CHILD'S ADOPTION AND PERMANENCE REPORT

CONFIDENTIAL

Name of child/young	person		DoB	
	This	form is the property of: (name of agency)		
Name:				
Date of birth: (dd/mm/yyyy)				
Report completed by:				
Position:				
Agency:				
Date completed:				
Date updated:				
Date updated:				
Date updated:				



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CONTENTS

- Adoption/permanence Support Plan Section 21: Part A Child's needs
- Adoption/permanence Support Plan: Part B Support to adoptive family

To insert the child's/young person's name and DoB, open the header, add the information and then close the header and save. This will copy the information onto every page.



Name of child/young person		DoB	
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ADOPTION/PERMANENCE SUPPORT PLAN PART A – CHILD'S NEEDS

(see section 21 of Guidance Notes)

Part A of this plan should be completed by the child's social worker at the point of registering a child for adoption/permanence. It identifies the assessed needs of the child and the potential resources required to meet those needs. This plan will be updated at the point of matching and again at placement.

Name of child:	
Date of birth:	
Date of this plan/review:	
Child's social worker Name and telephone number:	
Family placement social worker Name and telephone number:	

HEALTH AND DEVELOPMENT (detailed summary of current health needs and how they are being met)

- Briefly outline the child's current health needs and any routine checks or screening
- Give details of chronic or acute illnesses in her/his birth family background
- What support will the child need to meet their optimal development in this area?



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What assistance might be recthe child?	quired by the adopters/permanent carers to	meet t	hese needs of
What potential health needs r Genetic conditions?	•		
Implications of early lifeHow will these needs to	e met and supported?		
How will the costs be r	net?		
HEALTH NEEDS ACTION P	LAN:		
EDUCATION (detailed sur	mmary of educational provision)		
•	•	ne scho	ool and include
	tional setting raised concerns? ipport Plan (CSP) been drawn up?		



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Name of child/young person		DoB	
	quired by adopters/permanent carers to me	et the	identified
educational support needs of	the Child?		
What potential educational ne	eeds might arise in the future, e.g.		
Additional support for ISpecial schooling?	earning?		
 How will these needs t How will the costs be r 			
EDUCATIONAL NEEDS ACT	ΓΙΟΝ PLAN:		
EMOTIONAL AND BEH	AVIOURAL (detailed summary of curre	ent em	otional and
behavioural needs and how			



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Name of child/young person		DoB	
What assistance might be req behaviour needs of the child?	uired by adopters/permanent carers to me	et the e	emotional and
What potential emotional and How will these needs be met How will the costs be met?	behavioural needs might arise in the future and supported?	e?	
EMOTIONAL AND DELLAYIO	NIDAL NICEDO ACTION DI ANI		
EMOTIONAL AND BEHAVIO	OURAL NEEDS ACTION PLAN:		



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Name of child/young person		DoB	
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IDENTITY (detailed summary of current identity needs and how they are being met)
Outline the child's heritage, cultural, language and religious needs
Outline life story work undertaken so far and by whom
- Culmino mio cicry menti unacrianen eo iai ana by mioni
What assistance might be required by adopters/permanent carers to meet the identity needs of the child?
What potential identity needs might arise in the future, e.g.
Ongoing development of life story work?Later life letter, etc?
 How will these needs be met and supported?
How will the costs be met?



CAPR	
Scotland	

CHILD'S ADOPTION AND PERMANENCE REPORT

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Name of child/you	ung person				
IDENTITY NEED	NS ACTION DI AN	1.			
IDENTITY NEED	OS ACTION PLAN	V:			
CONTACT (da	(-!		1		
•		of current contac	t arrangements)		
		t and with whom? g orders or instruct	ions		
		i.e. direct/indirect			
		Purpose and			
Name of person	Relationship to child	type of contact	Frequency		ırt/children's aring order

What assistance might be required by the adopters/permanent carers to support the identified contact needs of the child?



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Name of child/young person		DoB	
What potential contact needs How will these needs be met How will the costs be met?			
CONTACT NEEDS ACTION	PLAN:		

CAPR Support Plan				
Person	Signature		Date	
Social	Sign:			
worker	Print:			
Line manager	Sign:			
	Print:			
	Sign:			
Agency decision- maker	Print:			
	Title:			



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Name of child/young person		DoB
	NAME OF COUNCIL	Council Logo

ADOPTION/PERMANENCE SUPPORT PLAN PART B – SUPPORT TO ADOPTIVE/PERMANENT FAMILY

Part B of this plan should be completed after matching a child for adoption/permanence and before placement. It identifies the support needs of the adopters/permanent carers and the potential resources required to meet those needs.

Part B should be completed by the adopter/permanent carer(s)'s social worker/link worker.

Name of adopter/permanent carer(s):	
Date of this plan/review:	
Child's social worker Name and telephone number:	
Family placement social worker Name and telephone number:	



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SUPPORT NEEDS OF ADOPTER(S)/PERMANENT CARER(S)					
Type of support service needed Training			Financial and		
 Peer support Advice/ information Counselling Other (specify) 	Service to be provided	Person/agency responsible	practical and practical implications	Frequency, duration and start date	Planned outcome and review



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Parties to the agreement of the Plan				
Person	Signature	Date		
Adopter/	Sign:			
permanent carers	Print:			
Adopter/	Sign:			
permanent carers	Print:			
	Sign:			
Representative for placing local authority	Print:			
	Title:			
	Sign:			
Representative for receiving local authority	Print:			
,	Title:			
Representative for voluntary adoption agency	Sign:			
	Print:			
	Title:			

