



Adoption Health Pathway 2019

Information for Child's Social Worker

Contents:

1. Introduction/Context
2. Summary of Adoption Health Pathway 2019
3. Initial Health Assessments
4. Review Health Assessments
5. Medical Adviser Report (MAR) Part 1
6. Requesting a Medical Adviser Report (MAR) Part 1
7. Named Medical Adviser
8. Parallel Planning
9. Requesting Medical Adviser Report (MAR) Part 2
10. Adoption Medical Assessment (AMA)
11. Medical Adviser Report (MAR) Part 2
12. Health Matching Alert (HMA) & Prospective Adopter Meeting (PAM)
13. Matching Panel
14. Post Panel Admin
15. Post Placement Health Assessments
16. Key Steps for Social Workers
17. Appendices with request forms and sample reports
18. Glossary

Introduction/context:

There are many challenges in providing the health input to adoption in Kent. In 2018 the Royal College of Community Paediatrics and Child Health (RCPCH) undertook an invited service review of Looked after Children's services, including adoption health, and there has also been an audit of the service. This work has identified unwarranted variation in the Medical Adviser service across Kent. It is widely recognised that the health input to adoption needs to be consistent (to reduce unwarranted variation) with parity of service to all children being placed for adoption in Kent and terminology and paperwork must be the same across Kent. The service needs to be effective and efficient and the Medical Adviser's time needs to be used appropriately. There needs to be ownership of cases and clear governance and accountability. The service must be achievable in tight timescales to avoid delay for children in the adoption process. Therefore, following liaison with Medical Advisers in Kent, Children's Services Managers and The Kent Adoption Team the service has been redesigned.

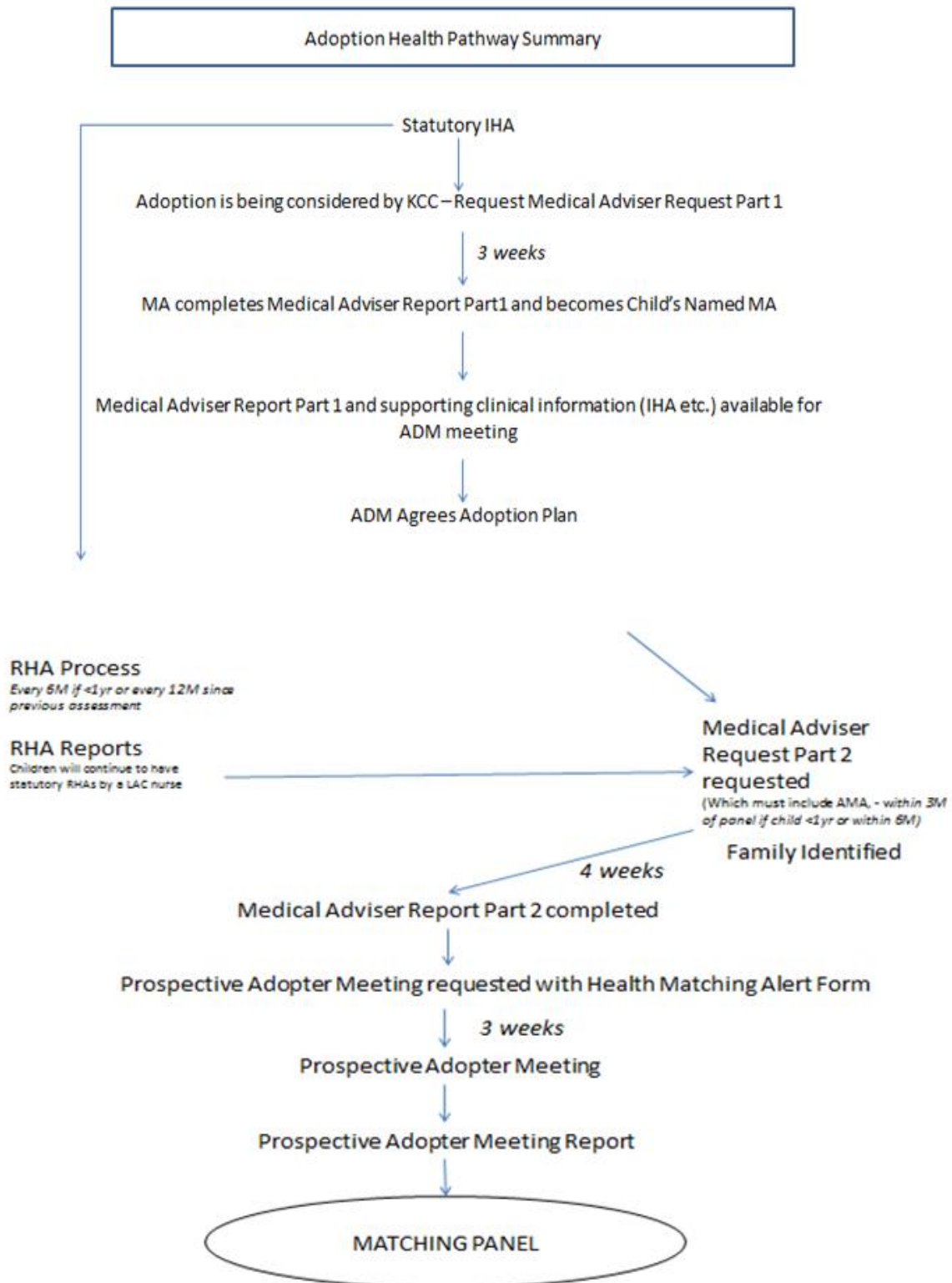
Key steps for Medical Advisers:

