

A close-up photograph of a person's hand holding a dark grey pen, writing on a white form with a grid and text. The background is slightly blurred, showing more of the form and another hand pointing at it. The form has sections labeled 'received' and 'Other'.

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 **Adoption
England**

regional adoption agencies working together

**Agency decision maker
resource one**

The child permanence report

corambaaf.org.uk

CoramBAAF
41 Brunswick Square
London
WC1N 1AZ
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Introduction

As of September 2012, the Adoption Agencies Regulations (AAR) 2005 were amended so that any cases 'where there will be court involvement and scrutiny' are submitted directly to the decision-maker for a decision. These cases will require an application for a placement order, and are cases where the child's birth parents do not consent to adoption, where care proceedings are ongoing or where a child has no parents.

However, there was no guidance given as to the process by which this should be carried out, and each local authority therefore developed a process for "agency decisions" for themselves. Subsequent legal cases, such as *Somerset County Council v NHS Somerset Clinical Commissioning Group & Anor* [2021] EWHC 3004 (Fam) have brought the process under increasing scrutiny, resulting in any non-compliance in the process of decision-making leaving the decision open to challenge in proceedings.

This Practice Note is part of a series of training materials commissioned by Adoption England to support consistency and good practice in decision-making for children.

Please note: The bullet points in boxes cross-reference to the CoramBAAF agency decision-maker training.

Written by Jane Poore, CoramBAAF Adoption Consultant, and Alexandra Conroy Harris, CoramBAAF Legal Consultant.

The primary purpose of the child's permanence report (CPR)

The purpose of the CPR is to provide information to enable the agency decision-maker to discharge their functions under the AAR 2005, including compliance with the Welfare Checklist (s.1 of the Adoption and Children Act 2002).

These functions and decisions include:

- whether to recommend that the child should be placed for adoption;
- whether a placement order should be sought;
- to provide information to the adoption panel considering a match and to enable the agency decision-maker to decide whether to accept the panel recommendation;
- whether to recommend that the child should be placed with prospective adopters (matching).

In 2014, the CPR was combined with the Annex B report to accompany the placement order application. 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 enables the court to decide whether adoption is the right plan for the child and whether a placement order should be made.

A CPR cannot be presented to the agency decision-maker until it is clear that adoption is the only plan being considered and that all assessments are complete.

- 'An analysis of the options for the future care of the child which have been considered by the agency and why placement for adoption is considered the preferred option' (AAR 17(i))
- A CPR must include information from reports (not whole reports) from other professionals involved with the child and birth family. Reports should not be paraphrased.



Qualifications of the CPR author

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 (ARR) 2005.

ARR3 and ARR 4 set out who can prepare adoption reports, including the CPR and Adoption Placement Report (APR).

A person must be a qualified and registered social worker with at least three years post-qualifying experience in child care, including direct experience of adoption work OR must be supervised by someone who is employed by the local authority and who has this experience.

The definition of what constitutes 'direct experience' is given in the Adoption Statutory Guidance 2013, para 1.13:

- ***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***

The agency decision-maker is accountable for ensuring that those writing the reports are suitably qualified. It is a criminal offence to prepare a report or cause somebody else to carry out this work in breach of these regulations. There is a section in the CPR to note whether the author has the requisite qualifications, but it is also worth including in any proforma used to prompt a check by the accountable agency decision-maker.

As the number of adoptions has decreased, regional adoption agencies (RAAs) have been formed, and staff turnover has increased, staff with the appropriate long-term knowledge and direct experience of adoption are becoming increasingly rare and the opportunities for gaining this experience are decreasing. In planning staff resources, it is essential to know whether a social worker is qualified to assist with the allocation of cases, and appropriate supervision of those cases where necessary.

Confidentiality

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, specifically Regulation 17 and Schedule 1 Parts 1 and 3.

Under the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR), the basis for processing this information is the agency's "legal obligation", as the processing is necessary to comply with the law. Whilst this is personal data, it is exempt from the restrictions on processing as defined in the DPA 2018 because of legal obligation. Consent is therefore not required in order to include the information in the CPR. When the CPR is shared with prospective adopters, they should be reminded that this is confidential information about the child, and that they should return the CPR to the agency in the event that the link/match does not proceed.

