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Child's Permanence Report (CPR)/ Annex B Report

Guidance notes

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Checklist for the CPR/Annex B Report

(Can be attached to report)

The Child's Permanence Report (CPR) and Annex B Report includes the following paperwork:

- **Section A:** The report and matters for proceedings (this is only needed as a front sheet to the Annex B Report).
- **CPR/Section B:** The child and their family – factual information about the child and the significant people involved in their lives; descriptive report on the child, including observation and interaction; key information on those people who are significant to the child (completed as applicable) and arrangements for staying in touch; views of all relevant parties; and the actions of the adoption agency.
- **CPR/Section C:** The recommendations made by the adoption agency.
- **File closure cover note:** For completion at the point of the Adoption Order.

Tick to indicate which sections have been completed and are included:

Section A	The report	Required	<input type="checkbox"/>
	Matters for the proceedings	Required	<input type="checkbox"/>
Section B/ Part one	Up-to-date photo of the child	Required	<input type="checkbox"/>
	Adoption agency details	Required	<input type="checkbox"/>
	Essential information about the child	Required	<input type="checkbox"/>
	Descriptive and evaluative report on the child	Required	<input type="checkbox"/>
	Wishes and feelings of the child	Required	<input type="checkbox"/>
Part two	The child and their relationships	Required	<input type="checkbox"/>
	The child's mother	Required	<input type="checkbox"/>
	The child's father	Required	<input type="checkbox"/>
	The views of the child's mother and father	Required	<input type="checkbox"/>
	Other people with PR	As applicable	<input type="checkbox"/>

	Other relatives or relevant people	As applicable	<input type="checkbox"/>
	The child's siblings	As applicable	<input type="checkbox"/>
	Sibling assessment	As applicable	<input type="checkbox"/>
	Staying in touch plans	Required	<input type="checkbox"/>
Part three	Decisions and actions of the agency	Required	<input type="checkbox"/>
	Assessments of parents and relatives	Required	<input type="checkbox"/>
Section C	Recommendations	Required	<input type="checkbox"/>
Additional paperwork for ADM	Additional paperwork required for agency decision-maker (ADM), e.g. court reports, sibling assessments, medical report and foster carer's report on the child should be appended to this report when an agency decision is being sought.	Required for agency decision	<input type="checkbox"/>

Notes for guidance

The purpose of the Child's Permanence Report (CPR) is to enable the agency decision-maker (ADM) and, where appropriate, the adoption panel to discharge their functions under the Adoption Agencies Regulations 2005 and subsequent amendments, including compliance with the welfare checklist in section 1 of the Act. These are:

- to recommend/decide whether the child should be placed for adoption;
- to recommend/decide whether the child should be placed with prospective adopters;
- as the source of essential information to the prospective adopters when first approached by the agency about a child, to enable them to decide whether to proceed with the matching process;
- as a source of important information about the child's background and heritage; as a source of important information for the adopted adult about their life history and heritage.

Additional guidance is available in the Adoption [Statutory Guidance Chapter 1](#).

The CPR is an essential tool in enabling the adoption agency to plan for the future life of a child. Adopted adults have a legal right to have a copy of the document without redaction.

The Annex B Report provides the evidence required to support the application made by the local authority for a placement order and meets the requirements of Practice Direction 14C. Along with other documents submitted to the court, it will enable the court to decide whether adoption is the

right plan for the child and whether a placement order should be made.

The 2015 version of the CPR was designed to also be used as the Annex B Report to accompany the placement order application, to eliminate duplication of work for social workers. The headings of the form are ordered as much as possible to meet the requirements of the Annex B Report and the Adoption Agencies Regulations, including Schedule 1, whilst maintaining the coherence of the child's story. The 2018 version of the CPR was updated to address gender identity issues.

The 2025 version of the CPR has been updated to enhance the voice of the child in the narrative and includes examples of direct work and a day in the life of the child. Learning from research increasingly indicates the role that maintaining relationships and staying in touch play in supporting healthy identity development. Sibling assessments are the starting point and a section is included to outline these. It is assumed that a starting point for maintaining relationships post adoption will be face-to-face ongoing contact with those people important to the child. If this is not the plan, then the reasons why this is not appropriate need to be clearly explained so that the adopted child and adult has an explanation of the decisions made on their behalf.

