

# CHILD'S ADOPTION AND PERMANENCE REPORT (CAPR) SCOTLAND

Guidance notes for completion of CAPR

# **CAPR Scotland Guidance notes**

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## CAPR: introduction/overview

### Format

The report has two main parts, which are detailed below. Additional tools to support completion of the CAPR are provided: Carers' Report Child/Carers' Report Young Person, Birth Mother's Views form, Birth Father's Views form and Child's Wishes and Feelings form.

### Part One

Part One is a narrative report that should follow the headings set out in the detailed guidance notes, as detailed below.

### The child's story

Each section builds on the previous one. This is in order to gradually inform the reader about:

- The identity of the child
- Who their family are and who has been part of the child's life
- How the child has been impacted by their life and what has shaped the child both genetically and circumstantially
- Principal areas of information required by statute
- Who the child is and what their current and future needs are
- Why adoption or permanent substitute family care has become the plan for the child
- What support the child and their future family may need

Each section of the report is described in these guidance notes to assist with ensuring that reports remain consistent in approach, reach a consistently high standard of information and provide all information required for statutory and good practice.

The essence of the child needs to be captured in the profile required in this section, including pre-birth experiences, post-birth environmental factors, and extra support that the child will need from their future family and outside agencies.

The child's profile completed for Part One of CAPR can be incorporated in the child's referral form for Scotland's Adoption Register (SAR) or local authority consortia. Guidance on writing a child's profile is also available on the SAR website. Past experiences or developmental difficulties that are known to carry a higher risk of placement disruption for the child must be highlighted and not avoided. This is to best inform workers and families when appraising any family's real motivation and suitability to adopt a particular child, ensuring that matches for permanence will afford the maximum chance of providing the stability and certainty that is known to be vital in helping children to recover from developmental trauma.

***Good practice would require all information to be updated on a regular basis, taking into account the age and stage of the child and the impact of any delay in progressing plans for permanence.***

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## Part Two

Part Two is designed as a primary information/linking tool. It has two primary purposes:

**Quick reference:** To provide a quick reference for the reader of most primary facts relating to the child.

**Family finding and linking:** To provide the basic information required for referral to family-finding mechanisms such as SAR and local authority consortia. The referral form used by SAR is cross-referenced to CAPR to make the completion of the referral process as straightforward as possible. In addition, the essence of the child needs to be captured in the profile required in Part One, as explained previously. Where a child's situation has changed significantly, updated information should be passed to SAR using the amendment form available on the SAR website, or passed to local authority consortia via the relevant co-ordinator.

## CHILD'S ADOPTION AND PERMANENCE REPORT (CAPR)

*This report format is devised to reflect recent Scottish legislation, regulations and guidance. The format also incorporates the thinking, language and values of the Scottish Government initiative 'Getting it Right for Every Child' (GIRFEC). In addition, it takes account of the requirements of the current Scottish National Care Standards, the principles of the Scottish Children's Charter 2004 and the UN Convention on the Rights of the Child.*

### The Child's Adoption and Permanence Report – What is it for?

The CAPR is intended for use when a child is being considered for permanence through adoption, permanence through fostering or permanence through kinship care. It replaces the former BAAF Form E.

The CAPR is for use when a local authority seeks to remove a child permanently from the care of their birth parents, whether or not the birth parents consent.

Like the previous Form E, the CAPR is a document that is used for multiple processes connected to achieving permanent substitute family care for a child. As such, the report needs to collate and present information required for a range of people and for differing formal procedures.

### People who may see/use the report include:

- *The child*
- *Adoption and permanence panels*
- *Agency decision-maker*
- *Family-finding social workers*
- *Prospective adopters/permanent carers*

### Procedures include:

- *Linking and matching procedures*
- *Court procedures*

The CAPR therefore has a unique function. It has to provide all the information that a wide range of readers require to fulfil their needs or complete their tasks. It is important when writing the report not to assume that the reader has prior knowledge of, or shares the views of, the writer or the writer's agency.

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The following gives a brief summary of the different needs of each party.

### The child

Children permanently separated from their families of origin can experience intense and overwhelming feelings of loss and disconnection as they grow up. Adults adopted in the era when adopted children and their adoptive parents were given minimal information about their birth families have vividly recounted the sense of loss and disconnection they suffered from having no real sense of who their birth parents and families were. They have described a sense of incompleteness and their burning drive to eventually know more of their birth family members and their genetic and social connections.

It has become recognised that giving a child information from their earliest days about the fact of their adoption is not enough, however lovingly recounted. Adopted people have reported that they would have liked access to ongoing information about their families and culture of origin, throughout their childhoods. Without specific efforts on behalf of the child, workers can fail to help the child and their adoptive family to gain and retain knowledge of the child's birth family membership, family relationships, connections and history. The child needs to be given facts and anecdotes about those to whom they were born, the families they have left behind, and about what the family knows and remembers about the child themselves. Comprehensive information provided to the child's adopters or permanent carers, and thus to the child, topped up with further information over the years, has been found to ameliorate some of this sense of loss and disconnection.

In view of what has been learned, it is imperative that comprehensive information is provided to the child and their new permanent families from the outset. The latter needs to inform the child of whom their birth family members are, where they are, and which family members, if any, knew them as a baby.

It is not enough to give the child information about their family only in the context of when social work services became involved with them. Intergenerational information can not only fascinate the child and endow a sense of self-recognition, but is essential to help the child and their adoptive parents or permanent carers to understand the genetic and health influences in the child's birth family. These may be relevant and greatly valued by that child or their children in the future.

