**Standard Operating Procedure for Adoption Medicals: Children Whose Proposed Plan is or may be Adoption:**

*NB It is imperative social workers ensure all appropriate parental health consents are in place for all children at the point at which they enter care and are referred to Hadwen Surgery for their Initial Health Assessment (IHA), irrespective of the plan for the child/ren. For children whose plan is adoption, the adoption medical process cannot be progressed without this key information.* ***The process will NOT be compliant if the CPR is presented to the Agency Decision Maker without the medical report (at Section 10) addressing FULL parental medical background information. It will therefore not be possible to file an application for a Placement Order without this information which will be crucial regarding the future health needs of the child in question.*** *For the minority of children who remain living at home with their birth parent/s during the course of care proceedings, and for whom adoption may be the plan, the same requirement applies.*

*All forms below must be completed and sent to Hadwen Surgery in preparation for the child’s Initial Health Assessment. It is of the utmost importance to gain parental signatures on the Consent Form.*

* The Coram/BAAF **Consent Form** (Part B seeks consent to access child and parental health records). Where the local authority shares parental responsibility for the child, the child’s allocated social worker or their manager can sign consent on behalf of the child (where they are unable to consent for themselves).
* ***On the basis that It is not possible to access parental health records without their written consent,*** parents must sign Part B to authorise access to their medical records. A separate form is required for each child and for each parent. The parent’s name must be printed on the form above their signature along with it stating whether they’re the mother or father, plus the date of the signature. Signatures must be witnessed and signed by the SW or other professional. It is not acceptable to copy parental signatures from other documentation.
* The Coram/BAAF Adult Health (PH) Form (Report on Health of Birth Parent)
* The Coram/BAAF M & B Forms (Report on Obstetric History of the mother and Neo-Natal History of the Child)

If attempts by safeguarding representatives to seek parental consent to access their medical records fail, it is crucial to notify the allocated GCC legal representative in order that direction can be sought for such consents, via the court, at the earliest point in the care proceedings, i.e., at the first Case Management Hearing (CMH).

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**Process:**

1. The Permanency Planning Meeting held in-between the child’s 1st and 2nd Statutory Reviews confirms the Permanence Plan is adoption, whether it be the primary or contingency plan (i.e., it may be necessary to twin-track or progress a concurrent plan).
2. The Permanence Plan is ratified at the child’s second statutory review, convened no later than 4 months after admission to care.
3. The Under 11s Team Managers are notified (via a case note in Liquid Logic from the Safeguarding Head of Service) that the plan is or may be adoption. This may also include children who are not looked after within the care system, but for whom the plan is or may be adoption (noting that the process at No’s 1 and 2 above do not apply). Developments are currently underway to implement a Referral Form to the Under 11s service for requesting the drafting of Child Permanence Reports (CPRs). This is likely to be a manual form initially with a view to it becoming a Liquid Logic Form.
4. The Under 11s management team agree if the referral is appropriate and timely and if so, an additional social worker from the under 11s team is allocated to work alongside the allocated safeguarding social worker to complete the CPR. The deadline for completion of the CPR must be aligned to the court timetable, taking into account the need to submit it to the Agency Decision Maker (ADM) 2 weeks prior to their scheduled decision date.
5. Once the CPR is allocated to the additional social worker, the Under 11s Permanence Team Administrator progresses a referral, using the completed Referral Form (Social Work Background Information RHA), to the Permanency Health Team at Gloucestershire Health and Care Foundation Trust (GHC) at [adoptionfostering@ghc.nhs.uk](mailto:adoptionfostering@ghc.nhs.uk) for an Adoption Medical to be scheduled in clinic with the Adoption Medical Advisor (AMA). GHC must also be notified of the scheduled ADM date at this referral stage. There must be at least 4 weeks in-between the scheduled AMA Adoption Medical appointment and the ADM decision date to allow for the drafting of the report and to give the ADM sufficient reading times as stated above at paragraph 4.
6. At the point of referral, the Under 11s Team Administrator must submit or seek confirmation from the GHC administrator that all required Coram/BAAF forms as detailed below are available (including details of where the child was born) in order that all consents and associated health information can be accessed and considered as part of the child’s adoption medical examination and related adoption process (see above regarding parental consent):

* Consent Form
* IHA C/YP (including associated Part C Health Care Plan resulting from the IHA)
* Parental Health (PH)
* Mother & Baby (M & B)

1. Once the referral is received by the administrators within GHC and it is confirmed they have all required forms and consents (as above), a date is scheduled for the AMA to see the child and carry out a full Adoption Medical Examination. Any internal mechanisms within the health team, in-between receiving the referral and the scheduled appointment, must be established and progressed within sufficient timescales for the AMA to have all the required medical information prior to seeing the child and completing the Adoption Medical Report for inclusion in the CPR). For children placed out-of-county, timescales may be affected and consideration needs to be given to allow sufficient time to gather all information as required.
2. The AMA sees the child to carry out their examination, having considered all relevant medical information, and drafts the Adoption Medical Summary Report, using the agreed Regulation 17 pro-forma (*Agency Medical Advisor’s for the Purposes of the Adoption Agency Regulations 2005 Reg 17 (1) (b)*) ensuring it is always dated and signed along with the AMA’s printed name.
3. In addition to the drafting of the Adoption Medical Summary Report as above, the Regulation 15 pro-forma must also be completed (*Advice from the Agency Medical Advisor Regarding Adoption Agency Regulations 2005 Regulations 15(2) and 15(3) for the Purpose of the Adoption Agency Considering Adoption for the Child)*) ensuring it is always dated and signed along with the AMA’s printed name.
4. The reports (as stated in No’s 8 and 9 above) are forwarded by the AMA to the administrative support within GHC who will email the document to [childrenspermanenceadminsupport@gloucestershire.gov.uk](mailto:childrenspermanenceadminsupport@gloucestershire.gov.uk) for inclusion within the CPR. Both regulation 15 and 17 completed reports (in that order) must be copied and pasted verbatim into Section 10 of the child’s CPR.
5. In exceptional situations, and based on the historical, current and predicted health needs of the child, the AMA may conclude that a child does not require a further physical examination for the purposes of drafting the Initial Adoption Medical Report/s. This is likely to be with respect to children for whom a plan for adoption, via the Permanency Planning process, has been proposed very soon after the child’s admission to care, e.g. up to 2 months after, e.g. those children who are placed within early permanence placements. Any decision made by the AMA will always be a needs-led.
6. In the circumstances referenced at No. 11, the AMA may consider there is sufficient health information already available to write an Adoption Health Summary Report as part of the decision making process regarding the child’s plan for adoption. This must include information gathered as part of the Initial Health Assessment process and a review of all background health interventions and information. In these circumstances, the AMA must still complete both Regulation 15 (which will clarify if and why the child does not need to be seen again) and 17 templates as referenced in paragraphs 8 and 9 above.
7. The completed Regulation 15 and 17 templates are forwarded by the AMA to the administrative support team within GHC who will email the documents to [childrenspermanenceadminsupport@gloucestershire.gov.uk](mailto:childrenspermanenceadminsupport@gloucestershire.gov.uk). Both completed Regulation 15 and 17 reports (in that order) are copied and pasted verbatim into Section 10 of the child’s CPR in preparation for forwarding to the ADM.