

Response ID ANON-K2U6-AGVH-E

Submitted to **Changes to the adoption and children regulations: coronavirus (COVID-19)**

Submitted on **2020-07-30 15:37:37**

About the consultation

Introduction

Background

Rationale and outline of proposals

Medical reports

1 Do you agree we should extend relevant parts of the regulations (listed in the box below) to allow the approval process for adopters and foster carers to progress to the next stage, for example if there are delays in receiving medical reports?

medical regulations - Adoption Agencies Regulations 2005 - Regulation 26(b) and (e) – Other pre-assessment information:

Disagree

medical regulations - Adoption Agencies Regulations 2005 - Regulation 27(1A) – pre-assessment decision:

Disagree

medical regulations - Adoption Agencies Regulations 2005 - Regulation 30B(1A) – Adoption agency decision and notification:

Disagree

medical regulations - Adoption Agencies Regulations 2005 - Regulation 30B (5) and 5A - Adoption agency decision and notification:

Disagree

medical regulations - Fostering Services (England) Regulations 2011- Regulation 26 (2A)– assessment of prospective foster parents:

Disagree

Comments :

We found the phrasing of the questions and tick boxes were unclear. Coram BAAF's position is as follows:

Adoption Medicals - In the initial phase of the pandemic between March - June 2020 it was helpful for adoption agencies to be able to commence an adoption assessment before having obtained full health information where it was not possible to obtain this due to the lack of GP availability. However information from our health member practitioners is that the situation has stabilised in primary care and that the rapid development of remote GP consultations means that these health assessments can now be completed in a timely manner. In the event of local 'lockdown' the NHS prioritisation instructions could identify adopter medicals as a safeguarding priority to enable them to continue. Therefore we don't believe that those flexibilities need to continue beyond 25th September.

We believe that the regulatory framework that is in place to obtain complete health information to inform the decision making that underlies approving prospective adopters, the matching of children with those adopters and the lifelong issues that result from the child being adopted. The professionalism of the medical profession cannot be accessed unless there are workable and timely protocols to ensure that decision makers fully understand the significance of the health of prospective adopters.

Fostering Medicals - There has been some concerning anecdotal evidence that some fostering agencies have been approving foster carers to foster on the basis of self declaration information with no GP confirmation which has later been shown to be incomplete or inaccurate. In the initial phase of the pandemic between March - June 2020 it was helpful for fostering agencies to be able to use applicant's self declared health information to progress their application where it was not possible to obtain independent evidence of their health due to the lack of GP availability. However due to the concerns noted above and more recent information from our health member practitioners that the situation has stabilised in primary care and the rapid development of remote GP consultations means that these foster carer health assessments can now be completed in a timely manner. In the event of local 'lockdown' the NHS prioritisation instructions could identify foster carer medicals as a safeguarding priority to enable them to continue. Therefore we don't believe that those flexibilities need to continue beyond 25th September.

Virtual contact/visits

2 Do you agree we should extend the relevant parts of regulations (listed below) to allow virtual contact/visits where a face to face visit is not possible, for example in the circumstances described above?

Virtual visits - Residential Family Centre Regulations 2002. Regulation 25 (4A) - Visits by registered provider:

Disagree

Virtual visits - Care planning, Placement and Case Review (England) Regulations 2010. Regulation 28(1A) – Frequency of visits:

Disagree

Virtual visits - Care planning, Placement and Case Review (England) Regulations 2010 - Regulation 48 (3) (e) - Application of these Regulations with modifications to short breaks:

Disagree

Virtual visits - Children's Homes (England) Regulations 2015 - Regulation 22(1) – Contact and access to communications:

Disagree

Comments:

There are a number of issues that need to be taken account of in deciding the best way of safe guarding and communicating with children and young people in local authority care. These issues cannot be adequately addressed by a YES / NO tick box.

The purpose of making contact with and communicating with children and young people includes a wide range of factors; Safeguarding and the settling of the child into a placement is one key issue; The health, welfare and education issues; Contact with family members including siblings; Deciding the plan for the child into the future and this is not an exhaustive list.

For every individual child there needs to be a full assessment of the risk and protective factors before agreeing and identifying the arrangements for visiting the child and the issues to be addressed during that visit. Following each visit the social worker must evaluate whether the form of the visit has adequately met its objectives.

We believe that in order to properly safeguard children a face to face visit is required. We have learned from numerous serious case reviews that one of the primary factors that results in the injury or death of a child is the lack of direct contact with that child. In addition it may be that there is a place to also use virtual meetings where that is shown to be a useful tool to engage the child.

Ofsted inspections

3 Do you agree we should extend the regulation (detailed below) regarding frequency of inspections?

Ofsted - Her Majesty's Chief Inspector of Education, Children's Services and Skills (Fees and Frequency of Inspection) (Children's Homes etc.)

Regulation 2015 - Regulation 27 – Frequency of inspections:

Agree

Comments:

We feel that response of Ofsted to the impact of the pandemic on local authorities and agencies is nuanced and helpful. We would hope that planned assurance visits between Sept - March will provide oversight of how the flexibilities in the Regulations have been used responsibly and in the best interests of children and families whilst also noting the development of creative and positive practice.

Regulations to lapse

4 Do you agree we should allow the regulations (listed below) to expire on 25 September?

Agree

Comments:

Safeguards

5 Do you agree that additional safeguards should be introduced on the use of any flexibilities that remain in place after 25 September?

Neither agree nor disagree

If you agreed, please provide details on what safeguards you consider may be appropriate and how they could be employed:

About You

6 What is your name?

Name:

John Simmonds,

7 What is your email address?

Email:

john.simmonds@corambaaf.org.uk

8 Are you responding as an individual, or as part of an organisation?

Select from dropdown list:

Other organisation

9 If you are responding as part of an organisation, what is the name of your organisation?

type job title:

CoramBAAF

10 What is your role?

select from dropdown list:

Other (please state)

add occupation:

Director of Policy, Research and Development, CoramBAAF

11 If you are responding as an individual, are you a

select from dropdown:

12 Are you happy to be contacted directly about your responses?

Yes

13 How did you hear about the consultation?

Email from the department

14 Would you like us to keep your responses confidential?

No

Reason for confidentiality: