

west  
sussex  
county  
council



# Quality Assuring a CPR

Guidance for Practice Managers

# Practice Manager role

**Key to the process when seeking an adoption care plan decision.**

Supervision discussions should inform planning and monitor progress

**Practice Managers need to ensure:**

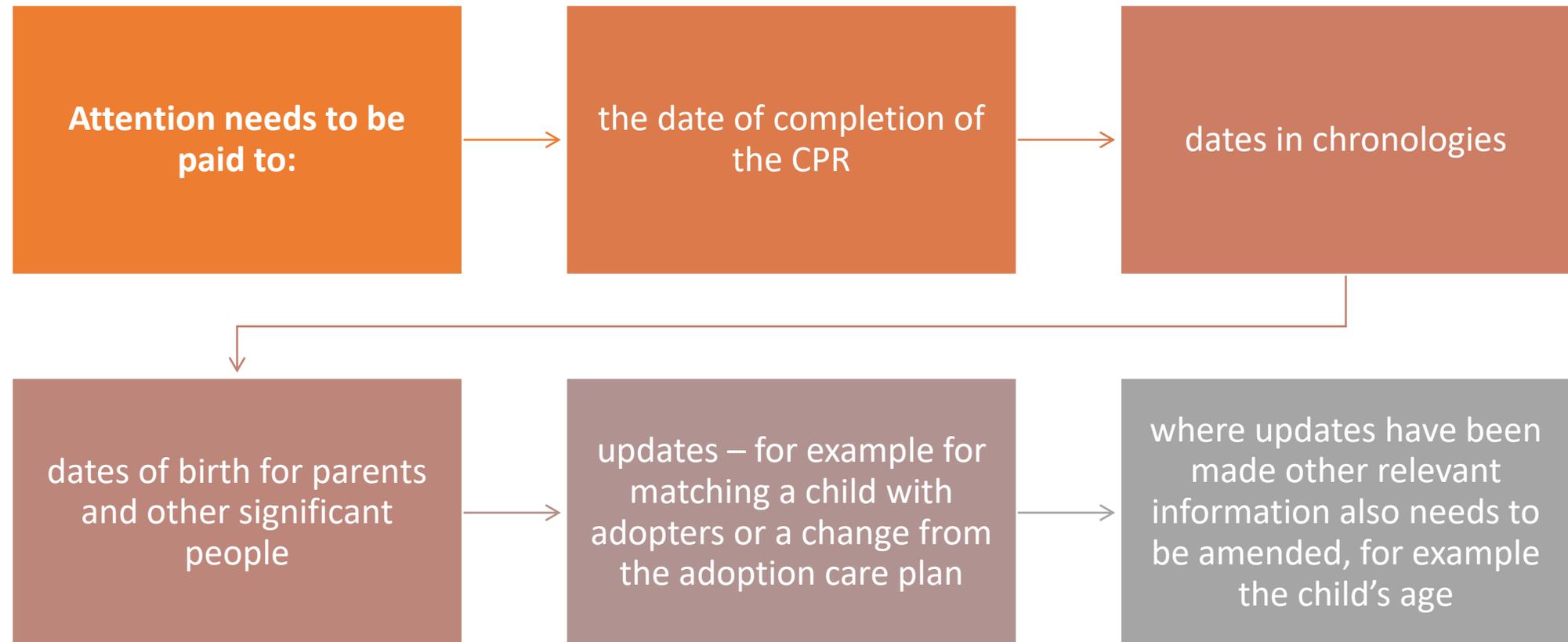
- Adoption Medicals requested - appointments can take several weeks
- Permanence Planning reviews are up to date and the adoption episode triggered on Mosaic
- Communication with ASE around complex cases; siblings groups, older children and children with significant additional needs
- Views of the Children's Guardian and IRO are sought

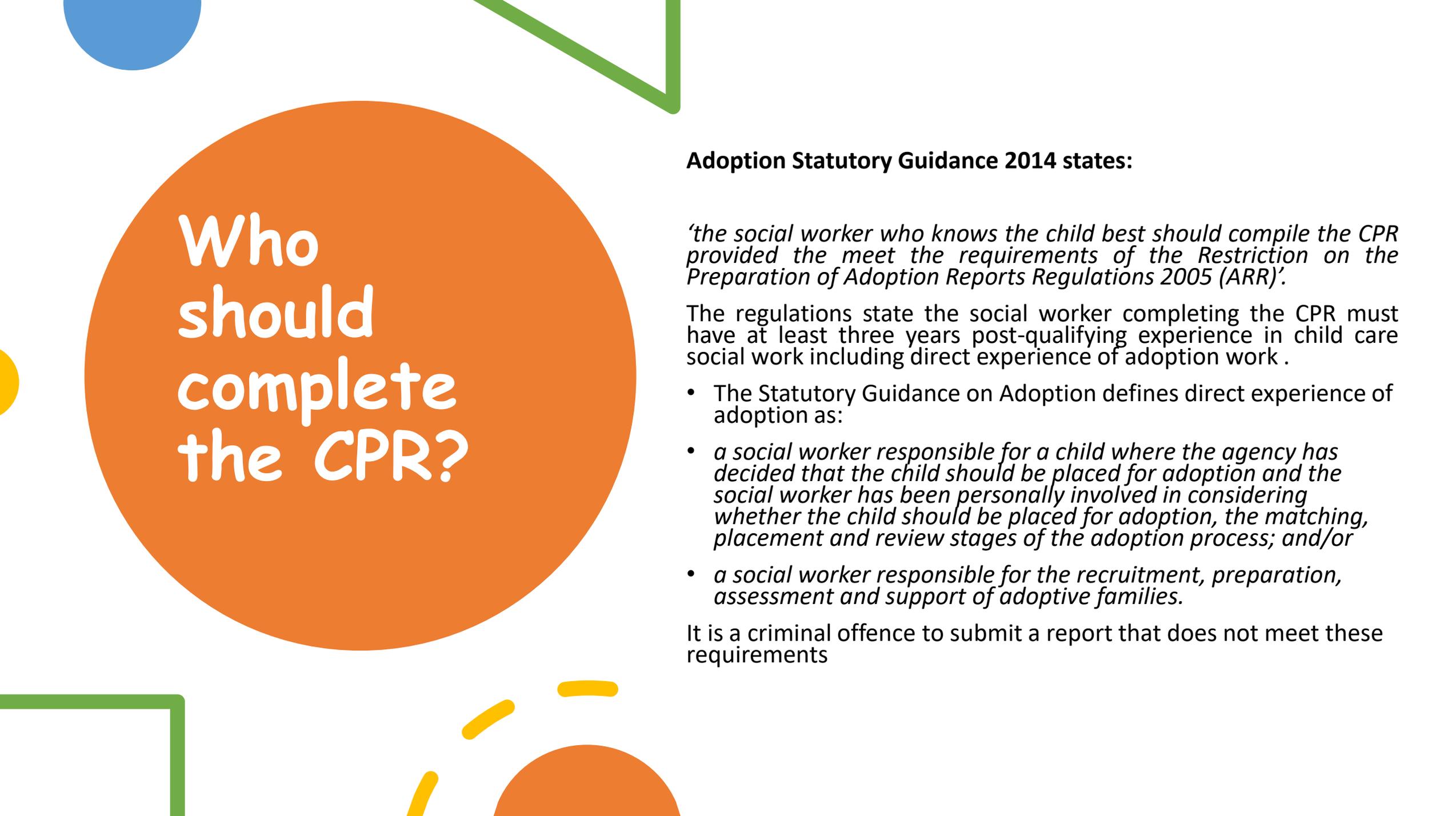
**The pack needs to be quality assured by the Practice Manager in the first instance.**

# When reading the paperwork ask yourself

- Are all parties referred to by the correct names and are these correctly spelled throughout all reports?
- Have good quality photographs of the child, the parents and any siblings been included and the date noted in the CPR? If photographs are missing the reasons for this needs to be noted
- Does the genogram include all sibling relationships and relevant family members?
- Is information clear and evidenced, for example if parents have a diagnosis around physical or mental health who made the diagnosis and is there a date for when?
- Do the reports contain well balanced and non-judgemental information?
- Is the information mindful of all potential audiences?

# General Oversight - Dates





# Who should complete the CPR?

## Adoption Statutory Guidance 2014 states:

*'the social worker who knows the child best should compile the CPR provided they meet the requirements of the Restriction on the Preparation of Adoption Reports Regulations 2005 (ARR)'.*

The regulations state the social worker completing the CPR must have at least three years post-qualifying experience in child care social work including direct experience of adoption work .