CONFIDENTIAL

Identity section

- Every child has a right to know about their heritage.
- Identity is more than “knowing about” – it usually involves some sense of “belonging to” and “identification with”.
- For the child, their sense of identity requires incorporating their “born to” identity with their “adoption identity”.
- Contact – direct or indirect – is core to this process.
- The social worker needs to gather good quality information – including from previous workers (sometimes in other teams) and the child’s parents.

This identity section of the CPR 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 a child-led approach that goes beyond the traditional understanding 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; ethnicity; language; religion; 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. Social workers should 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 identity 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 their identity right now. They should also consider how the child's identity needs might 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.

The different cultural identities that the child has been exposed to and what this has meant for the child's lived experience should be considered throughout the CPR. The nationalities of the child's mother/father and/or any partners of the child's mother/father need to be considered, along with how they have contributed to the child's identity, religion and belonging. Where a family has more than one language, it will be important to ascertain which one is most prominent and which is most important to preserve for the child.

Health information

- The CPR must include all the known health information about the child and their family, and a summary by the agency's medical adviser on the state of the child's current physical and mental health and behaviour. If age-appropriate, it must also include a developmental assessment of the child, their health history and current and future health care needs. (The information in this section must be compliant with AAR 15 and 17.)
- The timing of health reports is essential to provide a clear picture of the child's needs
- The agency should make the medical adviser aware of all medical information about the child and their family.
- Detailed health reports can be submitted to the adoption panel/agency decision-maker if the medical adviser considers this to be necessary.

Accessing parental health information can be an issue where consent is not given, but should not be routinely cut-and-pasted into the CPR. There is a key role here for the worker who knows the family best to support the birth parents in understanding the relevance and importance of this information for their child, now and in the future.

Post 2012, legislative changes to the role of panels in children's decisions mean there is a need for medical advisers to be given access to the information in the CPR or other court assessments, as they are no longer seen as a panel member at this stage.

CoramBAAF has produced [specific guidance with regard to the Somerset Case](#) (Conroy Harris, 2022). CPRs do not need to, and should not, include the whole medical reports. At the best interest/Should be placed for adoption (SHOBFA) decision stage, a statement from the agency medical adviser that 'the medical information is suitable for a decision to be based on and no further tests are required at this time' should be included.

The Family Procedure Rules 2010 have been amended to reflect the changing position and PD 14E allows disclosure of necessary court documents to the local authority's medical adviser without seeking permission from the court.



Birth parents and the CPR

Those parts of the CPR that contain factual information about the child's family should be shared with the relevant family members, to enable them to confirm the accuracy of the information and agree to it being passed on to the child in due course.

- Any such agreement should be clearly recorded on the child's case record.
- Each of the child's parents should also be shown those parts of the CPR that set out their views and wishes, and given the opportunity, if they so wish, to express these in their own words. Forms for collecting the views of birth parents and the child are included in the CoramBAAF CPR guidance notes and toolkit.
- Where writing is not their preferred means of communication, parents should be assisted to express their wishes by other means such as an audio-recording.
- It should be made clear in the CPR whether the child's parents have seen the relevant parts, and any comments they have expressed about it should be included.

Use of language

Essential requirements:

- Descriptions of people should be respectful and balanced.
- All material must be evaluated and analysed.
- The report must explain the agency's actions and decisions

The CPR 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. Language should 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 creating unintended harm. This covers information relating to ethnicity, sexual orientation, gender identity, religion, disability, complex health needs, justice involvement, and other aspects of identity. These areas often overlap and may create the potential for increased unintended harm.





References and resources

[Adoption Agency Regulations 2005](#)

[Cheruvallil-Contractor S, Halford A and Anand K \(2024\)](#)

[Expressions of Self: Supporting minoritised children's identity, Dartington: Research in Practice](#)

[Conroy Harris A \(2022\) Update Briefing: Somerset County](#)

[Council v NHS Somerset Clinical Commissioning Group & Ors](#)

[\[2022\] EWFC 31 CoramBAAF](#)

[Department for Education \(2013\) Statutory Guidance on Adoption](#)

[PRACTICE DIRECTION 14C – REPORTS BY THE ADOPTION](#)

[AGENCY OR LOCAL AUTHORITY.](#) This Practice Direction

supplements Part 14, rule 14.11(3) of the Family Procedure Rules 2010.

[Cross reference to other practice notes in this series ?](#)

[-Use of Part 19's \(ACH\).](#)

[Siblings \(ACH\).](#)

[Agency Decision making in Adoption \(JP\).](#)