Listening to those with lived experience and working with adopted adults, has highlighted the challenges inherent in having a document that has to meet both the threshold for court decisions and also act as a source of information for the child or adult themselves in the future. There is further guidance on sensitivity around use of language on the next page.

The 2025 version of the CPR includes a cover note to be completed at the point of Adoption Order/file closure. This is to act as a source of information for an adopted adult coming back to read their records and has been developed with those working in intermediary services and those with expertise in post-commencement regulations and consequences.

In writing this report, it is important to remember the different functions, purposes and potential audiences. It is also important to be compliant with the requirements set out in regulations in relation to information in post-commencement adoptions and obtaining necessary consents. For the report to fulfil these functions, it must be accurate, up to date, balanced, coherent and complete.

The report combines facts about the child and the people who have played an important part in their life to date. It also contains evidence about the child's development and their need for a permanent family. The report will combine the work of many different people contributing their experience, understanding and knowledge of the child and their circumstances and is a collaborative process. These will include:

- professionals from health, education and social care, including foster carers;
- the wishes, views and feelings of the child, wherever these can be made available;
- the child's parents and other birth family members;
- other significant people in the child's life.

The material gathered together for this report also needs to be evaluated and analysed so there is a clear understanding of the child's current and future needs and how these can be met.

The accuracy of the CPR is essential since it will not only form the basis on which decisions are made about whether the child should be placed for adoption, but will also assist the agency in matching the child with an appropriate prospective adopter and will be the source of the information about the child on which the prospective adopter will rely. In due course, the child, on reaching adulthood, will be able

to request a copy of the CPR under s60(2)(b) Adoption & Children Act 2002 and may have to rely on this document as the principal source of information about their pre-adoption history. The adopted adult has a right to have a copy of the CPR that was given to their adopters.

Anti-racist and anti-discriminatory practice

“The social work profession is guided by its values and principles of anti-racist and anti-oppressive practice. This means that social workers are uniquely placed to lead the way, advocating for equality in our society.”¹

Social Work [professional standards](#) state:

“As a social worker, I will not abuse, neglect, discriminate, exploit or harm anyone, or condone this by others.”

It is essential, as social workers, we continue to reflect on our own biases, values and attitudes and consider how these influence our professional practice. It is important that we use individual and group supervision to reflect on both the way we work with families and on the assessment information we gather, before making recommendations that can have life changing impact for the children and families we support.

The CPR is underpinned by the principles of anti-racist and anti-discriminatory practice.

It is essential that, as social workers, we continue to reflect on our own biases, values and attitudes and consider how these influence our professional practice. It is important that we use individual and group supervision to reflect on both the way we work with families and on the assessment information we gather, before making recommendations that can have a life-changing impact for the children and families we support.

Language

This report is highly likely to be read by the person it is written about and the people important to them. It is therefore critical that language is caring, simple and understandable. Avoid jargon, acronyms and professional terminology that the people being written about may not understand.

Sensitive information should be collected and recorded in appropriate and trauma-informed ways to avoid causing unintended harm. This covers information relating to ethnicity, sexual orientation, gender identity, disability, complex health needs, justice-involvement, religion and other aspects of identity. These areas often overlap and may create the potential for increased unintended harm, or may be minoritised by majority groups, causing additional harm.

Caution around terminology

We appreciate differences in preferred terms around racially minoritised ethnic groups and acknowledge the need to avoid homogenising lived experiences (Cane, 2023). It will be appropriate to bear in mind the importance of using terms that children and families favour. Therefore, please enquire with children and families of racially minoritised ethnic groups right at the outset, what term they prefer or best associate with.

¹ [Our approach to equality, diversity and inclusion - Social Work England.](#)

Perhaps you saw the screen in front of you as the final destination. It was not; your words, written about, but without me, would not remain hidden forever.