- The Statutory Guidance on Adoption defines direct experience of adoption 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.*

It is a criminal offence to submit a report that does not meet these requirements

# Role of the Practice Manager

Where the worker does not meet the requirements in respect of qualification the Practice Manager or other suitably qualified social worker who has supervised the process, and meets these requirements, should be named and their signature added

*The adoption statutory guidance sets out the expectations of the role of the supervisor:*

- *For those individuals who are being supervised, their work should be supervised in accordance with their particular skills, experience and development needs. It is not necessary for the supervised social worker to be under the direct line management of the social worker supervising the work.*
- *Where reports are being prepared by social work students, independent social workers or social workers who do not have the necessary experience, the draft report should be considered and discussed during supervision and signed off by a social worker with the necessary experience before the report is submitted to the ADM, adoption panel, another agency, or the court.*
- *The person who prepares the report should sign and date it and indicate how they meet the requirements of the AAR. Where the person has been working under the supervision of a suitably qualified social worker, that social worker should sign the report as well, indicating the capacity they are working in and how they meet the requirements of the AAR.*



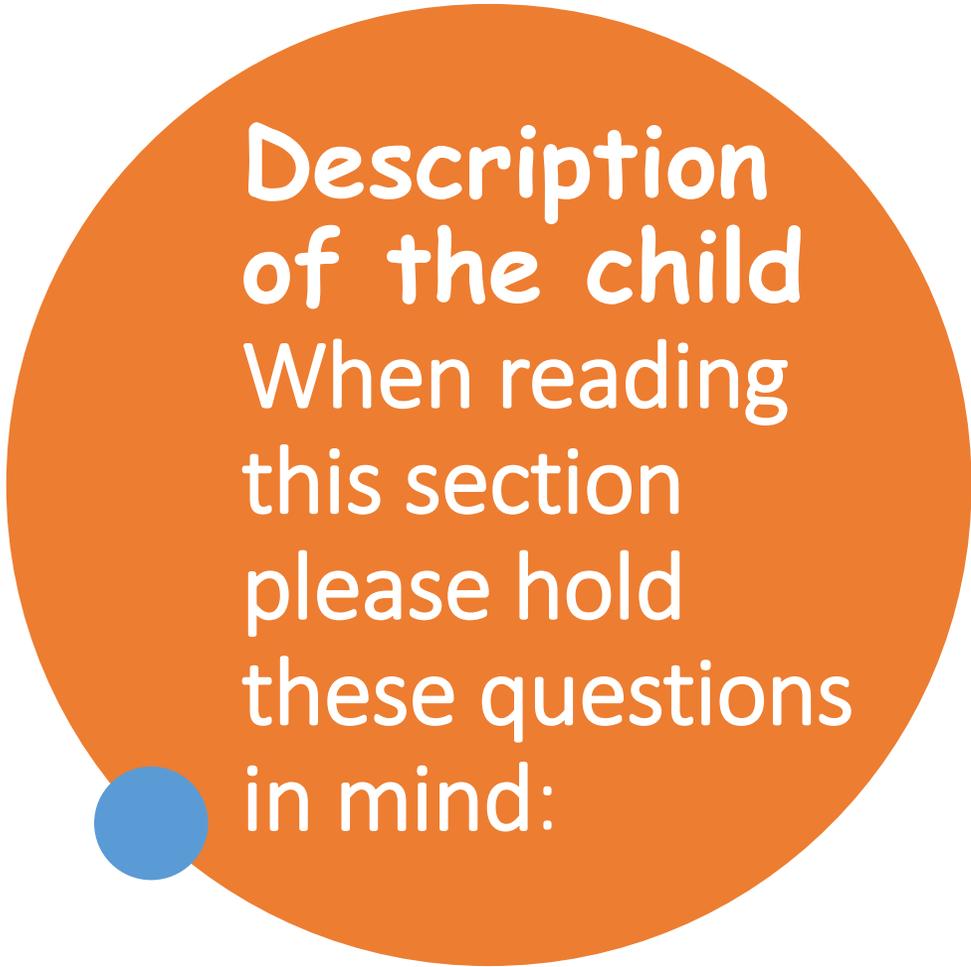
# Chronologies

The CPR has a number of chronologies to be completed. Key points to consider:

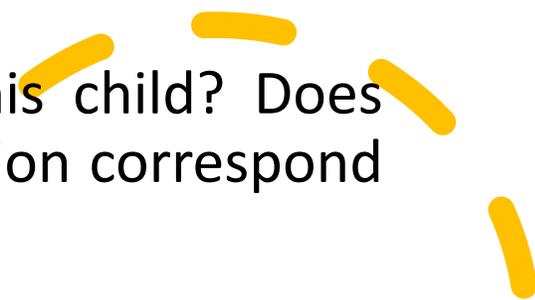
- the chronology should start with the child's birth and move chronologically through their life covering all moves. These dates should run end to end with no gaps
- carers addresses should not be included
- the chronology should relate to the specific information requested in that section and unnecessary detail avoided