- Agency Decision Maker Stage – health information is required to ensure that adoption is the right plan and that health needs and risks are known
- Family finding – to ensure that any linked family are aware of likely health needs & risks and can aim to meet these
- Matching – to ensure that up to date health information is available
- Meeting with prospective adopters – to inform them of health risks and answer any queries
- Matching Panel – to provide health oversight and reassurance

Aims of the service redesign:

- To ensure the provision of expert medical advice regarding children being placed for adoption
- To provide a team approach to medical advice to minimise the East Kent Hospitals University Foundation Trust (EKHUFT) and Kent Community Health Foundation Trust (KCHFT) divide and any divide within the trusts
- To identify clear ownership of cases that is evident to other agencies
- To make process more efficient and easier to plan, with minimal duplication of work
- To utilize Looked after Children (LAC) Specialist nurses appropriately
- To ensure that all LAC have access to services
- To respect expertise of Medical Advisers and ensure their time is used effectively

Summary of new pathway:



Adoption Health Pathway Summary

Adoption is being considered

CIC Social Worker (CICSW) requests a **MAR Part 1** from KCHFT LAC admin hub (see checklist for requesting MAR Part 1) using a MAR Part 1 request form. **Please allow a minimum of 3 weeks for this to be returned.** KCHFT LAC admin hub request MAR Part 1 to be completed by Medical Adviser (MA) in same team as child is placed and KCHFT LAC admin hub sends all required reports and forms to identified MA (SW cover letter, child's IHA or paediatric assessment, any RHAs, Coram BAAF PH, M & B if available and any other relevant reports e.g. acute paediatrics, therapists).

The MA completes MAR Part 1 and becomes child's Named MA (see MA guidance on completing MAR). If the child is placed out of Kent, then the Medical Adviser covering the area from which the child moved out shall complete the MAR Part 1 and become the child's Named MA.

The MAR Part 1 is to be used for the ADM Meeting (and at Panel if relinquished baby).