Rebekah Pierre - [An Open Letter to the Social Worker Who Wrote My Case Files, 2022, BASW](#)

Meeting General Data Protection Regulation 2016 (GDPR) requirements

The information included in the CPR about the child's relatives and other people involved with them, such as foster carers, is gathered to meet the requirements of the Adoption Agencies Regulations 2005 Part 3, specifically Regulation 17 and Schedule 1, Parts 1 and 3. Under the GDPR, the basis for processing this information will be 'legal obligation', as the processing is necessary to comply with the law. Consent is therefore not required in order to include the information in the CPR. Under GDPR, the basis for processing this information will be 'legal obligation', as the processing is necessary to comply with the law.

When the CPR is shared with prospective adopters, they should be reminded that this is confidential information about the child and should be returned to the agency in the event that the link/match does not proceed.

Completing the form

CoramBAAF Form CPR (2025) is available only as an electronic template. The main report has been ordered in three sections linked to those required in the Annex B Report, but these will be presented as one document. The front sheet can be adapted (delete as appropriate) to reflect the legal status of the report, i.e. a CPR for a child being placed with consent, a CPR where an application for a placement order will be made, or as an Annex B Report. There is an additional front sheet provided with this guidance – the required front sheet for Section A of the Annex B Report. The details of information included in each section are set out in the checklist in this guidance which can also be included with the panel paperwork.

The forms for collecting the views of birth parents and the child are included [at the back of the CPR form. with this guidance](#). The information gathered from these should be incorporated into the main document rather than being attached to the CPR and should then be placed on the child's adoption file.

There will be a need to update the report at appropriate times, e.g. when a match is being presented to the adoption panel, and it will be important that the most up-to-date reports are placed on the child's adoption file and given to the prospective adopters.

Finally, there is a cover note for completion at the point of file closure. This gives basic information for an adopted adult returning to access their records. It has been put together drawing on the knowledge and advice of those with lived experience, including adopted adults, adopters, birth records counsellors and researchers.

What makes good analysis?

Definitions

It is essential to differentiate and understand the difference between narrative description and analysis.

- **Assessment:** *collecting, analysing and recording information about people, their circumstances, and the context of their lives in order to reach an understanding of their situation and to inform decisions.*
- **Risk assessment:** *weighing up potential benefits as well as potential harms or losses. Taking risks involves deciding the potential benefits of a proposed act outweigh the potential drawbacks.*
- **Analysis:** *the examination of an issue, problem, topic or situation that goes beyond describing it and includes (one or more of) theories, thoughts, opinions and judgements.*

Oxford Dictionary of Social Work and Social Care, 2018.

Purpose of analysis in the CPR

The purpose of the social work analysis in the CPR is to provide a clear, concise interpretation of a child's situation based on facts and information from the report, with a specific focus on what each detail means for the child, their family and their needs in the future. The analysis is not a repetition of facts from the main body but an explanation of how those facts contribute to the plan for the child and why adoption is the plan that will best meet their needs in the future. Your goal is to help panels, courts and decision-makers understand the risks, strengths, and what this means for the child's experience; along with the reasoning for your recommendations about how the child's needs will best be met, now and in the future.

Key features of good analysis

Child focused: Ensure the child is central to your thinking throughout, even when you are describing the behaviour of adults. Think about what the information might mean for the child's experience. The purpose of the analysis is to interpret information about how an adult can meet a child's needs or how a child's experiences may influence their needs in the future.

Authority: Be confident and authoritative in your analysis, owning your professional opinion.

Clarity: Use straightforward language that everyone can understand. Avoid jargon or language that may have different meanings to different readers. Avoid overly long sentences and unnecessarily formal language.

Focus: Be specific about the behaviours, qualities and attitudes you are describing.

Balance: Be honest about both strengths and vulnerabilities and discuss these robustly and equally. Be clear about potential vulnerabilities and how these can be supported or mitigated against, both now and in the future.

Integrity: Acknowledge what you do not know, identify what you still need to know and weigh up the significance of any gaps in knowledge.

Be concise and avoid repetition: Be careful not to duplicate information already contained elsewhere in the report. Be concise, specific, succinct and relevant.

Distinguish fact and opinion: Be clear about whether the information is fact or opinion, and whose opinion you are stating.

Acknowledge differences of opinion: Be clear if there are differing views and explain the relevance and significance.

Explore differences: Articulate the ethnic, cultural, faith and sexual orientation context, and the significance of this for your analysis. Reflect on your own perceptions, values and attitudes and how these influence your assessment, thinking and decision-making.

