

Guidance for completion of the Child Permanence Report (CPR) for ADM best interest decision

Checklist for the Child Permanence Report (CPR)

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)

Section B: The child and the birth family including:

- factual information about the child and significant people involved in their lives;
- descriptive report on the child
- key information on those people who are significant to the child (completed as applicable)
- contact arrangements
- views of all relevant parties
- the actions of the adoption agency

Section C: The recommendations made by the adoption agency

Why is the CPR required?

The purpose of the Child's Permanence Report 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 regulations. Additional guidance is available in the Adoption Statutory Guidance Chapter 1.1 These are:

- to recommend/decide whether the child should be placed for adoption;
- to recommend/decide that 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 therefore forming the basis for the matching criteria and support plan.
- as a source of important information about the child's background and heritage to the adopters once any placement is made;
- as a source of important information for the adopted adult about their life history and heritage;
- as the referral form for the Adoption Registers for England and Wales.

The Child's Permanence Report is an essential tool in enabling the adoption agency to plan for the future life of a child.

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.

In writing this report, it is important to remember these different functions and purposes and potential audiences for the report. 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 to enable information to be shared in the future as and when adopted children seek access to their records.

For the CPR to fulfil these functions, it will need to 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. These people 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;
- comments and observations from expert reports ie parenting assessment and psychological assessments
- other significant people in the child's life.

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 it 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 the Disclosure of Adoption Information (Post-Commencement Adoptions) Regulations (AIR), and may have to rely on this document as the principal source of information about their preadoption history. 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.

Guidance Notes for completing the CPR

S.1 Front sheet

The photograph of the child should be current (within 4 weeks of the ADM date) and consideration should be given to the quality of the photograph to ensure that the photograph shows the child fully and where possible the child's hair and body should be visible ie no hats or children in car seats. The child should also be the only person in this photograph, if you wish to include pictures of brothers and sisters these should be added in [S.24](#).

Genogram.

The child's family tree is required by the Adoption Agencies Regulations 2005. 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.

S.2 Adoption Agency Details - Qualification to prepare the report.

The Adoption Agency details are Adoption Central England, Saltisford Office Park, Ansell Way, Warwick, CV34 4UL. Tel no: 0300 369 0556

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 report **MUST** be signed by the social worker completing the report and countersigned by either their Team Manager and/or person qualified under the regulations if the social worker is not suitably qualified.

The date the report was initially completed should be entered and any subsequent updates to the report. This as a minimum should be:

- after the ADM best interest decision, where any amendments are required
- where there are any change in circumstance for the child
- once a Placement Order has been granted
- prior to matching with prospective adopters

S.3 Essential Information about the child

The social worker should ensure that all information is completed, including place of birth and nationality.

S.4 Details of the current carer

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.

S.5 Family Composition

This section should be completed robustly and include all significant relationships for the child, ie parents, siblings (full and half) including siblings who are no longer in parents care where relevant and connected others. The genogram should help complete this section as should the information contained within court statements. The details should include addresses where known but if not known a reason why this is the case eg child placed with adopters. Where siblings have been adopted the children's birth names should be used within the report.

The ethnicity of family members is also relevant and important to be able to assist in determining the child's identity needs and reflect this within the report.

S.6 Legal Status of child

Details of the current legal status of the child should be reflected in this section, to include any upcoming Court dates, ie Issues Resolution Hearing. Those who are parties to the proceeding should also be included to be clear who has been involved within the court process, especially where grandparents or others who do not hold Parental Responsibility are party to proceedings.

Information regarding any s.20 or advanced consent for adoption, which is more relevant when considering relinquished children should be included. These sections should not be left blank but should have a yes or no answer.

S.7 CAFCASS views

Where court proceedings are taking place, it is important that the children's guardian's views are conveyed to the ADM, 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 which has been inserted into the report or whether the social worker is representing their view given verbally.

The proforma to obtain the Guardian's views should be sent to them in time for them to provide their views for the ADM decision. Where the views have not been received in writing the social worker should seek to obtain these views verbally. The date the views were last obtained should be clearly identified within the report and should be up to date and relevant.

When updating the CPR the updated Guardian's views should be included ie where they supported the making of the Placement Order.

S.8 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 requires observations on the care provided in each placement. This should be a brief overall summary as it can be covered in more detail as needed in the child's history.

The placement details should describe the type of placement (e.g. with family members, foster placement, residential, etc), who the carers were, and state briefly the reasons for any move/change of placement, with more detail being provided in the child's history section.

This section is **NOT** the child's full chronology and the court chronology should not be used here, the section for the more detailed history of the child comes later in the CPR.

