)

|  |  |
| --- | --- |
| Date\* | Key decision\*/action (including care planning process) |
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1. Support to the child’s mother

See ‘Birth parents’ views’ section in ‘Guidance notes’

|  |
| --- |
| What support or services has the child’s mother been offered or taken up to date? |
|  |
| Has the child’s mother been referred for/received counselling from an independent person in relation to the plan for adoption? (Give details) |
|  |
| Child’s mother’s view on the adoption plan for the child.Give date when their views were last ascertained and briefly describe the outcome and views. If no views were received, set out attempts made and reasons for non-completion. |
|  |
| When was the child’s mother shown the relevant sections of this CPR? |  |
| Note date shown and briefly describe the outcome of this. If not, give reasons. |
|  |
| If the child’s mother has written their own account, is this included within or appended to this report? |
|  |

1. Support to the child’s father

See ‘Birth parents’ views’ section in ‘Guidance notes’

|  |
| --- |
| What support or services has the child’s father been offered or taken up to date? |
|  |
| Has the child’s father been referred for/received counselling from an independent person in relation to the plan for adoption? (Give details) |
|  |
| Child’s father’s view on the adoption plan for the child.Give date when views were last ascertained and briefly describe the outcome and views. If no views were received, set out attempts made and reasons for non-completion. |
|  |
| When was the child’s father shown the relevant sections of this CPR? |  |
| Note date shown and briefly describe the outcome of this. If not, give reasons. |
|  |
| If the child’s father has written their own account, is this included within or appended to this report? |
|  |

1. Ability and willingness\* of each parent and other family members or relevant persons to permanently care for the child(dd)

#### For each parent or guardian and/or where relevant the child’s relatives or any other person where an assessment has taken place, set out a summary of the assessment findings and your analysis of their ability and willingness to provide the child with a secure environment that encourages their full development and meets their needs. Include the care/legal options that have been explored in relation to this carer and the reasons why the options have been discounted (ACA 2002 s.1(4)(f)(ii)).

|  |  |
| --- | --- |
| Name: |  |
| Relationship to the child: |  |
| Summary of assessment and social worker’s analysis of their parenting capability – their willingness and ability to provide a secure environment in which the child can develop and how they could meet the child’s needs within the child’s timescale. |
|  |
| Assessment and analysis of how the ongoing relationship with the child will be supported if not covered in sibling assessment (section 25) above. |
|  |
| Their wishes and feelings regarding the plan for the child and date ascertained (if not covered elsewhere) |
|  |

1. Brief details of assessments of the child’s needs, giving date undertaken and expert’s opinion (if not covered elsewhere)(ee)

|  |  |
| --- | --- |
| Assessment: |  |
| Date: |  |
| Expert’s opinion: |
|  |

|  |  |
| --- | --- |
| Assessment: |  |
| Date: |  |
| Expert’s opinion: |
|  |

|  |  |
| --- | --- |
| Assessment: |  |
| Date: |  |
| Expert’s opinion: |
|  |

1. Summary of the reasons for considering that adoption would be in the child’s best interests, including consideration of the welfare checklist

Address all the options which are realistically possible and analyse the arguments for and against each option, with date of relevant decision and reasons for any delay in implementing the decision

|  |  |
| --- | --- |
| First realistic option: |  |
| Factors in favour: | Factors against: |
|  |  |

|  |  |
| --- | --- |
| Second realistic option:  |  |
| Factors in favour: | Factors against: |
|  |  |

|  |  |
| --- | --- |
| Third realistic option:  |  |
| Factors in favour: | Factors against: |
|  |  |

## In reaching these recommendations I have considered:

|  |
| --- |
| Welfare checklist ACA 2002 1(4)a–fa) the child’s ascertainable wishes and feelings regarding the decision (considered in the light of the child’s age and understanding),(b) the child’s particular needs,(c) the likely effect on the child (throughout his life) of having ceased to be a member of the original family and become an adopted person,(d) the child’s age, sex, background and any of the child’s characteristics which the court or agency considers relevant,(e) any harm (within the meaning of the Children Act 1989 (c. 41)) which the child has suffered or is at risk of suffering,(f) the relationship which the child has with relatives, with any person who is a prospective adopter with whom the child is placed and with any other person in relation to whom the court or agency considers the relationship to be relevant, including—(i) the likelihood of any such relationship continuing and the value to the child of its doing so,(ii) the ability and willingness of any of the child’s relatives, or of any such person, to provide the child with a secure environment in which the child can develop, and otherwise to meet the child’s needs,(iii) the wishes and feelings of any of the child’s relatives, or of any such person, regarding the child. |

## **Reason why adoption is the preferred and proposed placement option**(ee)

|  |
| --- |
|  |

### Section C: Recommendations(ff)

|  |
| --- |
| The relative merits of a placement order and other orders (such as a child arrangements order or special guardianship order), including an assessment of why the child's long-term interests are likely to be best met by adoption rather than by any other order |
|  |
| Recommendations as to whether there should be future contact arrangements (or not), including whether a contact order under section 26 of the 2002 Act should be made |
|  |

### Appendix: Tools for gathering information

The information collected here should be incorporated into the main report.

## Child’s parents’ views

#### Wherever possible, this record should be completed by the child’s parents in their own words. It may be used as an important source of information for the agency in making its decisions and, when and where appropriate, for the child and the adoptive parents in understanding the child’s background. It is important that birth parents understand the importance of these questions and the reasons why they are being asked. The form should be used wherever possible within the context of a counselling interview/s (required by Regulation 14, AAR 2005).