Show your workings out: Be clear about your thinking process, and how you have used the available information to reach a conclusion. If an opinion or view has changed, it could be helpful for the reader to understand how and why this happened.

Triangulate facts/views/observations: Check if facts and perspectives are consistent and congruent. Evaluate significance, weight and reliability of information.

Sources of information: State sources and types of references, observations, opinion and information.

Sentences of analysis start with:

- In my opinion
- In my view
- On balance
- Based on the evidence gathered
- I think that
- It would seem that
- It appears that
- In my professional judgement
- My hypothesis.....is based on
- Having considered the evidence
- My initial hypothesis was....but having discussed with my manager
- Information gathered about the carer's childhood and....would suggest that
- Research on attachment suggests that
- My recommendation is based on
- The evidence for
- Weighing up the evidence gained from....against....I believe that
- Having compared....with....I am of the opinion that
- I believe the carers are able to...because
- Having carefully considered the evidence available, I predict that
- In looking at the issue of....and placing it in context of....my view is
- I considered all the information in....and my opinion is
- My evaluation of their...information leads me to believe that

Guidance notes

These refer to the superscript letters in brackets in the form.

a) **Genogram**. The child's family tree is required by the AAR. The template for the genogram in the care application can be used here, updated if needed. Where a family is very large and/or complicated, it may be clearer to list the relevant family members in the family composition section. The genogram should normally go back to the child's grandparents' generation and include all siblings and half-siblings, and significant extended family members. Use dates of birth where known rather than ages.

b) **Qualification to prepare the report**. The Restriction on the Preparation of Adoption Reports Regulations 2005 apply here. This means that the social worker must have at least three years' post-qualifying experience in child care social work, including **direct** experience of adoption work, **or** be supervised by a social worker who is employed by the local authority or adoption agency and has at least three years' post-qualifying experience in child care social work, including **direct** experience of adoption work.

The definition of 'direct' is given in Statutory Guidance 2013 1.13 as:

a social worker responsible for a child where the agency has decided that the child should be placed for adoption and the social worker has been personally involved in considering whether the child should be placed for adoption, the matching, placement and review stages of the adoption process;

and/or

a social worker responsible for the recruitment, preparation, assessment and support of adoptive families.

c) Insert **title of relevant manager** as identified by the agency.

d) For **worker responsible for family finding**, give details of the identified worker and their role in the agency, e.g. family finder/home finder. This may be someone in the Regional Adoption Agency (RAA).

e) **Updates** are likely to be required at each stage the report is used. List the dates the updates were completed as a running record and the name of the person completing the update. Each section should be updated throughout.

f) **Gender**. Where the child is old enough this should be self-defined. This should be reflected in section 9.7 under the identity heading and should be correctly recorded throughout the report.

g) The social worker should withhold confidential placement information if applicable. (This could be inserted into the CPR at a later stage, e.g. for matching.) When the report is submitted to court as the Annex B Report, FPR 2010 R29.1(2) makes provision for the name of the carer/s and the child's current address to be confirmed in a separate document if necessary.

h) **Ethnicity**. The Office for National Statistics (ONS) sets out that 'the terminology used to describe ethnic groups has changed markedly over time and however defined or measured, tends to evolve in the context of social and political attitudes or developments. Ethnic group is also very diverse,

encompassing common ancestry and elements of culture, identity, religion, language and physical appearance.' It recommends that people should be invited to select, from a list of categories, the ethnic group to which they consider they belong. These categories are also now used by Ofsted and so will be familiar to social workers. The groups are set out below.

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black, Black British, Caribbean or African

- Caribbean
- African
- Any other Black, Black British, or Caribbean background

Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or multiple ethnic background

White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background

Other ethnic group

- Arab
- Any other ethnic group

It is recognised that these ethnic groups do not represent how all people identify. People are encouraged to write in their ethnicity using their own words if they do not identify with any groups in the list.

