

<b>Name of child/young person</b>		<b>DoB</b>	
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This form is the property of: (name of agency)

<b>Name:</b>	
<b>Date of birth:</b> <i>(dd/mm/yyyy)</i>	
<b>Report completed by:</b>	
<b>Position:</b>	
<b>Agency:</b>	
<b>Date completed:</b>	
<b>Date updated:</b>	
<b>Date updated:</b>	
<b>Date updated:</b>	

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- Narrative report: child's adoption and permanence report (CAPR)

### PART TWO

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- Key staff names

**To insert the child's/young person's name and DoB, open the header on this page, add the information and then close the header and save. This will copy the information onto every subsequent page. You will also need to add the same details to the header on the first page.**

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INSERT RECENT PHOTO HERE  
(FULL SIZE, CHILD'S FACE CLEARLY VISIBLE)

**Date photo  
taken:**

**1: The child's profile** *(See guidance – should usually be completed after other sections)*

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PART ONE

**Narrative report: child's adoption and permanence report (CAPR)**

(See detailed guidance notes for information related to each heading)

**2: Introduction to the child and their family**

The plan:

**3: Legal orders in respect of the child at the time of writing**

**4: Parents' personalities and personal histories**

**Physical description**

Mother:

Father:

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**Personality**

Mother:

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Father:

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**Personal history**

*Identity: Mother:*

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*Identity: Father:*

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*Upbringing: Mother:*

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*Upbringing: Father:*

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**Educational history**

Mother:

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Father:

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**Employment/occupational history**

Mother:

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Father:

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**Parent's family membership**

*Grandparents (of child):* Mother:

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*Grandparents (of child):* Father:

*Aunts/uncles (of child):* Mother:

*Aunts/uncles (of child):* Father:

Family involvement with child:

The health and genetic history of each parent and their family  
*(See guidance on source of information)*

**5: Parents' past and current relationship histories**

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**6: The child's parentage (where there is uncertainty in respect of the paternity of the child)**

In relation to the birth father: Does any other person claim parentage of this child?

**7: Persons with parental responsibilities and rights (PRR) in respect of the child**

**8: Family history and relationships**

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

Parents' relationship with children of the family:

**9: Current circumstances of each parent**



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**10: Views and wishes of birth parents and any other persons holding PRR**

**11: Child's siblings and sibling relationships**

**12: Multi-agency intervention offered to assist this family**

**13: Exploration of the wider family and kinship network**

**14: Agency decision to proceed to permanence for this child**

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**15: Considerations of the past, current and future contact arrangements for the child after placement for permanence**

The purpose of contact in permanence for this child

Assessment and plans for review of contact in permanence

**16: The child and their journey through care**

**17: The child's personality, current development and future needs**

Emotional, behavioural and social development

Learning and educational development

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Child's health history

Identity – ethnicity, nationality, religion, language and family culture

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 form overleaf 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.

**What is the child's ethnic group?** Choose **ONE** section from A to F, then tick **ONE** box which **best describes** the child's ethnic group or background.

<b>A White</b>			
Scottish		Irish	
Other British		Gypsy/Traveller	

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Polish		Other white ethnic group, please write in:	
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**B Mixed or multiple ethnic group**

Any mixed or multiple ethnic groups, please write in:

**C Asian, Asian Scottish or Asian British**

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other, please write in:

**D African**

African, African Scottish or African British

Other, please write in:

**E Caribbean or Black**

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other, please write in:

**F Other ethnic group**

Arab, Arab Scottish or Arab British

Other, please write in:

**18: The child's understanding, wishes and feelings regarding their future**

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**19: Proposal for the future family placement for the child**

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**20: The nature and qualities of future family required**

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**21: Summary of the child's particular adoption/permanence support, other needs and adoption/permanence support plan**

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**22: Promoting the achievement of permanence for a child with extra needs**

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**23: Legal routes to permanence**

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**Have you completed Part A of the Support Plan?**

Yes

No

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## PART TWO

### Essential information quick reference guide

#### Details of child and family members

Child	
First name:	
Surname:	
Known as:	
Date of birth:	
Place of birth:	
Legal status (current):	
Legal order to secure permanence	
Sex:	
Placed with siblings:	
Nationality (note any visa/immigration issues):	
Ethnicity*:	
Language:	
Religion:	
Geographical considerations:	

Birth mother	
First name:	
Surname:	
Known as:	
Date of birth:	
Place of birth:	
Sex:	
Nationality:	

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Ethnicity*:	
Religion:	

<b>Birth father</b>	
First name:	
Surname:	
Known as:	
Date of birth:	
Place of birth:	
Sex:	
Nationality:	
Ethnicity*:	
Religion:	

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<b>Sibling(s)</b>				
This may include non-biological siblings with whom the child has grown up in care. Use continuation sheet if necessary.				
	1	2	3	4
First name:				
Surname:				
Relationship to child <i>(e.g. paternal half-sibling)</i>				
Known as:				
Date of birth:				
Place of birth:				
Sex:				
Nationality:				
Ethnicity*:				
Religion:				
Is the plan for this sibling and the child to be placed together (Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)	(Yes/No)