#### These forms could be revisited and updated at later points after the care proceedings, before matching or the adoption order application if the parents are willing and/or have been supported to make further contributions or changed their views.

#### The information gathered from the forms should then be included in the main report and a copy of the forms placed on the child’s adoption file.

## Views of the child’s mother on the report

|  |  |
| --- | --- |
| Your name: |  |
| The name of your child: |  |
| I have read/have had shared with me the details about me as recorded in my child’s permanence report | Yes[ ] /No[ ]  |
| I agree with what has been written | Yes[ ] /No[ ]  |
| I would like to add the following information: |
|  |
| I disagree with what has been written in my child’s permanence report for the following reasons: |
|  |

Any additional comments should be recorded separately and signed and dated.

|  |  |
| --- | --- |
| I have been given written information about the adoption process | Yes[ ] /No[ ]  |
| I have been offered/had independent counselling to support me in understanding why adoption is the local authority’s preferred plan for my child | Yes[ ] /No[ ]  |

#### You may want to seek advice and support from somebody who is experienced in adoption matters and who can help you with this. It is also important for you to understand that, whilst the adoption agency must take into account your wishes or feelings, the agency and the adoptive parents cannot be required to follow them.

|  |
| --- |
| What things would you like your child/children and the adopters to know about your childhood and the way that it has influenced you? In time, it will be very important for your child to have a better understanding of your life. This will be easier if your child has a picture of both the good things and the difficult experiences you may have had whilst growing up. |
|  |
| Do you have any wishes or feelings about your child/children in relation to the plan to place them for adoption? |
|  |
| Do you have any wishes or feelings about your child/children in relation to their future religious or cultural upbringing?  |
|  |
| Are there any other comments you would like to make about the way in which you would like your child/children to be brought up in their adoptive family? |
|  |

|  |  |
| --- | --- |
| Signature: |  |
| Date:  |  |

## Views of the child’s father on the report

|  |  |
| --- | --- |
| Your name: |  |
| The name of your child: |  |
| I have read/have had shared with me the details about me as recorded in my child’s permanence report | Yes[ ] /No[ ]  |
| I agree with what has been written | Yes[ ] /No[ ]  |
| I would like to add the following information: |
|  |
| I disagree with what has been written in my child’s permanence report for the following reasons: |
|  |

Any additional comments should be recorded separately and signed and dated.

|  |  |
| --- | --- |
| I have been given written information about the adoption process | Yes[ ] /No[ ]  |
| I have been offered/had independent counselling to support me in understanding why adoption is the local authority’s preferred plan for my child | Yes[ ] /No[ ]  |

#### You may want to seek advice and support from somebody who is experienced in adoption matters and who can help you with this. It is also important for you to understand that, whilst the adoption agency must take into account your wishes or feelings, the agency and the adoptive parents cannot be required to follow them.

|  |
| --- |
| What things would you like your child/children and the adopters to know about your childhood and the way that it has influenced you? In time, it will be very important for your child to have a better understanding of your life. This will be easier if your child has a picture of both the good things and the difficult experiences you may have had whilst growing up. |
|  |
| Do you have any wishes or feelings about your child/children in relation to the plan to place them for adoption? |
|  |
| Do you have any wishes or feelings about your child/children in relation to their future religious or cultural upbringing?  |
|  |
| Are there any other comments you would like to make about the way in which you would like your child/children to be brought up in their adoptive family? |
|  |

|  |  |
| --- | --- |
| Signature: |  |
| Date:  |  |

## Child’s wishes and feelings

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name: |  | Date completed: |  |

#### Your social worker will have talked to you about adoption. They should have told you what this means. They should also have told you what they are going to do to find your adoptive family.

#### If you feel that you still do not understand what adoption means, you should ask to be told again until you feel that you understand.

#### It is very important for the adults who are making decisions about this to understand what you think and feel about adoption.

#### You may want to write what you think about adoption in your own words. You can do this below. You may want an adult to help you write this or do it for you. You might have lots to say. You may have very little to say. It is up to you, but whether it is a lot or a little, it is always very important. You can use extra paper if you like.

|  |
| --- |
| What I think about being adopted |
|  |
| What I think I want my adoptive family to be like |
|  |

#### Here are some other important things that you may want to say something about.

#### You may go to a church, temple or mosque. You may say prayers. If this is so, it is important that social workers know about this so that your adoptive parents know about this too.

|  |
| --- |
| Do you go to a church, temple or mosque or say prayers? |
|  |
| Do you want to say any more about this? |
|  |

#### There are lots of important things about you. These might include the place where you were born or have lived, the festivals or celebrations you like, the clothes you wear, the kinds of people you like to be with, the food you like or the food you don’t like or don’t eat.

#### It will be very important to make sure that your adoptive parents know these things about you. Ask somebody who knows you well to think about how you might write some of this down.

|  |
| --- |
| These are the important things I want people to know about me |
|  |

#### After you are adopted, it may be possible for you to stay in touch with people who are very important to you now. Your social worker can explain how this can happen.

#### You may want to say something about each of these people and how you want to stay in touch with them. If you want somebody else to help you do this, you can ask them.

|  |
| --- |
| These are the people I want to stay in touch with |
|  |

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