

Adult Medical Reports in Family Placement

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Covid-19/coronavirus has resulted in General Practitioners (GPs) being required to prioritise other areas of work that may result in fostering services and adoption agencies experiencing serious difficulty in obtaining required medical reports. Some GPs may not be able to offer any input at all to adult health assessments, but in some localities capacity in primary care is more available. GPs may be able to offer records-based medical reports or virtual appointments instead of physical examination. We know that in some areas, medical advisers cannot complete their statutory role in undertaking adult health assessments and providing expert advice. Agencies should liaise with their medical adviser and designated LAC team to determine the current situation in their area.

The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 were introduced on 24 April and have amended existing regulations in England around the gathering of health information in fostering and adoption assessments, as set out below.

Fostering assessments

Assessments being undertaken under the Fostering Services (England) Regulations 2011 (FSR) would usually require ‘details of the carers’ health to be supported by a medical report’, but the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 have removed the requirement for a medical report to accompany the health information. However, where it is possible to obtain a medical report, this would be best practice.

Earlier guidance from Ofsted recognised that medical checks were proving difficult to complete, as GPs were having to prioritise other matters; it advised fostering providers to gather as much information as possible for the assessment (message from Yvette Stanley, Ofsted’s National Director, Social Care, 27 March 2020).

Local Clinical Commissioning Group (CCG)/Health Board-level discussion and decision making should determine what is achievable in relation to completing adult health assessments, and fostering services should communicate with their medical advisers to agree how best to access medical information in this context.

A part of the solution might be for foster carers to complete a self-description of health using Part B of CoramBAAF’s Form AH, or the CoramBAAF *Self-Declaration of Health Form for use during Covid-19 Pandemic*. Some localities are collecting medical information and corroborating self-reported information for applicants in the following ways:

- Making arrangements for appropriate CCG staff, such as the named GP/designated LAC health professional to view applicants’ GP records, with consent, and transfer information to the medical adviser.
- Requesting an electronic summary of applicants’ GP records, with consent, which can then be viewed by a medical adviser.
- GPs are considering applicants’ self-reports and comparing these with GP records, and feeding back.

(NB: The consent section of the CoramBAAF *Self-Declaration of Health Form* has been updated)

It is important that the fostering service records note the reasons for non-adherence with the normal health review process, and that they are clear about what is expected when restrictions are lifted. If foster carers are approved without a full medical being undertaken, then the medical should be completed at the earliest opportunity, and always in advance of the first foster carer review.

For carers being given temporary approval as a foster carer under regulation 24 of the Care Planning, Placement and Case Review (England) Regulations 2010 (CPPCR), existing regulations state that the assessment requires '(c) their state of health including their physical, emotional and mental health and medical history including any current or past issues of domestic violence, substance misuse or mental health problems', but do not specify the need for medical reports.

Health assessments for foster carer reviews are not stipulated in legislation, and fostering services will have their own policies about this issue. Additionally, they may wish to use CoramBAAF's *Emergency Self-Declaration of Health Form for use during Covid-19 Pandemic* where they identify the need to update health information.

Adoption assessments

Adoption Agencies Regulations 2005 (AAR) require the adoption agency to obtain 'a written report from a registered medical practitioner about the health of the prospective adopter following a full examination during Stage 1 (the pre-assessment stage)'.

However, the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 set out that the adoption agency can make a decision to proceed to a Stage Two assessment of a prospective adopter even if medical checks have not yet been received, and have extended the timeframe of two months to note that this should be achieved where reasonably practicable.

In order to progress the assessment of prospective adopters, where either a medical examination or a medical report based on their GP's medical records from their GP is not available during Stage One, adoption agencies could ask the applicant/s to complete CoramBAAF's *Self-Declaration of Health Form for use during Covid-19 Pandemic* during Stage One.

When all the information required in Stage One has been completed as far as possible, the adoption agency may then be in a satisfactory position to agree to the applicant/s being able to progress to Stage Two. Where there are health issues that have not been fully addressed, these should be identified and discussed with the medical adviser (if one is available) to identify any potential risk factors that might need further exploration during Stage Two.

Statutory guidance highlights that:

...mild chronic conditions are unlikely to preclude people from adopting provided that the condition does not place the child at risk through an inability of the individual to protect the child from commonplace hazards or limit them in providing children with a range of beneficial experiences and opportunities. Agencies should

bear in mind the possibility of providing support in appropriate cases to assist in overcoming any possible negative consequences arising from disability or restricted mobility. More severe health conditions may raise a question about the suitability of the prospective adopter, but each case will have to be considered on its own facts and with appropriate advice. (ASG 3.36)

The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 have clarified that applicants cannot access the IRM if their assessment is then stopped during the Stage Two assessment period and the reasons they are not determined suitable to adopt are linked to either their health assessment or their DBS check.

Applicants should, however, be made aware of this when being asked to make their decision to proceed to Stage Two. The amended Regulations have also removed the six month time limit on prospective adopters to give notice of their intention to proceed to Stage Two assessment.

Adoption regulations are clear that the agency can delay making the decision to proceed to Stage Two if they feel that they need further information about the adopter in order to proceed to a full assessment (AAR 27 (3a)). If the applicant has highlighted that they have medical issues that the agency believes require further medical information from their GP or a health consultant before proceeding further, they may decide to place the assessment on hold until a full medical can be completed.

During Stage Two of the assessment, the agency must then obtain ‘a summary, written by the agency’s medical adviser, of the state of health of the prospective adopter’ (AAR 30 (2b)), which will include the medical adviser’s view on the adequacy of the medical reports received and whether additional specialist opinion should be obtained. Guidance states that agencies have a duty to satisfy themselves that prospective adopters have a reasonable expectation of continuing to enjoy good health, and the Adoption and Children (Coronavirus) (Amendment) Regulations 2020 state that an adoption agency ‘must not make a decision about the adopter’s suitability until it has obtained the health information required by AAR 26(b)’.