Vitaly, the CAPR must contain the information needed to ensure that the child can grow up understanding what has happened to them and why, and how decisions – regarding both permanence and contact arrangements – were taken about them and why. The CAPR needs to do more than simply present this information. The child's social worker needs to summarise, explain, analyse and interpret information that the child will need in the future. Rather than providing a list of alleged parental misdemeanours, the report may point to other documentation (such as chronologies and reports from other professions) to recount purely factual information that gave rise to concern for the child or their siblings. The latter can be added as addendums to the report. Instead, factual information needs summarising within the CAPR in terms of what it meant for the child. The narrative created should be informed by accounts from birth parents, birth relatives, and past and current foster carers. In summary:

*The CAPR is the unique opportunity for social workers to draw together sufficient information to assist the child in developing their own coherent narrative of who they, their birth parents and their birth family are, what their birth parents experienced as children, how their parents came to prove unable to parent the child. Details of family members and from family members can enhance the child's understanding of their life and experiences while they lived in their birth family. Together with details and comments from those who also knew and cared for the child on their journey through care, all of this can add greatly to the child's sense that they existed, that people knew them, people have held them in mind and that people can give them information to help them understand what has happened to them.*

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### **Adoption and permanence panels and agency decision-makers**

- ***Local authority adoption and permanence panel members***

These panel members have the duty to scrutinise actions and decisions that have been taken by the local authority, and which have led to the plan to permanently separate a child from their parents. Such scrutiny must be cognisant of the *child's right to live within their own family* if it is in their best interests to do so. Information in the CAPR must therefore include:

1. reference to the difficulties the family encountered and the impact that these had, or were expected to have, on the wellbeing and development of the child;
2. reference to what help multi-disciplinary agencies gave to the child and their family (including why, how and who was involved), with a view to helping the child to remain in the care of their parents;
3. reference to what consideration took place to ensure that efforts to help were sensitive to the particular learning styles or cognitive difficulties parents may have;
4. information of sufficient quality and veracity to assist panel members in understanding why efforts to help the family have been unsuccessful;
5. information about how the child has been affected by the difficulties in their parents' lives;
6. information about how, why and when the decision was reached to move towards permanence for the child;
7. information about siblings also within the care system.

Panel members must be given sufficient information to assist them in concluding whether they wish to recommend that the plan for permanence for the child should be accepted by the agency decision-maker.

- ***Agency decision-makers***

Combined with the minute from the panel consideration, the report must contain sufficient information to assist the local authority agency decision-maker to decide whether the child should be permanently removed from their birth parents' care and placed either for adoption, whether via direct petition or via application for a permanence order with authority to adopt, or for the local authority to apply for a permanence order in respect of the child.

### **The courts**

Should there be a decision that the local authority should seek adoption/permanence for a child, then certain information is required to be provided in court reports for these processes. The CAPR is the opportunity for social workers to ensure that all information required for court processes in relation to seeking a permanence order with or without authority to adopt, or adoption order sought by direct petition, has been recorded and is easily available. The report as a whole, accompanied by chronologies and other relevant documentation, should explain to those previously unaware of the child how the child has been affected by what has happened to them and what may help them in the future.

### **Family-finding social workers, linking and matching procedures**

The CAPR must have sufficient information included about the personality, identity and development of this child, the child's identified needs and what they will need from their permanent substitute family. This is in order to assist professionals who have knowledge of potential adoptive or permanent families in discerning whether any prospective adopters/permanent carers known to them may be suitable to match the child's personality and identified needs.

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To help the child find the right family, information about the child must be extensive and hold within it discerning comment regarding the child's familial history, the child's personality and interests, the child's developmental needs and the qualities that may be required in future carers to ensure the best "fit" for this child for their lifetime. Workers for adopters/permanent carers must be able to honestly appraise the identified attributes of known families that may or may not make them most suitable to parent this child. Such appraisal is best completed in conjunction with families identified as possibly possessing the qualities and attributes required. In order to achieve the best match for a child, this may involve sharing the child's information with more than one family at a time.

### **Prospective adopters/permanent carers**

It is vital that the CAPR has sufficient accurate and carefully expressed information written with real knowledge of the child, and enthusiasm for the child and their needs. Prospective adopters/permanent carers will be given this report and the report will be the main source of information against which they can gauge their own suitability to permanently care for this child. The report must bring the child and their needs "to life" but be entirely truthful if risks of future disruption of family placements intended to be permanent are to be minimised. Prospective adopters/permanent carers will need to consider if they are drawn to this particular child, whether they have the qualities and commitment that the child may need, and whether their reactions may be sufficiently positive for them to decide to ask to be formally considered as a match for the child. Prospective adoptive/permanent families, social workers responsible to those families, and social workers responsible for the child need extensive and robust information. This is to allow them to work in partnership to ensure that any family matched with a child can provide the characteristics and circumstances most likely to optimise the chances of best outcomes for the child.

## **Considerations and tools informing completion of the CAPR**

### ***First principles in formulation of permanence reports for children***

Enshrined in Scottish legislation is the principle that workers **MUST** ensure that any report regarding plans for children make it evident that the agency's paramount concern throughout their decision making has been the best interests of the child. It follows, therefore, that any report designed to present the reasoning and detail of decisions taken regarding the permanent care arrangements for the child needs to reflect the right of the child to have respect and sensitivity shown towards them and towards their birth family. Difficult information must be presented with compassion and with the awareness and expectation that the report itself may be read by the child in the future. Equally, such difficult information needs to be clear.

Any child will, in due course, want to know that due regard was given to the impact of agency decisions to permanently separate them from their birth parents. They will want to be assured that concern was shown not just towards them but also towards family members from whom they are permanently separated. Those involved in such decisions must ensure that the feelings of the child and the consequences of decisions for them and their family members are afforded consideration and respect, and evidenced in the content and expression of reports.