Where more detailed information needs to be presented about the child's ethnic identity, this should be entered in the relevant section on 'Identity'.

i) Include all known siblings, half-siblings or step-siblings. Use the birth names of any children who have been adopted. More detail on the child's brothers and sisters will be included in the later section on the child's parents and other significant people.

j) **Is the child entitled to compensation for the death of a parent or carer?** Has a parent or carer died

as a result of an accident or crime? The child may be entitled to claim damages as a dependent. Does the child have a parent, grandparent or other relative from whom they might expect to inherit money or property? Legal advice should be sought about whether and how adoption might affect the child's position.

k) **CAFCASS Guardian's views.** Where court proceedings are taking place, it is important that the Children's Guardian's views are conveyed to the decision-maker, particularly if these differ from those of the local authority. Their view at this stage will be a provisional one based on the evidence available, and it should be made clear whether they have provided a written view that has been inserted into the report or whether the social worker is representing their view given verbally. Where attempts to ascertain a view have been unsuccessful (i.e. no response), this should be recorded and details provided.

There may also be expert reports available that have been prepared in connection with the court proceedings. Although this may sometimes give rise to difficulties of timing, it is essential that these or a summary (agreed between the local authority's legal adviser and the other parties to the proceedings) should be made available to the decision-maker.

l) **Chronology of the child's care since birth.** The chronology should include all of the moves and changes of carer experienced by the child to date, including parents and other birth family members as well as other carers. The Annex B Report requires observations on the care provided in each home. This should be a brief overall summary as it can be covered in more detail as needed in the child's history. The details should describe the type of arrangement (e.g. with family members, foster placement, residential, etc), who the carers were, and state briefly the reasons for any move/change, with more detail being provided in the child's history section.

m) **Descriptive and evaluative report on the child.** Include sources of information from any historical records used, as well as reports commissioned for current court proceedings.

n) **AFDiT framework.** The child's identity development is significantly shaped by their experiences within their birth family, initially. The outer layer of the circular diagram in the AFDiT framework represents key experiences or emotions that are associated with provision across aspects of need. Then, once adopted, maintaining continuity in these factors is crucial for promoting the child's well-being and sense of self. The use of different colours (see colour version on [AFDiT website](#)) in the framework visually represents stages of the transition process from being in care to being adopted. The consistent presence of the same components underscores the importance of continuity across the different phases of the adoption process. The framework emphasises the need for adoptive parents to actively bridge the gap in what is at risk of being lost.²

o) The **physical description** should complement the photograph of the child and should include any information not obvious in the photograph, e.g. if the child is taller or shorter than the average for their age, and any striking characteristics.

Briefly describe the **child's personality**. Given the subjective nature of this description and the likelihood that the child will read this in later life, considerable care should be exercised in using words and phrases that are accurate and give a balanced and helpful picture of the child. All descriptions of the child will need updating to reflect the child's development. The foster carer will often be best

² [The Framework – Transracial Adoption Framework](#)

placed to “bring the child to life”, but it will also be important for the social worker to draw on their own knowledge of the child as well as that of other relevant people, e.g. teachers, nursery workers and parents. It should be made clear where information/views about the child have come from and if there are differing perceptions of the child in different settings.

Interests, likes and dislikes. Describe the child's particular interest in hobbies, music, sporting activities, etc. If they have particular aptitudes or talents, these should be noted. If there are significant things the child dislikes, these should also be noted.

Information on **self-care** should be given in relation to the child's age and developmental stage. Describe the child's capacity to care for themselves appropriately in relation to their age and abilities. Describe the child's daily routines, including eating, washing, toileting, getting dressed, bedtimes, and leaving for playgroup/nursery/school. Are there any specific factors that need to be taken into account in placing the child in an adoptive family? This should include any special arrangements needed to support the child in developing their self-care skills or daily routines. If the child has any particular dislikes in relation to daily routines, self-care etc, these should be described.

The child's current level of **emotional, behavioural and social development** should include a description and evaluation of the child's capacity for making and sustaining relationships, and address the following:

- how their current carers describe them in terms of warmth, enjoyment or wariness of intimacy, their playfulness, their responses to daily routines, to boundaries being set and to changes in routines or circumstances;
- how the child is developing relationships with other children in the family, including siblings, foster children or the birth children of their carers;
- how the child is developing relationships with those outside the family, such as friends, children at school and teachers. Do they maintain appropriate wariness of strangers or are they over-familiar?
- the child's developing “sense of belonging” to important people in their life;
- information from any Strengths and Difficulties Questionnaire (SDQ) completed.