# Chronologies - continued

- A full social history of each birth parent should be provided. This should include details of parents' childhood, family, education, work experiences and relationships
- This information is often contained in comprehensive assessments or psychiatric/psychological reports. This should not be a list of case notes but relevant events with dates
- A chronology of key decisions and agency actions is required. This should be brief and to the point containing the key actions and decisions that map the agency's planning for this child
- **Where a section asks for a summary account this is different from a chronology.**



Description  
of the child  
When reading  
this section  
please hold  
these questions  
in mind:

- 
- How well do you know this child? Does the information in this section correspond with your knowledge?
  - If this child is not known to you does the information give you a good, clear sense of them? If not, where are the gaps?
  - Does the health information correspond with the Adoption Medical or Review Health assessment if this is more current?
  - Does the worker appear to have thought about the child's identity in the broadest sense, their sense of themselves in their birth or foster family and the potential impact of adoption on this?



# Family History

This section should be a summary of the relevant family history

This should be a narrative of the family history in structured paragraphs with relevant dates covering:

- explanation and analysis of the local authority's concerns and involvement with the family
  - a summary of previous involvement and outcomes for any other children in this family
  - a summary of the circumstances the child was born into
- 



## The child's history and analysis of their needs

- This section should be a **summary** of the child's lived experience – the child's story
  - This section should not contain case notes or a chronology of events
  - The use of an Impact Chronology might be a helpful tool for workers to employ in preparing to write this section as it can help focus thinking around events from the child's perspective. The Impact Chronology does not need to form part of the ADM pack but informs analysis in this and other sections of the report
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The CPR needs to evidence that the SW has given thought to the child's wishes and feelings, even where children are too young to verbally articulate these. It might help for the worker to consider;

- what observations have been made of a child with parents?
- how has the child responded to the change in primary carer?
- what might be considered the needs of a child of a similar age and circumstance?



## Wishes and Feelings: Child

The CPR needs to evidence what work has been done with the parents around the plan for adoption:

- What support has been offered to birth parents by the local authority?
- What are the birth parents wishes for the child's future?
- What efforts have been made to engage with the parents in discussion about the care plan?
- Have the relevant parts of the CPR been shared with parents? If this has not happened this need to be noted and explanation given, including what efforts have been made or will be made to rectify this?