Children who have grown up adopted, or within the care system, have recounted as adults the great pain and distress that can be caused if inadequate or inaccurate information and analysis has led to the unnecessary creation of negative myths about the child's birth parents. Difficult facts need to be told and these can impact on the child's sense of identity, feelings of self-worth and expectations of self as they grow up. If unnecessary negative myths have been added, or positives never mentioned, this can add greatly to the impact on the child of growing up separated from their birth family. It is therefore important to balance reports.

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**Protecting the child:** Although balance is essential, it would not be appropriate for reports to avoid detailing valid reasons why there may be potential danger for the child, now or in the future. Such risk, or suspected but unproven risk, requires identification and evaluation. The child and their substitute family need to build a shared and balanced narrative of the child's past life, their birth family and connections. An accurate narrative may help the child to develop more realistic expectations and to exercise due caution, should they wish to re-engage with birth family members later in life.

*In essence, a child needs to be assured that any report that is instrumental in the decision to remove them permanently from their birth parents should be free from inaccuracies, unsubstantiated hearsay and punitive judgements. Information should be presented with honesty, objectivity and understanding of how and why a child needed to be separated permanently from their family. The child will need their workers and carers to be fully understanding of how and why the child's birth parents may have been unable to parent at the time that their child needed them to be parents, or indeed perhaps forever. The child will need those adults charged with exercising responsibility towards them to observe the principles of the Children's Charter 2004 – including the requirements to 'Get to know us, speak with us, listen to us, involve us, respect our privacy, be responsible to us'.*

### ***The child's right to family life***

There has long been concern to recognise the serious nature and impact on a child who becomes permanently separated from their birth parents and wider family. It is therefore incumbent upon responsible professionals to be rigorous in ensuring that their assessment that a child needs to be permanently separated from their birth parents is fair, balanced and completed with the child's interests as the paramount concern.

Where workers are working with families of a differing ethnicity, culture or class to their own, or to the dominant group around the family, it is especially important that workers carry out an evaluation of their own cultural awareness and avoid applying judgements which could be considered value-based, "Eurocentric" or simply "middle class". Judgements about lifestyle and parenting practices need to be informed by knowledge and awareness of different child rearing methods. Workers must ensure that they arrive at a way of evaluating what they observe in a way which is balanced by consideration of alternative views.

The right of the child to remain within their family and kinship network, if safe to do so, is enshrined in the **UN Declaration on the Rights of the Child**. As a result, there is much more proactive consideration and exploration of the child's wider family and friendship network as the first possible source of temporary, and if necessary, permanent, substitute family care for children. Today a child's route to permanent substitute family care can include adoption, permanence through fostering or permanence through kinship care.

There is renewed emphasis on the need for social workers to be more assiduous in seeking to know who may be connected to the child. This is in order to ascertain whether those connected persons may be in a position to care safely for that child while promoting the child's optimal development.

It is required that social workers explain what efforts have been made to help any child to remain living with their own family. If those efforts have failed, then the matter requires to be addressed in the Child's Permanence Report, with reasons for the failure given concise evaluation. If kinship carers have been considered, but excluded, as an option for a child, then reports need to be clear on why this option has been excluded.

### ***Getting it Right for Every Child (GIRFEC)***



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**GIRFEC** is an initiative intended to promote and assure best outcomes for children for whom living within their own families is considered unsuitable or unsafe. It is described as the thinking that should form the “bedrock” of all children’s services in Scotland.

Report writers are encouraged to use the GIRFEC assessment tools and analysis already familiar and in use across statutory agencies in Scotland. In particular, when presenting information about a child’s life within their birth family, writers are encouraged to use the assessment tool of the ‘My World Triangle’, the GIRFEC indicators of wellbeing (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included – SHANARRI) and the GIRFEC tool for analysis of information about a child, the ‘Resilience Matrix’. The latter is useful to interpret the significance and impact of events and circumstances of the child’s life within their family of origin.

Using these tools, workers should consider how and why it has been concluded that the needs of the child were not being met while the child lived with their birth parent(s). Further, workers should indicate why it is considered that the child’s developmental needs are not likely to be met (by sufficient increase in parental capacity) within timescales that would be suitable and supportive of the satisfactory overall development of the child.

<http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>

### **PART ONE (sections 1 to 23)**

## **SECTION 1**

### **THE CHILD’S PROFILE**

*NB This section is placed at the front for ease of future use. However, the child’s profile should usually be written only **after** sections 2 to 18 have been completed, to ensure that it draws on all available information about the child.*

Every child is unique and deserves their own unique profile which is based on careful observation and understanding of behaviour and captures the true essence of the child.

The aim is to bring the child alive and this will require careful and considered use of language. Words can either give clear messages and convey powerful images, or become overused and un compelling.

Profiles should not be censored – in the future children, as young adults, may ask to see their CAPR and we would want them to see that their workers have had an appropriate appreciation of the impact of their early life experiences.

Information presented about the child should aim, wherever possible, to convey messages from the child’s point of view and invite questions and discussion about the child’s needs instead of prescribing what they are. In addition, it is helpful to avoid prejudging what families should offer or pre-empt how the child should be treated.

The child should be actively involved in contributing to their profile, according to their age and ability.

### SECTION 2

#### INTRODUCTION TO THE CHILD AND THEIR FAMILY

The reader should be assisted to engage with the basic facts of the child and their family, brief history of professional agency involvement with the family, the reasons the child became accommodated and what is now being proposed for the child's future care.

***Example:** C [date of birth] is the third child born to his mother, Ms Jean Smith [date of birth], and the first child born to his father, Mr Robert Urquhart [date of birth]. Ms Smith has had three adult relationships. C has a half-sibling, B [date of birth], born to Ms Smith's relationship with Mr Alexander Saunders. C also has another half-sibling, A [date of birth], born to Ms Smith's relationship with Mr James Robb.*

*A, B and C all lived together with their mother and her different partners sequentially until the children became accommodated in May 2012.*

*Social work and health support services became involved with C's mother and his family in 2010 when A was three years of age. At that time, A's half-sibling B was about to be born. Concerns mounted because it had become known that Ms Smith was known to have drug and alcohol dependency issues. It had been noted that Ms Smith had already begun to struggle to care adequately for A. Services were put in place to support Ms Smith in her care of A and her new baby B. Unfortunately, despite increased support to Ms Smith, she struggled to provide consistent and attuned care to her children. When C was born fifteen months later, Ms Smith's capacity to cope with the needs of her children diminished further.*

*Ms Smith's relationship with C's father was reported to be characterised by disputes and episodes of domestic violence. After C's birth, serious concerns grew regarding Ms Smith's capacity to care for her children and to protect them from harm. It was noted that Ms Smith had appeared practically and emotionally unprepared for C's birth. She had given voice to feelings of ambivalence in respect of him before and after his birth. Ms Smith's substance misuse had continued during her pregnancies with all three children, and after C's birth her substance misuse had become more chaotic.*

*Professionals concluded that efforts to support Ms Smith in her care of the children had failed. C and his siblings became accommodated for the first time on ---. Further substantial efforts, documented later in this report, were then made to support Ms Smith in moving to reassume the care of the children. Rehabilitation of all three children to Ms Smith's care took place on two occasions. Unfortunately, Ms Smith proved unable to sustain any progress made. During the second rehabilitation attempt, a decision was taken to once again accommodate the children and to seek permanent substitute families for all three.*

#### **The plan**

*The plan is for C and his brother B to be adopted together. A has been placed with his paternal grandmother, in whose care it is expected he will stay permanently.*

### SECTION 3

#### LEGAL ORDERS IN RESPECT OF THE CHILD AT THE TIME OF WRITING

Detail any past or current legal orders such as supervision orders, regulation 11 orders.

Does the child have any right or interest in property?

Has any insurance policy been effected on the life of the child?

### SECTION 4

## PARENTS' PERSONALITIES AND PERSONAL HISTORIES

(If there is uncertainty regarding paternity of the child, see section 6. For any other people with parental responsibilities and rights, see section 7).

### Physical description

Give a physical description of each parent, preferably using their own self-description.

### Personality

How does each parent describe themselves? How have the writer and other professionals experienced the presentation and personality of each parent? What interests and talents does each parent consider they have?

### Personal history

#### *Identity:*

Parent's name, date of birth, place of birth, ethnicity (as described by them; see notes under section 17), nationality, religion and language used should be recorded here, with detail of how the information given was ascertained.

#### *Upbringing:*

Where was each parent brought up? What have they described regarding their memories of childhood, of family life and culture, of their school days? What do they consider has shaped their personality and lifestyle choices?

### Educational history

What is each parent's experience of education? What has been their level of attainment? Does either parent consider that there were circumstances which made their educational progress more difficult when they were children?

### Employment/occupational history

What jobs has each parent held? Is there any particular occupation that the parent would welcome having?

### Parent's family membership

#### Grandparents (of child):

Give brief details of each parent's own parents, including full name, age, where born, their current ages, their current whereabouts, their occupational and family circumstances and their relationship past and present with their son/daughter.

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### Aunts/uncles (of child):

Does the parent have any aunts/uncles? If so record their ages, their whereabouts and current known circumstances.

### Family involvement with child

What, if any, involvement have either grandparents or siblings (maternal or paternal) had with the child? Have they been involved in caring and planning for this child? What relationship has the child had with any family member?

### **The health and genetic history of each parent and their family**

Has each parent been asked to complete a medical questionnaire? Has a medical adviser indicated that there may be any significant condition which requires further information? What steps have been taken to obtain such further information? **(As per Regulation 11 of the Adoption (Disclosure of Information and Medical Information about Natural Parents) (Scotland) Regulations 2009, following the Adoption and Children Scotland Act 2007)**

## **SECTION 5**

### **PARENTS' PAST AND CURRENT RELATIONSHIP HISTORIES**

#### **Parents' relationship**

How did the child's parents meet? What was the nature of their relationship at that time? Did the relationship continue? If so, for how long? Did they marry each other? When did they marry? Were the parents married at the time of the child's birth? Is the relationship still ongoing? If so, what is the nature of the ongoing relationship?

What other relationships and children has each parent had? What are the current circumstances in relation to any other child of each parent (where, with whom, nature of current relationship between parent and child)?

In the event that information has not been forthcoming from the parent, is there anyone else who can help give information for the future benefit of the child? Please indicate the source of information provided. If information has been sparse, detail what efforts have been made to support parents or others to provide information. Indicating the source of the information given can be very helpful and assists the avoidance of stating hearsay as fact, while conveying what information has been given to the writer.

If one or both parents are out of contact with the agency, explain why. What efforts have been made to inform and include them in planning for the child? What has been done to collate family and family health information for the future benefit of their child?

### **SECTION 6**

#### **THE CHILD'S PARENTAGE**

**Where there is uncertainty in respect of the paternity of the child**

**In relation to the birth father**

Has the birth father been identified? If not, what efforts have been made to help the birth mother understand why such information can be vital to a child who may become permanently separated from their birth family? Has the agency been proactive in their duty to the child to provide the child with all information possible to assist the child in understanding their identity, what has happened to them, and what their family history has been on both sides of their birth family?

**Does any other person claim parentage of this child?**

What steps have been taken to clarify the situation? What are the implications of ongoing uncertainty for the child?

### **SECTION 7**

#### **PERSONS WITH PARENTAL RESPONSIBILITIES AND RIGHTS (PRR) IN RESPECT OF THE CHILD**

Does each parent have PRR? Give details.

Does any other person have PRR in relation to this child? If so who are they? How have they been involved with the child? How was PRR acquired and when? Are you aware of any other person who may seek to be granted PRR?

### **SECTION 8**

#### **FAMILY HISTORY AND RELATIONSHIPS**

**Parents' relationship with *this* child and child's response to each parent**

What were the circumstances of each parent at the time of conception of this child? What is known of each parent's response to the impending birth of this child? What meaning and significance does this child appear to have to each parent? Evaluate whether this child may or may not have had an opportunity to develop any secure primary attachments in their first year of life. If not, why not? If so, who was that attachment with (e.g. a sibling, neighbour or grandparent)?

**Parents' relationship with children of the family**

How have the child's parents demonstrated their parenting capacities in relation to each child of the family? For example, each parent may have been impacted by matters such as the higher or lower level of support available from others, better or worse mental or physical health, more or fewer children requiring attention at the time. Have such issues led to each child having differing meaning and significance to the parents? Has any child occupied a special place in the family—or has a particular child been overlooked? How can differences in parent/child relationships be accounted for in this family? Has any child been given the role of favoured child/parent's companion/parent's caregiver or parent's scapegoat? Indicate any implications for the child of any family mental ill health, (genetic vulnerability, and impact of parental

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depression or distorted thought processes) and draw out the implications of what is understood to have potentially impacted on the child even prior to birth (e.g. maternal stress, maternal use of cigarettes, drugs or alcohol). Indicate information received from health and specialist agencies that have contributed to decisions taken in relation to this child.

Using chronologies and evidence contained in other reports, the writer should summarise and evaluate how and why the agency became involved with this child's family. Summarise main areas of concern. Do not repeat the information from the chronology but instead draw out the meaning, significance and likely effect on the child of any repeating patterns of adult behaviours or circumstances.

Describe what historic circumstances have contributed to decisions taken in respect of this child. Consider the age and developmental stage of the child when significant and potentially detrimental events occurred and what detriment is considered to have occurred in relation to the child's opportunity for optimal development in all areas.

*Using the language and thinking of the 'My World Triangle', interrogate the information that has been gathered by social work, health and educational professionals. Offer your assessment of whether the child's needs were being met while living in their birth family. For example, does the information available about a child's history indicate that the child was helped to feel safe, given guidance, provided with stability and predictability? Was the child's health promoted? Was the child helped to learn and achieve, develop confidence, be able to communicate and feel included? Indicate what evidence you would point to to support your view.*

## **SECTION 9**

### **CURRENT CIRCUMSTANCES OF EACH PARENT**

This section will inform the reader about the current circumstances of each parent. Note when written communications or meetings may have taken place.

## **SECTION 10**

### **VIEWS AND WISHES OF BIRTH PARENTS AND ANY OTHER PERSONS HOLDING PRR**

What are the views and wishes of each parent (whether or not they hold PRR), and any other person holding PRR with regard to the future care of this child?

A BAAF tool is available to help facilitate work with birth parents (or others) to ascertain and record their views about the information in the CAPR and the things they would like their child to know (see Birth Father's Views Form and Birth Mother's Views Form).

## **SECTION 11**

### **CHILD'S SIBLINGS AND SIBLING RELATIONSHIPS**

Give details of all maternal and paternal siblings, including half-siblings of the child. Give the names, dates of birth, exact relationship to the child, address, past and current arrangements for contact between this child and the named sibling. Include information on qualitative aspects of sibling relationships.

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Has this child lived with all of their siblings? If not, what has been done to promote mutual knowledge of their shared parentage? Include information about adult siblings where relevant.

Where there is a plan for adoption/permanence for more than one sibling, is it planned that they will be placed together? What has been the pattern of relationships between the siblings of the family? Has a sibling assessment been carried out regarding any proposal to place the children together or a proposal to split the children?

If an assessment of sibling relationships has taken place, is this report available for the adoption and permanence panel? What has this assessment included, e.g. observation of interaction and reports from carers alone? Or the latter placed in the context of known historical relationships and knowledge of the impact of parental difficulties and needs on the sibling relationships in the family? Who has been involved in evaluating this? If there is a plan to place siblings together, what is your evaluation of the strengths and vulnerabilities of each child? How might they impact on each other's capacity and willingness to invest emotionally in a permanent substitute family? What strengths will be needed in carers if the children need consistent help to adjust relationships?

If siblings are to be placed separately, what are the plans for the type and level of contact between siblings once in permanent placements? Have any relationships had a special significance for the child and, if so, why? If this relationship will be affected by move to permanence, what needs to be put into place to protect it or help the child recover from loss?

## **SECTION 12**

### **MULTI-AGENCY INTERVENTION OFFERED TO ASSIST THIS FAMILY**

This section should inform the reader of efforts by all professional agencies to assist this child, and any of their siblings, to stay attached and live within their own family or wider kinship network. Attempts to provide support, guidance and encouragement to birth parents should be described. Whether the support offered was experienced as available to the parents should also be evaluated. What was done to tailor support to parent learning styles/personality/capacities? What has been the parents' response to efforts to assist them? An analysis should be provided as to why the parents may have responded in the way that they have (or have not) to efforts to assist them in their parenting of their child/children. If parental cooperation and responsiveness has varied, what might have been the reasons for this? How and when was it decided that parents were not in a position to change sufficiently in order to meet the needs of the child within timescales that may optimise the current and future wellbeing of that child?

*If there are indications that the child(ren) of this family have been made vulnerable to dangerous and potentially abusive events or people, it is important this is acknowledged since the child and their future carers will need to be aware of any such concerns in relation to any future contact with their families or family network.*

## **SECTION 13**

### **EXPLORATION OF THE WIDER FAMILY AND KINSHIP NETWORK**

Detail all family members and other adults who have cared for the child who have been contacted and involved in discussion regarding the future care of this child. Has any family member or significant family friend had the care of the child? If so, for how long and at what age? Why did the child leave the care of that family member? What contact has there been between them and the child? Does any family member wish to care permanently for this child? Have they been assessed and excluded? If so, explain how and why.

## **CAPR Scotland Guidance notes**

Have family members been asked to contribute to enhancing the child's future knowledge of family and family culture with information, family anecdotes and memories of the parents or the child as younger children? Do any family members express their views about the needs and personality of the child? Is there evidence that a family member keeps the child in mind and is the child aware of this?

### **SECTION 14**

#### **AGENCY DECISION TO PROCEED TO PERMANENCE FOR THIS CHILD**

Give a summary of the evidence and consequent concerns that led to the decision of professionals to move to permanence/adoption for this child. Was legal advice taken before moving to this decision? In what forum was the decision discussed and made? When was that decision taken? **If adoption is the plan for the child, specify what legal routes to underpin permanence were considered and rejected (these may include going home, a residence order, a kinship care order, a permanence order, a compulsory supervision order or voluntary reception into care).**

### **SECTION 15**

#### **CONSIDERATION OF THE PAST, CURRENT AND FUTURE CONTACT ARRANGEMENTS FOR THE CHILD AFTER PLACEMENT FOR PERMANENCE**

Over the years, much has been made about arrangements for contact for family members with a child who is placed for adoption/permanence. In many contested court situations, a great deal of emphasis can be given to the question of what contact should or should not exist between the child and their birth family, including birth parent(s), siblings/half-siblings or grandparents. In these situations, there can be a high level of debate in relation to the assessment of the nature and quality of contact arrangements following the child's initial period of accommodation.

A child's apparent distress before or after contact sessions can be interpreted as clear evidence of the lack of suitability of direct contact continuing. In situations where a birth parent leads a chaotic lifestyle or a child has sibling(s) who live within their birth family network, this may affect the child's experience of contact.

All of the above concerns can benefit from clarity regarding the purpose of contact. To achieve this, the trauma experienced by children who have become separated from their birth family must be well recorded and documented and the impact carefully considered. Their birth family may include siblings whom they have never met.

#### **Factors to be considered:**

- Evaluate the circumstances in which contact took place/is taking place
- Who was involved and what was their relationship with each parent?
- If the child offers different presentations in different situations, explore what may be affecting the child and its significance to the child's presentation and child's views regarding contact
- Bear in mind that the child may be finding it difficult to organise their attachment strategies towards their new carer, which may result in them acting in a disorganised and highly disturbed way

The progress of permanence planning for children can be severely delayed because of the disagreements which can develop about proposed contact arrangements. It is therefore vital that these arrangements and their potential advantages and disadvantages to the child must be robustly and objectively assessed separately and free from adult concerns and pressures.



## **CAPR Scotland Guidance notes**

### **The purpose of contact in permanence**

Contact for children placed for permanence must focus on the best interests of the child.

The fact that others, particularly adults, may benefit from contact cannot outweigh the risks which grow for a child if they are unable to achieve “felt safety and stability” because adults cannot resolve what can be experienced as a “fight” over ownership and access. The priority has to be that any child who has been challenged by repeated adversity and lost relationships is provided with the optimal circumstances for developmental recovery. These optimal circumstances must involve the provision and experience of certainty, predictability, security and positive, exclusive attachment relationships with the person(s) who is/are to be their psychological parents. Research continually demonstrates that the older a child becomes without achieving such “felt safety and security”, the worse the outcomes for their future lives across many areas of development.

Research has also suggested that where a child has not lived with a parent or sibling, the child may experience direct contact as positive rather than disturbing, or as unremarkable – provided that their adoptive parent/permanent carer is present, in a pleasant environment and that they are not put under pressure by a birth parent or sibling to interact. Decisions about contact must take into account the potential benefits and risks in each case, with clear expectations about the importance of rules and boundaries.

However, this does not mean that it will be in the child’s best interests to be placed in this situation simply because there is a lack of evidence relating to the obvious distress or disturbance in a younger child.

Any arrangement for contact must be subject to regular review. The changing nature of arrangements for contact must take into account the challenge for children of needing to attach and claim an unrelated family as their own. This process can potentially be disturbed as children become more aware of their circumstances and they may manifest wariness, distress or resistance when meeting adults who are effectively strangers to them. As children grow, their feelings and needs in relation to contact may change, and arrangements may need to be altered to reflect this. In some cases, it may be in the best interests of the child to terminate contact at a later stage. Open communication with children, and understanding whether their views have changed over time, may help to avoid unplanned future contact between children and birth family members via social media.

Contact becomes more complicated in situations where children have experienced neglect and/or abuse whilst in the care of their parents. The dynamics of these relationships and adverse experience(s) result in distorted attachment relationships between the child and the parent figure. The imposition of contact, in these circumstances, may trigger previous trauma reactions and the re-emergence of disturbed behaviour which can pose an unacceptable level of challenge to the healthy development of the child and adoptive parent relationship.