S.9 Descriptive and evaluative report on child

Include sources of information from any historical records used, as well as reports commissioned for current court proceedings. An example of what to include in this section are any expert reports/assessments commissioned within the care proceedings or pre proceedings.

9.1 Physical Description

The physical description should complement the photograph of the child and should include any information not obvious in the photograph, for example, if the child is bigger or smaller than the average for his or her age and any striking characteristics or any birth marks. Babies and young children change very quickly therefore it is essential that the CPR is updated regularly so that this is reflected.

9.2 Child's Personality

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.

The foster carer will often be the best placed to "bring the child to life", but it will be important for the social worker to also draw on their own knowledge of the child as well as that of other relevant people, e.g. teachers, nursery workers, 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. All descriptions of the child will need updating to reflect the child's development as s/he grows up and changes.

9.3 Interests, likes and dislikes.

Describe the child's particular interest in hobbies, music, sporting activities, etc. If she or he has particular aptitudes or talents, these should be noted. If there are significant things the child dislikes, these should also be noted. The social worker should include any clubs and/or activities that the child is either currently or historically been involved in.

9.4 Self-care skills

Information on self-care should be given in relation to the child's age and developmental stage. Describe the child's capacity to appropriately care for themselves 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.

9.5 Emotional, behavioural and social development

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, 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/difficulties questionnaire (SDQ) completed or from any specialist assessment completed on the child's attachment needs.

9.6 Identity

Under identity, consider the child's awareness of his or her relationship to the birth family and foster family and the development of their identity. 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 sexuality. Each of these factors singly and in combination 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".

9.7 Religion

Include details in this section about the child's religion, including where a child has been formally admitted into a religion through a recognised ceremony stating what this is ie

christened and what adherence should be made to the child attending places of worship or religious ceremonies. The social worker should also include the birth parents views on religion for the child and the child's views if relevant. If the child does not have a specific religion then it should be specified if they celebrate any festivals associated with a particular religion.

9.8 Language

The social worker should clearly identify the child's first language and any other languages the child may use, or that their parents may have used whilst the child was in their care.

9.9 Child's health.

The health section should not duplicate information from the Adoption Health Report but should give information about their general health, mental health and wellbeing as well as 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.

The summary report from the agency medical adviser should be 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 which are likely to or may have genetic implications for the child (AAR 16(2)); and the date of the most recent medical examination.

It is very important to ensure that any known genetic risk factors or any health conditions or disability which may be significant are identified here and information about the child's family health history which may be relevant to the child's future and future placement is highlighted. Where information about 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.

S.10 Summary report from agency medical advisor

The Adoption Health Report completed by a Consultant Paediatrician should be inserted into the report.

S.11 The child's education

All education provisions should be referred to in this section, including nursery, school and if relevant for younger children any playgroups or activities they attend on a regular basis ie baby massage, rhyme time.

Using the details from the section on the child's education, outline the significant factors 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). Detail the child's experience of education. What sort of educational experiences has she or he enjoyed? Where there is some indication of the sort of educational setting which will best suit the child, give details so prospective adopters can begin to research this in their area.

For younger children who are not in any formal educational setting their current development should be referred to and to identify not only if they are meeting their developmental milestones but a summary on how this is evidenced.

S.12 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 and is not just a chronology. 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. There should also be balance to the information to include details of any positive care and attention.
- The structure and composition of the child's birth family, drawing on information from the genogram.
- The child's relationships with their birth mother and father and other members of the extended family who have cared for them and how these have impacted on the child. Their experience of being parented by their birth parents and the reasons they became looked after. It is also important to include any positives in respect of the relationship between the child and birth parents and extended family.
- The known facts about and consequences of any abuse or neglect, and how this has influenced the child's emotional and behavioural development including attachment needs.
- 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.
- Their 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.

S.13 Social worker analysis of the child's 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. The social worker within their analysis should consider what the child's current needs mean for the child and how this may impact on them both now and in the future.

The social worker can consider the skills and qualities which 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, or stating preferred ethnicity.

S.14 Child's wishes and feelings

The social worker should outline the child's wishes and feelings in respect of their care plan for **ALL** children being considered at ADM. This includes in respect of pre verbal children where the social worker should within their analysis make comments on their observations of children, to reflect their wishes and feelings. A child who is of preschool age and above should have an age appropriate understanding of their care plan and should be encouraged to share their views on this. Information can be gathered from other sources such as foster carers and/or schools. The social worker should include an assessment of the child's level of understanding and give details of any direct work undertaken.

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.

S.15 The child's birth mother

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 S.30 and/or S.31 of the report. Where a parent may not be willing to engage in the sharing of information this should be gathered from other sources such as a parenting assessment or the parents extended family if they are still engaging with these services. Consideration can also be made to seeking information through family time supervisors as they will still be in regular contact with the birth parents and birth parents may feel more able to share information within a less formal setting than a meeting.