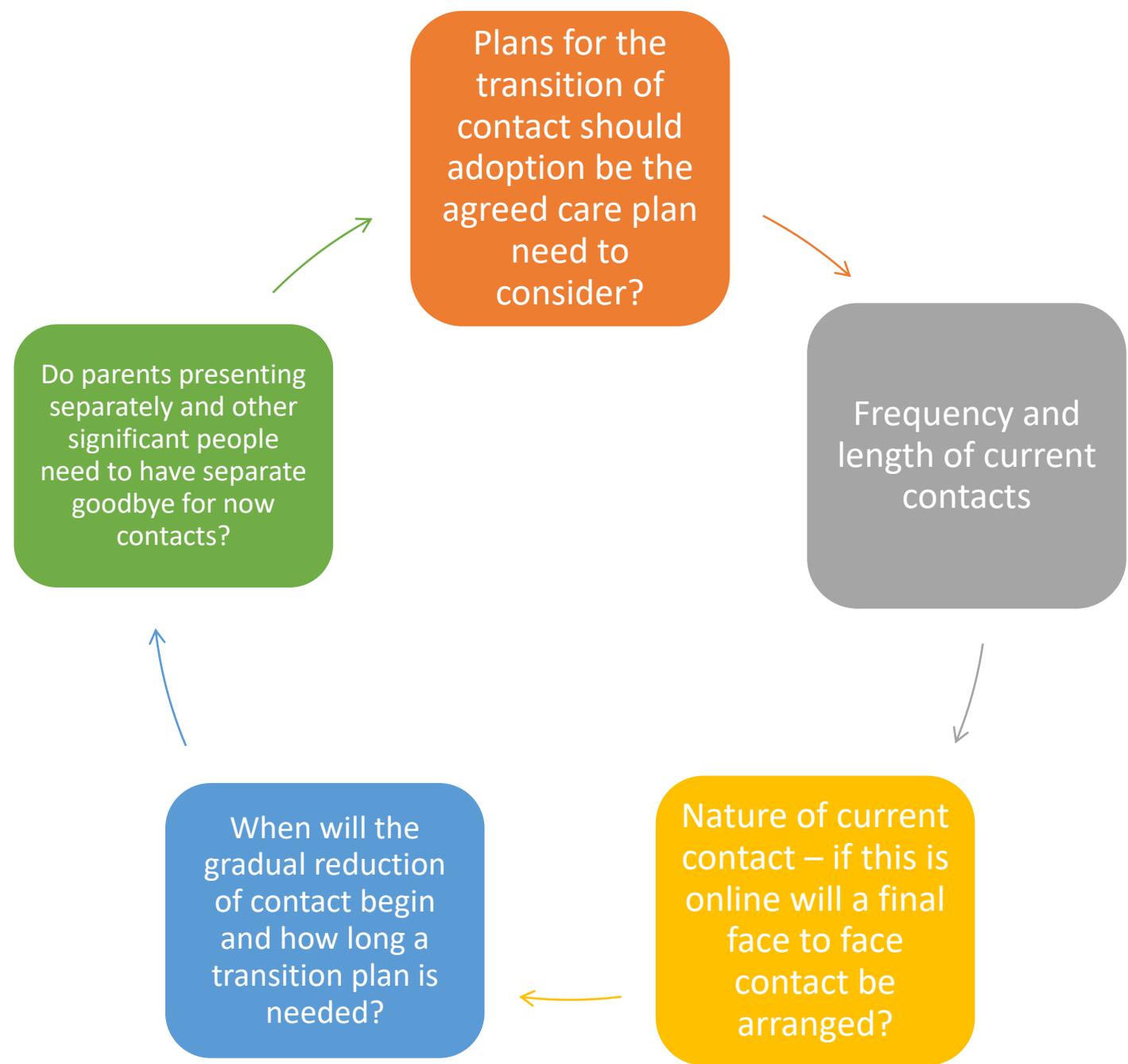
**Parents  
wishes,  
feelings and  
views**

# Siblings

- Regulation 12A(2) was added to the Adoption Agencies Regulation 2005 in 2014 requiring the local authority, where it is considering adoption for siblings, to assess whether the siblings should be placed together or separately, taking into consideration the needs and best interests of each child. An assessment of the children's relationship should be drawn on to complete this section and this assessment should form part of the ADM pack where completed
- Details of **all** siblings should be included in the CPR
- Where siblings are already placed for adoption the CPR must note if these adopters have been approached for this child if the court approves the plan, the outcome of any discussions or a clear explanation of why this has not happened
- Where siblings are in different placements or living with family members the CPR must give an explanation of these relationships including future contact plans