Another factor requiring consideration in the proposed contact arrangement is the birth parent’s/birth family member’s capacity to establish not only their acceptance of their child’s primary relationship with an adoptive parent, but also their capacity to celebrate and promote that relationship. Birth families also have to have the ability to give positive messages in relation to the child’s continuing value to the birth family to promote, for the child, an increasing sense of dual family identity which is not conflicted but provides a source of mutual positive regard.

Birth parents and birth family members will require considerable support of an emotional and practical nature post-placement/post-adoption to reach a position where they can accept their lack of role in the emotional and executive life of their child. Many birth parents will not achieve this level of acceptance and understanding and will need a high degree of support and guidance to contribute to indirect contact which involves an exchange of information. These responsibilities are a formal requirement of the Adoption Children (Scotland) Act 2007.

### **Assessment of contact in permanence**

## CAPR Scotland Guidance notes

This is an extremely complex area. Clearly the arguments for or against any contact arrangement require very careful consideration and ideally should be explored, tested and evaluated prior to an application for a Permanence Order or Petition to Adopt (POA) being lodged with the court.

It will be essential to provide information and analysis of the initial contact arrangements following accommodation. This should include the purpose, quality and the method used to observe and assess the contact. The contribution of this assessment to proposed contact arrangements should be included in an appraisal of options which identifies the potential risks and benefits of each.

It may assist the worker to appraise the issues involved for the child by considering messages from relevant research, good practice guides, the GIRFEC indicators and the Resilience Matrix.

### SECTION 16

#### THE CHILD AND THEIR JOURNEY THROUGH CARE

After children become accommodated, they are subject to a wide range of new challenges and stressors. They do not live in a vacuum of experience. Instead, a child already affected by adversity may find themselves separated from parents and/or siblings, and may be required to organise their attachment strategies to meet the parenting style and state of mind of their new foster carer and their family.

Each period in foster care, and each period of respite care, will have required the child to modify their presentation and to cope with new family cultures, differing household rules and differing levels of challenge in relation to other children who may be present in each family. If the child is to be helped to develop a coherent narrative of their life and experiences, and if their workers and future carers are to be best equipped to understand and accept the wide range of responses and reactions that a child may manifest in a permanent placement, then it is essential that the child is provided with information and memories of all the families in which they have lived. Family make up and membership, family lifestyle and environment, events that occurred while the child lived in that family, whether there were pets in the household, are all important to be aware of.

The way in which the child is remembered by each family will be important information. Children can present quite different behaviours in different placements. The way in which they were viewed and experienced in different families requires to be recorded. This will add depth to the information that may be provided by the last carer, from whose home the child may move to permanence. Most importantly, it will help the child to be provided with some framework for their dimly remembered memories or previously inexplicable reactions to certain things.

It is essential that the impact of the child's journey through care is acknowledged as part of the cumulative impact on the child, and which has added to the challenges of the original difficulties experienced within the birth family.

Give full chronological detail of all periods (inclusive of respite) during which the child has encountered different carers, including date placed, age of child when placement made, the makeup of the foster family, significant events/views of adults regarding the child, relationships formed by the child and with whom, progress made.

Detail when the child left the placement, the age of the child at the time of moving on, and **the reasons the placement ended**. Specify when the decision for permanence was formally agreed and at which meeting.

### SECTION 17

## THE CHILD'S PERSONALITY, CURRENT DEVELOPMENT AND FUTURE NEEDS

### Emotional, behavioural and social development

What is known of the opportunities that this child did or did not have to develop early predictable emotional attachments in their first year of life? If there were positive experiences which ended, how has the child been impacted by this?

If the child has experienced a number of adult carers, what has been the nature of the relationship established between them and the child? What have different adults reported about the child regarding, for example, the child's personality, how the child sleeps, what the child will eat, their likes and dislikes, and what they show interest and excitement about? What makes the child happy, angry or sad? What has the child responded well to in different settings? What, for example, has been the child's response to adult attempts to assert boundaries or to discipline the child? Does the child enjoy routine? How does the child respond to changes in routine? How does the child relate to his/her peer group? To family pets? To older or younger children?

### Learning and educational development

What is known about the intellectual and educational development of this child? What factors may have impacted on the child's development in this area of functioning? Please detail all children and family centres, nursery and school settings attended by the child. How have nursery workers and/or teachers experienced the response of this child to group settings and to learning? What other support, if any, have other professionals indicated that this child may need to achieve optimal development in an educational setting?

### Child's health history

What assessment has taken place of this child's health and family health history as it pertains to the child? What information was provided to the medical adviser? What is the medical adviser's advice regarding factors that are currently affecting the child or may affect the child in the future? Is there information about genetic considerations that the child and their future carers need to be aware of? Ensure that the source of information (for example, medical adviser, parental self-report, social worker) is made clear.

Does the child have disabilities? How is the child's everyday life affected? What extra care has the child needed and what will she/he need in the future? What may she/he need to have provided, both emotionally and practically, in any future permanent substitute family? Have financial and practical support considerations been assessed and extra resources earmarked in relation to locating and supporting this child in any future adoptive family?

### Identity – ethnicity, nationality, religion, languages and family culture

How does each parent describe their ethnicity and culture? What is known about the child's family in terms of their value base and any formal connection to organised religion? Has the family expressed views regarding the religious upbringing of the child? Does this family have experience of disability? If so, how has disability been responded to and viewed within the child's family? Indicate whether information given has been formally verified and with whom.