The basic details of the birth mother should be completed with as much information as is known.

A photograph should be included and a date of when the photograph was taken/obtained. Where there is difficulty in obtaining a photograph the details of this should be included and identify why the photograph may not be up to date or only from social media.

15.1

The social worker should provide a description of the birth mother which should complement the photograph. The description should include any distinguishing marks ie tattoos or birth marks and if they wear glasses/contact lenses etc.

15.2

The social worker should detail the birth mothers personality and interests, this should be balanced and include any positive and negative aspects of their personality. Where a birth mother has any hobbies or interests these should also be included.

15.3

The social worker should include the factual information in respect of birth mothers education history, as detailed as possible.

15.4

The social worker should include the birth mothers current occupation, if they are employed or unemployed and if they are in receipt of any benefits.

15.5

The social worker should include the birth mothers employment history with as much detail that is known or available.

15.6

This section should include a summary description of the birth mother's current home, where she currently resides, who with and the presentation of the property. There should also be comments on the neighbourhood and what the area is like where she lives.

15.7

The social worker should comment on the birth mothers overall health needs, to include their physical health, any substance misuse and mental health needs. The summary should include information about historical and current needs. They should also reflect if the birth mother has any learning needs or is in receipt of any support for her health. There should also be details of any hereditary medical needs which could have an impact on the child and their health.

S.16 Details of birth mothers current partner (if not birth father)

Where birth mother is in a new/current relationship with someone other than the birth father for the child this section must be completed. If it is not relevant then **n/a** should be inserted to make it clear that the section is not relevant. This should be updated if mother enters a relationship prior to the child being matched with adopters.

S.17 Summary and brief social history of the birth mother

This section is not a repeat of any previous summary relating to the specific child, but should detail any significant events for the birth mother from her birth to the current time. This should include her own childhood experiences any history with social care as a child herself, any bereavements or losses, relationships and births of any children and details of those children and who/where they now reside.

This should be a factual chronology and should evidence the birth mother's experiences as a child and adult.

S.18 Birth father with parental responsibility

In this section the social worker should set out how the birth father acquired PR, e.g. by marriage 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 the birth parents' immigration status, state whether legal advice has been sought and set out advice received.

S.19 Birth father without parental responsibility

In this section the social worker should set out any details about a birth father where PR is not currently held, to include details of how and when paternity has been confirmed and what relationship if any the birth father has with the child. Details should also be included if the birth father has been subsequently granted PR or intends to apply for PR through any current proceedings.

S.20 The child's birth father

As with the section on birth mother, this section should be completed in full and where details are not known the social worker should detail the measures that have been taken to obtain any relevant information.

See [S.15](#) above for further details for each section.

S.21 Relationship between the birth mother and birth father

The social worker should summarise in this section the nature of the relationship between the birth parents at the time of the child's birth and additionally what the current status of the relationship is. The summary should include the type of relationship between the parents, how/when they entered/ended the relationship, positives about their relationship and any concerns there may have been within the relationship ie substance misuse, domestic abuse.

Both birth parents should be asked of their views on the relationship and form part of the social workers summary.

S.22 Details of the birth father's current partner (if not the child's birth mother)

Where birth father is in a new/current relationship with someone other than the birth mother for the child this section must be completed. If it is not relevant then **n/a** should be inserted to make it clear that the section is not relevant. This should be updated if father enters a relationship prior to the child being matched with adopters.

S.23 Summary and brief social history of birth father

This section is not a repeat of any previous summary relating to the specific child, but should detail any significant events for the birth father from his birth to the current time. This should include his own childhood experiences any history with social care as a child himself, any bereavements or losses, relationships and births of any children and details of those children and who/where they now reside.

This should be a factual chronology and should evidence the birth father's experiences as a child and adult.

S.24 Child's siblings

NB A section should be completed for **ALL** siblings to the child, including siblings who have been placed for adoption or who live with extended family members. The sections must be duplicated and be separate for each sibling to the child, where the child has no siblings, ensure that n/a is added so it is clear.

It is important that as much information is available about the child's siblings as possible which may mean having to gather information from other sources. Where information is incomplete, the social worker should state why and the efforts they have 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. 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.

There should be (where possible) a recent photograph of all siblings, where this is not available then the social worker should detail why the sibling is adopted.

S.25 Other significant relatives or relevant people

Other significant people may include step-parents, grandparents, other relatives who have had care of the child. 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 residence order, special guardianship order, parental responsibility agreement entered into by a step-parent with a birth parent, parental responsibility order to step-parent, or being appointed as a legal guardian after a parent’s death.