A day in the life of the child. This could include their morning routines, names of people the child has regular contact with, bedtime routines, any haircare or skincare needs, snacks or mealtime routines, any activities or groups they attend, and preferred playthings/toys/books and what activities they find fun. You could also include any items or routines they use to calm and regulate themselves. This may be written with or by foster carers or the child's current carer/family.

Identity

This should include the child's awareness of their relationship with their birth family and foster family and the development of their identity.

Social workers should take an approach that is child-led and goes beyond the traditional understandings of identity categories. This approach should capture layers within the concept of “identity”, recognise change and amplify children's voices (Cheruvallil-Contractor *et al*, 2024).

Each child will have a developing sense of who they are and what is important in the world around them. This will become the basis of self-esteem and identity. There are a number of factors that build towards this: the child's physical capacities, including any disability; their social class; culture; their

ethnicity; their language; their religion; their sex; and their gender identity and sexual orientation if appropriate.

Children and young people draw their identity from different sources around them: family and or carers, peers, school, wider community, and social media. Singly and in combination, each of these factors will influence the way the child feels, thinks, behaves and makes relationships. It will be central to their sense of belonging to important people and their sense of community, culture and wider society. The people who care for them and provide them with opportunities and guidance will be vital in this. Adoption itself will have an important impact on the child's developing sense of self, including the acquisition of an "adoption identity". Include details in this section about the child's ethnicity, religion and how the child views themselves.

Researchers at Coventry University (in a project funded by the Nuffield Foundation) have developed the concept of the "identity see-saw" to represent aspects of identity that are important at a given point in time. 'It shows one moment in time, whilst recognising that the significance of particular aspects of identity may change based on the child or young person's experiences, choices or particular contexts' (Cheruvallil-Contractor *et al*, 2024).

Children should be encouraged to explore the different layers in their identity, how they think, feel and relate to different aspects of their identity, how they think about their identities in different contexts and with different people. Practitioners should therefore recognise that a child's identity may change and do their best to capture what are significant aspects of the child's identity right now but also consider how those needs may change in time and become more or less prominent to them.

In practice, this means talking to children and their families, listening to their views about their identity, and then taking time to reflect on what this means for the child or young person and the people around them.³

p) **Child's health.** The health section should not duplicate information from the medical adviser's summary but should give information about the child's general health, mental health, and any learning difficulties if these are not covered in the medical report. It can include observations from foster carers on the child's general health and give details such as their height and weight and whether they are meeting their developmental milestones.

q) The **summary report** from the agency medical adviser should be attached or inserted into the report. This must include the child's health history, current state of health and any anticipated health care needs (AAR 17b); information about the birth parents' health, including any known learning difficulties, medical or mental health factors that are likely to or may have genetic implications for the child (AAR 16(2)); and the date of the child's most recent medical examination. It is very important to ensure that any known genetic risk factors or any health conditions or disability that may be significant are identified here, and that information about the child's family health history that may be relevant to the child's future and future placement is highlighted. Where information about the child's birth parents' health is disclosed during assessments undertaken during proceedings, the social worker should ensure that this updated information is passed on to the medical adviser so the medical summary can be updated.

r) **Education.** Using the details from the section on the child's education, outline the significant factors

³ [Expressions of self: supporting minoritised children's identity | Research in Practice](#)

about the child's education (including early education in playgroups or nursery) and their progress to date, and the anticipated needs of the child in relation to their education that should be taken into account in planning the adoptive placement. If the child is of nursery or school age, include any key points or recommendations from the child's Personal Education Plan (PEP).

What is the child's experience of education? What sort of educational experiences have they enjoyed? Where there is some indication of the sort of educational setting that will best suit the child, give details so prospective adopters can begin to research this in their area.

s) **Summary of relevant family history and the child's history.** This is a crucial section and should be written specifically for this report, rather than being "cut and pasted" from other reports. Please consider notes on use of language above. A brief summary should be given of the relevant family history to help explain the local authority's involvement and the situation the child was born into. Each birth parent's history can be covered in more depth in later sections.

The child's history section should be used to set out this child's "story" and bring together the facts contained in other parts of this report to "tell" this story. This section should therefore be both a description and an analysis and should include the following.