# Contact Plans: Transitional



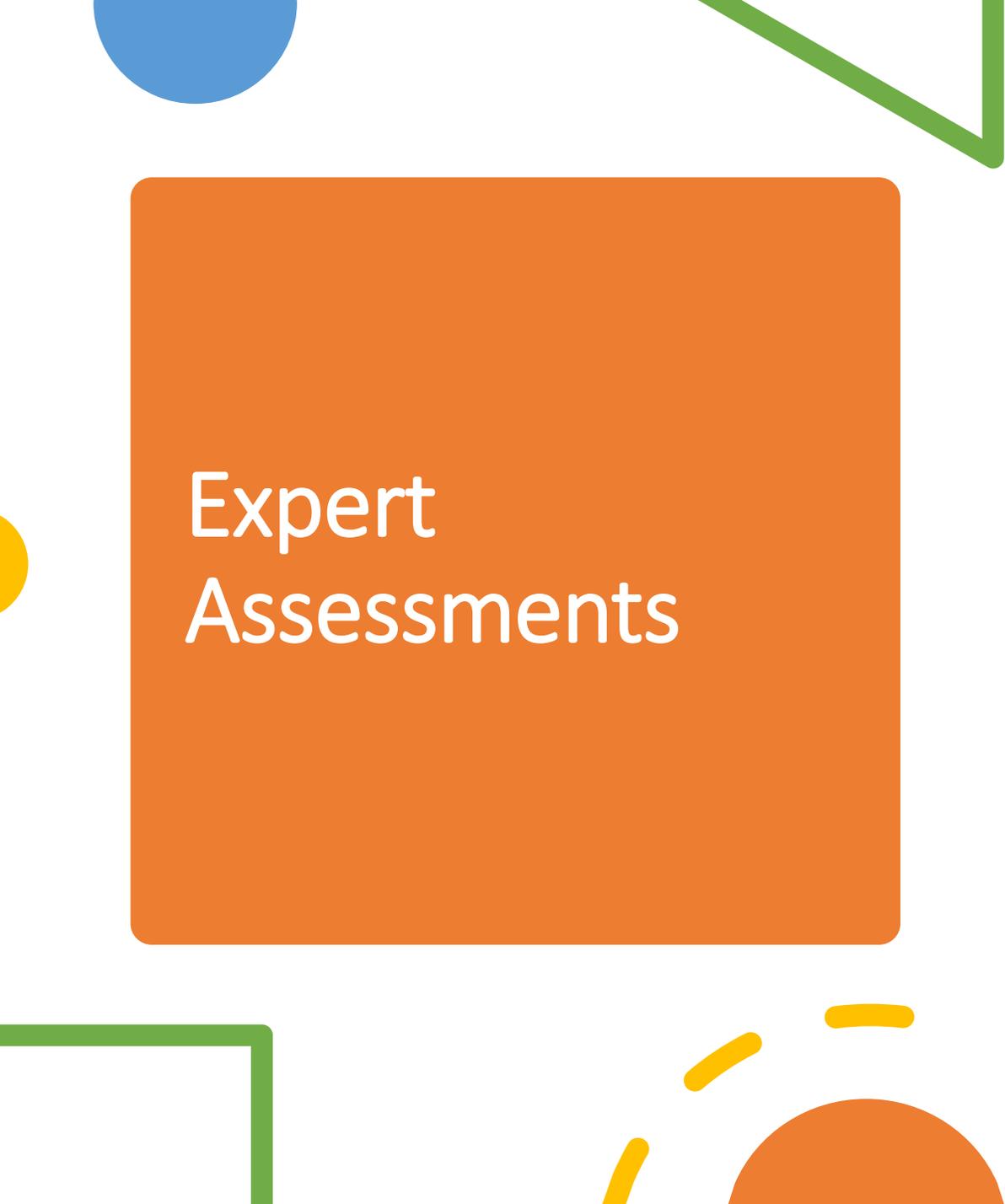
# Contact: Future

The child's individual needs and relationships should be carefully considered in making decisions about contact, particularly in respect of sibling relationships.

Post Order contact plans need to take into account both the purpose and potential impact on the child. It must be realistic to allow children to embed within their adoptive families. Support can be sought from the Post Adoption Service in Adoption South East.

Plans need to be clear in terms of:

- When contact occurs, taking into account significant dates during the year. Contact around these times can be emotive and unsettling both in the lead up and following contact for children, birth families and adopters
- What information is shared, such as photographs
- If a number of family members or significant people are identified can the same information be sent to each person



# Expert Assessments

Plans for children should be clearly informed by assessment of the family circumstances.

Analysis of these assessments should be included throughout the CPR. Your role is to help workers think about what these reports and assessments tell us about this family and the needs of this child. Any summary of these assessments must reflect the totality of the report.

Assessment might be completed by a range of professionals which may include:

- Psychologists
- Psychiatrists
- Child and Family Intervention Service
- Toxicologist
- Independent Social Workers

As well as other professionals



# Re BS Analysis

**Case law Re BS [2013] EWCA Civ 1146 places a responsibility on workers to ensure consider all realistic care options**

Balanced arguments and analysis of information for and against each option must be presented to demonstrate why you have concluded adoption is the right plan.

The options most often considered are;

- ❖ Rehabilitation to parents
- ❖ Long term foster placement
- ❖ Placement for adoption
- ❖ Placement in the family or network through Special Guardianship Order.

It is important that the Re BS analysis presented in the CPR is the same as that which is presented in the care plan presented to court

# Re BS Analysis cont

If you are not clear which options should be considered in this section please discuss with the legal adviser e.g. it is not necessary to undertake an analysis of family members who have withdrawn as potential carers for the child

This analysis requires the social worker to always have in mind and consider whether a plan other than adoption is possible *and* in the child's best interests.

The analysis required here must take a global 'holistic' approach, supported by evidence and reasoning, looking at the pros and cons of the realistic options in terms of the child's welfare interests (including being brought up by their natural family), and must take into account what support might be provided to assist and the full range of orders that could be made (including no order)

Each case has its own particular facts and the analysis must be specific to this child rather than a generic analysis of the potential options for a child