\*See guidance notes for section 17 regarding expression of ethnicity



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<b>Grandparent(s)</b>				
	1	2	3	4
Relationship to child <i>(e.g. maternal step-grandmother)</i>				
First name:				
Surname:				
Known as:				
Date of birth:				
Place of birth:				
Sex:				
Nationality:				
Ethnicity*:				
Religion:				

*\*See guidance notes for section 17 regarding expression of ethnicity*

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<b><u>Details and dates of child's placement and permanence planning history</u></b>			
Date at which child became accommodated:		Date(s) at which decision for permanence planning was formally agreed:	
Dates(s) of presentation of permanence plan to adoption and permanence panel:			

<b><u>Record of child's placement (including all respite arrangements)</u></b>					
<i>Dates of placement</i>	<i>Age of child at placement (months/hrs)</i>	<i>Type(s) of placement (e.g. at home/foster care/respite)</i>	<i>Name(s) of principal carer(s) (e.g. foster carer/key worker)</i>	<i>Total duration of placement</i>	<i>Reason for move</i>

<b><u>Details and dates of all child's attendance at family centres, nurseries or schools</u></b>		
<i>Date(s)</i>	<i>Type of resource (e.g. special needs nursery, mainstream)</i>	<i>Observations</i>

**Form CAPR  
(Scotland)**

CHILD'S ADOPTION AND  
PERMANENCE REPORT

CONFIDENTIAL

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Does the child have a Co-ordinated Support Plan (CSP) in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<i>If yes, please give details:</i>

Does the child have any additional support needs under the Education (Additional Support for Learning) (Scotland) Acts 2004 and 2009	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<i>If yes, please give details:</i>

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<b>Child's adoption and permanence report</b>			
<b>Person</b>	<b>Signature</b>		<b>Date</b>
<b>Social worker</b>	<i>Sign:</i>		
	<i>Print:</i>		
<b>Line manager</b>	<i>Sign:</i>		
	<i>Print:</i>		
<b>Agency decision-maker</b>	<i>Sign:</i>		
	<i>Print:</i>		
	<i>Title:</i>		

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**SPECIFIC MATCHING CONSIDERATIONS**

Most children needing an alternative permanent family are likely to have experienced a broad range of pre-natal, infant and/or early childhood adversities, which may affect their emotional, cognitive, educational and behavioural development to varying degrees. For families to understand whether they can meet a particular child's needs, it is important that they have accurate and up-to-date information about the child.

Put a [ ✓ ] for YES if this is a category which accurately describes the child, and if you feel that it is a characteristic that any family needs to take into account if they were considering this child. If it is a category which applies but is not a severe problem, put a [ √ ] for LIMITED. Put a [ ] for NO if this is a category which does not apply to this child.

<b>Child's relevant family history</b>	<b>YES</b>	<b>LIMITED</b>	<b>NO</b>
Parent(s) with severe learning difficulties			
Parent(s) with history of drug/alcohol misuse			
Parent(s) with specific medical condition			
Parental mental health (please specify below, e.g. schizophrenia)			
<b>Child's existing medical condition</b>	<b>YES</b>	<b>LIMITED</b>	<b>NO</b>
Down's Syndrome			
HIV or AIDS			
Autistic Spectrum Disorder			
Cerebral palsy			
Foetal Alcohol Spectrum Disorder			
Blind			
Visual impairment			
Deaf			
Hearing condition			
Blood-borne disease (such as Hepatitis B or C)			
Mobility impairment			
Other physical disability (please specify below)			

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<b>Child's relevant past experience</b>	<b>YES</b>	<b>LIMITED</b>	<b>NO</b>
Neglect			
Physical abuse			
Sexual abuse			
Severe emotional difficulties			

<b>Child's current and anticipated functioning</b>	<b>YES</b>	<b>LIMITED</b>	<b>NO</b>
Developmental delay/uncertainty			
Behavioural difficulties			
Emotional difficulties			
Severe learning difficulties			
Mild learning difficulties			
Sexualised behaviour			

<b>Education (if applicable)</b>	<b>YES</b>	<b>N/A</b>
Mainstream education (with extra help)		
Special education		
Co-ordinated Support Plan		
Other (please specify below)		

<b>Agency's recommended plans for contact in permanence</b>
Other (please specify, including any considerations related to identity)

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### Checklist of documents accompanying report

Document	Essential	Desirable	Included?
Chronology of events in child's family	✓		<input type="checkbox"/>
Current Carer's Report	✓		<input type="checkbox"/>
Record of Birth Mother's Views		✓	<input type="checkbox"/>
Record of Birth Father's Views		✓	<input type="checkbox"/>
Family tree		✓	<input type="checkbox"/>
Legal advice to panel (as appropriate) – in writing if provided	✓		<input type="checkbox"/>
Minute of meeting in which decision was taken to proceed to plans for permanence for this child (for panel)	✓		<input type="checkbox"/>
Summary of medical advice	✓		<input type="checkbox"/>
Adoption/permanence Support Plan Section 21: Part A: Child's needs	✓		<input type="checkbox"/>
Adoption/permanence Support Plan: Part B: Support to adoptive family	✓		<input type="checkbox"/>

### Key staff names

Name of child's social worker:	
Name of manager:	
Name of family-finding worker:	
Name of child's local authority:	