## **CAPR Scotland Guidance notes**

**Child's ethnic group:** 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. The table used in the CAPR is recommended by Scottish Government for collecting information on ethnic groups. If these groups do not reflect the way in which the individual identifies themselves, use their own preferred way of doing this.

### **SECTION 18**

#### **THE CHILD'S UNDERSTANDING, WISHES AND FEELINGS REGARDING THEIR FUTURE**

Open, direct work will be necessary and all those around the child will need to be ready and capable of supporting the child as they come to terms with their losses and fear of the unknown. Who does this child perceive to be close to her/him? To whom does she/he look for comfort? What is the child's understanding of his/her world and the role of adults within it? What does she/he know about the reasons why it has been decided that it would not be suitable for her/him to return to the care of his/her family members? What work will need to be completed with the child to prepare them for permanent placement in a family as yet unknown to them? Who will do the work? How will it be supported? Has space been built into plans to allow for time to work with the child and for the foster family to help the child to process their reactions to the information? What are the current foster carers' circumstances? Do the current carers have the experience and motivation to help to prepare the child for permanent placement? If not, what is proposed in relation to overcoming or avoiding any potential barriers to thorough preparation of the child?

A BAAF tool is available to help record children's wishes and feelings regarding their future (see Child's Wishes and Feelings Form). BAAF also publishes books about life story work and listening to children's wishes and feelings that may help to facilitate work for this section.

### **SECTION 19**

#### **PROPOSAL FOR THE FUTURE FAMILY PLACEMENT FOR THE CHILD**

Is it proposed that the child be placed with siblings (including foster siblings of no biological relation)? If so, have the children lived together previously? If not, what has been done to assist the children to know each other? Who is each child? What is their personality? How have they been impacted by their own experiences as a member of this family? What has been done to assess the nature of sibling relationships and the likely benefit or otherwise of the child being placed as part of a sibling group? Have the implications of potential challenges for substitute parents been closely evaluated, with a view to avoiding risk to future placement stability?

On what legal basis is the child to be placed? What factors have influenced the choice of legal route? Is the choice justified or has it been influenced by issues of resource?

If the child is to be placed alone, has relevant research into separation of siblings been taken into account when the decision was taken?

## **SECTION 20**

### **THE NATURE AND QUALITIES OF FUTURE FAMILY REQUIRED**

Given the range of needs that the writer has already described and evaluated, what qualities and particular strengths in carers are sought for this child in relation to future permanent family placement? What aspects of the child's personality and development will need extra or specialist capacity in prospective adoptive parents or permanent foster carers?

## **SECTION 21**

### **SUMMARY OF THE CHILD'S PARTICULAR ADOPTION/PERMANENCE SUPPORT, OTHER NEEDS AND ADOPTION/PERMANENCE SUPPORT PLAN**

Research has evidenced that permanent family placement in the 21<sup>st</sup> century requires robust adoption/permanence support planning for every child. Proactive and comprehensive plans are most likely to promote stability and reduce the risk of disruption.

It is important that potential adoptive families are fully informed and enabled to judge their own suitability to provide parenting and opportunities tailored to the specific and individual needs of the child. In order to achieve this aim, support needs should be identified at the point of registration.

What has been planned by way of provision of resources, both for support for contact arrangements and regular review of contact arrangements? Are the child's needs such that finding the family which has the potential to provide permanent substitute family care for the child may require the support of financial allowances? What practical resources may be required to make a placement feasible? What are the anticipated therapeutic needs of this child and what liaison has taken place to support this? If arrangements are not possible/available in the area in which the child is going to live, what efforts have been made to procure funding for private provision, if required? What liaison has taken place with educational staff? What progress needs to be made before the child could move to an adoptive/permanent placement?

## **SECTION 22**

### **PROMOTING THE ACHIEVEMENT OF PERMANENCE FOR A CHILD WITH EXTRA NEEDS**

What family-finding efforts may be required to find the family which has the potential to provide permanent substitute family care for the child, within acceptable timescales? Have resources for extra publicity or exceptional alternative searching been agreed? If not, who will need to agree this?

### SECTION 23

#### LEGAL ROUTES TO PERMANENCE

What legal advice has been provided to workers and to panel members? Which legal route to permanence will cause least delay in achieving permanence for this child?

Is it agreed that the plans for the child are likely to safeguard and promote the welfare of the child throughout their life? Is it agreed that this option is in the best interests of the child and the most likely to meet their lifelong welfare needs? If adoption is the option, have all other alternatives been considered before arriving at this conclusion?

**Note:** Information about the child should also be entered into Part A of the support plan (see separate document) at the time of completing the CAPR. Depending on the case, this may need to be updated again at the point of matching to reflect any changes in the child's circumstances.

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#### PART TWO

Part Two is a summary for quick reference and matching purposes. The information needed to complete it should be readily available in the narrative report (Part One).

#### Completing the CAPR

Before signing off Part One and Part Two, the social worker and their line manager should first pay attention to the checklist of attachments viewed as essential and tick the relevant boxes to indicate that they are attached.

The views of both the birth parents and wishes and feelings of the child, to the extent they have been able to express these, should appear in their own terms as far as possible.

The first section of the Birth Mother's Views and Birth Father's Views forms refer directly to their awareness of the CAPR. Both forms (or equivalents) should be attached to the CAPR. If a birth parent is not prepared to sign the form, it should still be attached in order to record this.

The full carer's report (Carers' Report Child or Carers' Report Young Person) should be attached, even if some of the content is already incorporated in Part One of the CAPR.

Part A of the Adoption/Permanence Support Plan will be needed for the matching panel. It is also good practice to provide the permanence registration panel with an initial version based on the relevant sections of the narrative report.