S.26 Current contact (family time) arrangements for the child

It is important that the social worker complete this section in full and is able to summarise the child’s experiences of family time with each person they are currently having family time with. This information may be sourced from the family support workers supervision of the family time, but where possible should also include details of the social worker’s own observations.

Each section should be completed, to identify who the child is having family time with, if there is no current contact, this should be entered as such and details as to why this is the case.

S.27 Proposed contact (family time) arrangements for the child

This should reflect the care plan for the child and include consideration of the likelihood of any existing relationship continuing and the value to the child of it doing so. Include the proposals for any reduction in contact between the final hearing and match.

S.28 Planned contact arrangements and details after placement and after adoption

The social worker should ensure that there is clear and due consideration given to the proposed contact arrangements for the child post placement and post Adoption Order and any decisions should be based on the child’s individual circumstances and an assessment of any potential risks if direct contact is proposed.

Any contact that has been proposed for each relevant person should be detailed and the reasons as to why this is the case also recorded. Consideration should be made as to what would be the most suitable and beneficial contact for the child and if this would be in their best interests and where any risks are identified how these would need to be managed. It is

not acceptable to only propose letterbox contact without the necessary reasoning as to how this decision was made.

There is the expectation with adopters that letterbox contact with birth family is a minimum requirement. Any direct contact with separated siblings should always be carefully considered and assessed.

Any changes to the contact plan made after the CPR is first written, e.g. at the point of the Care Order or Placement Order, should be included. When proceeding to a match, this section should be up to date and accurate with the support plan within the Adoption Placement Report (APR) detailing how contact plans are to be supported.

S.29 Chronology of decisions and actions taken by the agency

This section relates to 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.

S.30/31 Support to birth mother/birth father

The social worker should detail the support that has been offered and/or taken up by the birth mother/birth father during the work with the family. This should include any details/referrals to the Birth Parent Support Service and if the birth mother/birth father wishes to engage in this service.

The social worker should also obtain the birth mothers/birth father's wishes and feelings in respect of the plan of adoption for the child and record these as detailed as possible. This should include when the views were last obtained or where views are limited or not obtained there should be a clear explanation of what attempts have been made to obtain their views.

Birth parent's views: Wherever possible, and if the agency considers it appropriate, this record should be completed by the birth mother or father 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 the birth mother and father understand the importance of these questions and the reasons why they are being asked.

The social worker should record if and when the birth mother/birth father has had sight of the CPR and any comments the birth mother/birth father has made or wishes to add to the CPR. Where the CPR has yet to be shared it should be clearly recorded when this will be carried out and by whom.

S.32 Ability and willingness to permanently care for a child

This section is where the social worker should record the details of the assessments that have been undertaken to determine who can/cannot care for the child in the long term. A new section is needed for each assessment that has been completed assessments should not be combined together. Assessments that should be included are:

- Parenting assessments of parents, including any pre-birth assessments if these were undertaken
- Expert assessments within the care proceedings eg psychological, residential, parent and child placement assessments
- Viability assessments of family members
- Connected others assessments of family members

The social worker should ensure that there is a clear analysis of the parenting capacity and why the person has been ruled as being unsuitable to care for the child in the longer term. This is not only required as evidence in seeking a Placement Order but is important information for the child in the future should they seek to view their records.

S.33 Brief details of assessments of the child's needs (as required)

This section is for the social worker to detail any assessments and expert's opinions relating to the child, where any assessments have been undertaken. This may be a psychological assessment of the child or an educational psychology report re: education. If there is no additional information then this should be recorded in the section rather than leaving blank.

S.34 Summary of the reasons for considering adoption

This section is very similar to the Re B-S balance sheet, you need to be able to demonstrate you have considered all of the options available and then be able to state why adoption is the right decision for the child. The social worker should bear in mind the relevant requirements of the welfare checklist Adoption and Children Act 2002 s1(4).

In general the options that should be considered are kinship or connected others placement, long term foster care and adoption. The social worker should be able to demonstrate that they have given clear and due consideration of the factors for and against each of these options.

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 BS and use the information gathered and analysed in the social work care template to inform the report.

The reason why adoption is the only and best option for the child needs to be clear and well considered.

S.C Recommendations

The social worker in this section needs to summarise their recommendation and evidence why their view is that a Placement Order would be the only order suitable for the child and their needs. Consideration should be given to the merits of other Orders that could be considered and why they would not meet the child's needs.

The recommendation should also evidence the analysis that has been made to take into consideration that child's long term needs and interests and why these needs can only be met through a care plan of adoption.

The social worker should also make comment on any future contact recommendations and if there is the need to consider the making of a contact order under s.26 of the Adoption and Children Act 2002.