- Prenatal experiences, where known. Was the child exposed to alcohol and/or other substances? Include prescription medication as well as illicit medication. Was there domestic violence or other trauma during the mother's pregnancy? This should be based not just on parental reports, but also evidence from other sources, e.g. medical or police reports.
- The structure and membership of the child's birth family, drawing on information from the family tree.
- The child's relationships with their mother and father and other members of the extended family who have cared for them, how these have impacted the child and their experiences of this.
- Their experience of being parented by their parents and the reasons they became looked after.
- The known facts about and consequences of any abuse or neglect, and how this has influenced the child's emotional and behavioural development.
- Include any significant events, both positive and negative, which the child may have some memory of and also identify any gaps in the child's records.
- The child's experiences of being cared for by foster carers, residential care workers or others as their principal carers. Refer back to the chronology of care and expand on the reasons for any changes of carer and consider the way in which previous moves occurred and have impacted on the child's emotional and behavioural development.

This section should cover up to the present day and will need to be updated at each point the report is used.

t) **Social worker's analysis of the child's needs and the implications for their future home and parenting needs.** This should be an analysis and summary of the child's needs based on their history and should include information provided from other sources, e.g. the current carer, school, and health professionals (refer to section on analysis above). The social worker can consider the skills and qualities that a prospective adopter will need but should not be too prescriptive about the characteristics required of adopters, e.g. only able to consider a two-parent family. Some of this information may be available in the care plan but should be updated as necessary.

u) **Child's wishes and feelings.** Information from the child's wishes and feelings worksheet, where used

with children who are old enough, can be reflected here but this section should also take account of the wishes and feelings that the child has expressed in other ways, e.g. to foster carers, in contact sessions and at school. This section should be updated to reflect the child's changing understanding and development. Include the date when the child's wishes and feelings were last ascertained and how.

v) **Social worker's analysis of the wishes and feelings of the child.** This should include an assessment of the child's level of understanding and give details of any direct work undertaken.

w) Information about the child's parents and other significant people.

This section should be shared with the parent. Each parent should be given the opportunity to comment on the accuracy of the information included about them in the report using the forms at the end of this guidance or in whatever format is available to them, e.g. verbal, audio/video, written, etc. It is important that parents are supported as far as possible to contribute to the information recorded; this may require involvement of a third party.

This section of the form is constructed in a way that suggests birth family consists of a birth mother and birth father. This reflects distinctions made in the existing legal framework and will be appropriate in most, but not all, cases. Where these headings are not appropriate in the circumstances of the specific case – for example, with same-sex couples or a person who does not identify in the binary gender framework – the assessor will be expected to amend the form headings accordingly. This might mean using the term 'birth mother 2' or 'birth parent' for example, and providing fuller explanations in sections 17 and 23 on birth parent's social history.

Set out how the birth father acquired parental responsibility (PR), e.g. by marriage or civil partnership to the birth mother, registration on the birth certificate (after 1 December 2003), a parental responsibility agreement with the birth mother, or a parental responsibility order.

If there are any issues relating to either of the birth parents' immigration status, state whether legal advice has been sought, and set out advice received.

For use as an Annex B Report, a physical description of the child's parent should be included in addition to a current photograph.

x) **Summary and brief social history of the child's mother/father.** Relevant information should be summarised for this section. This will include the parents' own experience of being parented, patterns of relationships and any care history. Care should be taken when naming individuals, for example, mother's former partners, where these have no relationship to this child. First names or initials should be used where necessary. Where information is not available, state why not and the efforts made to obtain it. This section should include the birth of any other children of this parent. It should highlight significant events and dates where known but not duplicate detailed information from elsewhere in the report.

