**Standard Operating Procedure for Adoption Medicals for Children Post-Placement Order, including:**

1. **Preparation for Matching at Adoption Panel, and**
2. **Preparation of The Annex A as part of Adoption Proceedings.**
3. All children subject of a Placement Order retain their ‘looked after’ status until such time as the Adoption Order is granted and they cease to be looked after. Therefore, as the Responsible Authority, Gloucestershire are required to continue to ensure their health needs are assessed and met, in line with statutory requirements. For children aged 0-4 years, the frequency for carrying out Review Health Assessment (RHAs) must be at least 6 monthly and annually for children aged 5+ years. For children whose health needs are complex, this is likely to be more frequent and must be needs-led.
4. The Adoption Medical Report templates (Reg15/17), integral to the initial Child Permanence Report (CPR), are the basis upon which subsequent RHAs are carried out once the child is the subject of a Placement Order. Ongoing RHAs will be undertaken alternately between a Specialist Nurse and the AMA and will be recorded on the Coram/BAAF RHA (C). If the child is placed out-of-county, the template used by the local health specialist may differ, and that is acceptable.
5. In order to progress the matching of the child with a prospective adopter, the social worker from the Under 11s Permanence Team, must prepare an Adoption Placement Report (APR) to fulfil Reg. 31(2)(d). In addition, the CPR must be updated to ensure it accurately captures all up-to-date information about the child, including health needs and plans, in order to fulfil Reg. 31 (4)(b). Section 10 of the updated CPR must comprise updated health reports to fulfil Reg. 36 (6)(b)(f). Templates ‘*Advice from the AMA Adoption Agency Regulations 2006 Reg 36 (6) (b& f), Forms 1 and 2’* should be used to record the updated Medical Summary Report and copied verbatim into Section 10 of the CPR. Both the APR and CPR reports must be submitted to the Adoption Panel for matching consideration.
6. Whether the AMA, another medical practitioner or specialist nurse carries out the RHA is a needs-led decision. The legislation supports any one of these professionals to carry out the health review. However, the AMA must draft a Medical Report highlighting the child’s health needs and related required actions for the purposes of the updated CPR which accompanies the APR and in preparation for matching at Adoption Panel. That may, or may not be based upon the child being seen by the AMA in clinic. The format for drafting the report, in order to provide ongoing consistency, mirrors that of the Regulation 15/17 templates in terms of the headings, but is entitled ‘*Advice from the AMA Adoption Agency Regulations 2006 Reg 36 (6) (b& f), Forms 1 and 2’* as detailed in paragraph 3 above.
7. In Gloucestershire, as a matter of good practice (and as referenced in paragraph 2), it has been agreed with health colleagues that the AMA will see the child for every other RHA, once the child has had their Initial Adoption Medical. For children aged 0-4 years, this will therefore result in them being seen at clinic by the AMA at a minimum frequency of once a year. For those aged 5+ it will be less frequent, due to the requirement for their RHAs being held at least annually. It is therefore highly likely that those children aged 5+ may not be seen by the AMA again in-between the granting of The Placement and Adoption Orders. However, irrespective of which health professional sees the child (bearing in mind there is no statutory requirement for an AMA to see the child once they’re the subject of a Placement Order), it continues to be the case that the Medical Reports required for the updated CPRs (whether it be for matching or for inclusion in the Annex A) are drafted and signed by the AMA. The AMA will consider all the recent RHA reports and any additional specialist reports, in addition to the original Reg. 15/17 report) when drafting the Reg. 36 Medical Reports. The Reg. 36 Form 1 template, will provide the rationale for the child being seen or not.
8. If planning is swift and prospective adopters are identified in a timely way, following the granting of The Placement Order, it is less likely to be the case that the AMA will see the child again (further to their direct oversight pre-Placement Order) prior to Adoption Panel whereby the match between the child and prospective adopters is agreed.
9. If the Initial Adoption Medical integral to the CPR (relied upon for the Placement Order Application) was based upon the child’s Initial Health Assessment and the child was not seen by the AMA, the AMA is likely to be required to carry out a face-to-face examination of the child at least once prior to completion of the Medical Report required for the updated CPR. If children have additional, complex health needs and are under the care of specialist paediatricians, it is unlikely the child will need to be seen by the AMA as well. Consideration of the impact for the child of unnecessary intervention will always need to be a factor taken into account.
10. The same procedure and templates, as described in paragraphs 3 and 4 above, should be followed for the preparation of the Annex A report as part of adoption proceedings. If the timescales between matching and the adoption application being filed are swift, it may be the case that Section 10 of the most recent CPR, referenced for matching, can be used for inclusion into the Annex A. Any decision to either use the previous Medical Report or seek an updated one, must be a needs-led decision made in consultation with health colleagues. In either case, Templates ‘*Advice from the AMA Adoption Agency Regulations 2006 Reg 36 (6) (b& f), Forms 1 and 2’* must be copied verbatim into the Annex A within the context of the child’s needs (Part 1: Information about the Child).
11. Referrals for Review Health Assessments should follow the same process as described pre-ADM and the child’s SW is responsible for completing the Coram/BAAF RHA (C) and submitting it to ghn-tr.adoptionfostering@nhs.net accordingly.