There will be a need to update information in this section where additional information becomes available after the initial completion of this report, e.g. following care and placement order proceedings or after birth parent counselling.

y) **The child's siblings (full/half/step).** Every brother and sister, half-brother and sister and/or step-brother and sister listed on the family tree/structure should be included and a section completed for each where information is incomplete, state why and the efforts taken to obtain it. Surnames should be

withheld where necessary (e.g. where the child is adopted) and birth names, not adopted names, should be used. Where the child is placed elsewhere, e.g. previously adopted, relevant information may be sourced from previous case files or current post-adoption support teams.

z) **Sibling assessment.** A sibling assessment should be completed regardless of whether or not the children are planned to be placed together. Include the outcome of sibling assessments, and where a decision has been made to place children separately, give clear reasons for the decision so that the adopters and the child can understand why the decision was made. What are the factors that have contributed to the way the relationships work at present? What is needed to support them in the future?

aa) **Other significant people** may include step-parents/grandparents/other relatives who have had care of the child, or a foster carer. Anyone who holds parental responsibility should be included. Whether an individual is “significant” should be assessed on a case-by-case basis, seeking input from the child through direct work, using ecomaps or genograms where appropriate. Set out how the parental responsibility has been obtained, i.e. through a child arrangements order, special guardianship order, parental responsibility agreement entered into by a step-parent with a birth parent, parental responsibility order to a step-parent, or being appointed as a legal guardian after a parent’s death.

bb) **Proposed arrangements for staying in touch.** Many adopted young people benefit from continuing relationships with members of their birth family, whereas others find no benefit or disappointment if birth parents do not follow the suggested contact plan (Selwyn, 2023). Children, their families and other significant people in their lives need to be supported to stay in touch, and wherever possible this should be planned face-to-face contact. The risks of this happening should be considered against the risks of it not happening. The availability of social media and online searches mean that it is highly likely that children and young people will seek out and make contact with those important to them in the future.

This section should reflect the care plan and include consideration of the likelihood of any existing relationship continuing and the value to the child of it doing so.

cc) **Key decisions and actions taken by the agency with respect to the child.** The chronology of decisions and actions taken by the agency is the key decisions and actions in relation to the adoption plan. This should include dates of key review decisions, care planning meetings, family group conferences and professional meetings where the adoption plan was progressed, rather than every meeting or contact. Important decisions, such as to place siblings together or apart, considering or ruling out family members or foster carers wishing to adopt, should be recorded. Dates of notifications sent to birth parents and when independent support was offered should also be included.

dd) **Ability and willingness to permanently care for a child.** The social worker should bear in mind the relevant requirements of the welfare checklist ACA 2002 section 1(4) as set out below:

“1 Considerations applying to the exercise of powers

(1) Subsections (2) to (4) apply whenever a court or adoption agency is coming to a decision relating to the adoption of a child.

(2) The paramount consideration of the court or adoption agency must be the child’s welfare, throughout his life.

[...]

(4) The court or adoption agency must have regard to the following matters (among others)—
 [....]

(f) the relationship which the child has with relatives, 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, with any person who is a prospective adopter with whom the child is placed, 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.”

Complete a separate sheet for each individual who has been approached or who has approached the agency with a view to offering a permanent home for the child, including their birth parents.

Assessments of family members will be available to the court as part of the evidence submitted. This section does not need to replicate these assessments but should provide a brief summary of the analysis and conclusions.

ee) Where the reasons for considering that adoption would be in the best interests of the child rely, in part, on expert opinion, the outcome of the assessment should be summarised. The full reports should be available to the agency decision-maker but will only be available to the prospective adopters with leave of the court.

Social workers should be aware of the need to be compliant with the ruling in *Re B-S*⁴ and use the information gathered and analysed in the social work care template shown below to inform the report.

ff) Where this form is being used as an Annex B Report, the agency is required to make recommendations as to the most appropriate order for the child – adoption/special guardianship/care order/child arrangements order/no order.

The agency must also make a recommendation for future contact arrangements, including whether there should be a section 26 order. The plans for staying in touch after an adoption order may be by agreement or (rarely) through a contact order under section 51A. Section 26 deals with contact arrangements during the currency of a Placement Order. Existing child arrangements orders or section 38 contact orders will come to an end, and it may be in the child's best interests to have an order establishing a pattern of contact which any prospective adopters will have to take into account when putting themselves forward to care for the child.

⁴ *Re B-S (Children)* [2013] EWCA Civ 1146

References

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Selwyn J (2023) 'Outcomes for children adopted from care in the UK', in Lowe N and Fenton Glynn C (eds) *Research Handbook on Adoption Law*, London: Edward Elgar Publishing