Timeframe between MAR Part 1 request and completed MAR Part 1 is 3 weeks

Review Health Assessments for children on Adoption pathway

Child enters Review Health Assessment Nurse led process for Looked after Children following an Initial Health Assessment. Once the child is on the Adoption pathway, the social worker requests RHA using the following email address: kentchft.lacram@nhs.net. Request should be made for an RHA (Adoption – non-placed) or an RHA (Adoption – placed) as appropriate - in order to indicate to Health whether the child is placed with prospective adopters.

Child's Plan for Adoption is agreed by ADM/Placement Order Granted

CICSW request a **MAR Part 2** to be completed by sending to KCHFT LAC admin hub a MAR Part 2 request form and all required reports and forms (Coram BAAF PH, M & B, IHA Paediatric assessment on any RHAs, CPR and any expert reports and any other relevant reports e.g. acute paediatrics, therapists). **Please allow a minimum of 4 weeks for this to be returned.**

Named MA confirms that a face to face AMA is required (based on timescales and/or clinical need. Named MA completes face to face **AMA** (see MA guidance on undertaking AMA) if required and then produces MAR Part 2 as a comprehensive up to date Adoption Medical report.

KCHFT Lac admin will send MAR Part 2 to SW who can share with prospective adopters.

If the baby is in a 'Foster to Adopt' placement then a request for an extended AMA appointment can be made so the findings can be discussed with prospective adopters. Alternatively an appointment for further Prospective Adopter meeting should be made as soon as possible through the normal route.

Link Identified

As soon as child's SW identifies a link family (or if child is in foster to adopt placement), KCHFT LAC admin hub are informed and Named MA is alerted that an adoption match is likely (via the HMA – Health Matching Alert form). This will be returned to the SW with a clear outcome, this will trigger a prospective adopter meeting (PAM). The PAM is arranged at this stage. PAM held and any other clinical expert meetings (see MA guidance on undertaking PAM) and report outlining discussions (PAMR) produced by MA.

MAR Part 2 and PAMR available for Matching Panel.

Matching Panel

Before a child's case can be heard at Panel, it is essential to have the following from Health:

- MAR Part 2
- PAM Report

If there has been sufficient time allowed in requesting the MAR Part 2 (4 weeks) and PAM (3 weeks) then there should be no difficulties completing the reports and submitting typed reports before Panel. Matching Panel should not proceed without a typed Adoption Medical Report (MAR Part 2). In the unusual case of a very short time frame between the PAM and Matching Panel then the PAMR may be submitted on day of Panel or as a scanned handwritten report (to be typed at a later date) submitted. The MAR Part2 and PAMR together comprise a comprehensive summary of the health and development of the child and clearly articulate the information that has been given to the prospective adopters before Panel.

Ideally the Named MA will be present at Panel, recognising this is not always possible, a substitute MA will be present. If the MA attending Panel has any health concerns that come to light about the case (through reading Panel papers), they must have a pre-Panel discussion with the Named MA to avoid sensitive professional discussions in front of prospective adopters. If any new health actions arise as a result of Panel discussion, then the child's Named Medical Adviser must be informed and an agreement made as to who is best placed to action the next steps (normally this should be the Named MA).

*MA = Medical Adviser MAR = Medical Adviser Report AMA = Adoption Medical Assessment
PAM = Prospective Adopter Meeting PAMR = Prospective Adopter Meeting Report*

Initial Health Assessments (IHAs):

Children whose plan becomes adoption should have either had an Initial Health Assessment (IHA) shortly after being placed in care or a Paediatric Assessment as part of pre-proceedings. They are then followed up in the Looked after Children health services provided by the LAC nurse team (KCHFT) and seen for Review Health Assessments (RHA) every 6 months (if they are under the age of 5 years) or annually. Adoption regulations recognise the importance of the medical contribution in the context of adoption and require that the Agency Medical Adviser (MA) provides a summary of the child's health, including health history, and any need for future health care to be included in the child's permanence record (CPR). This report may be based on the statutory health assessments that have already been undertaken.

The health information required for adoption purposes will be provided in 2 stages – firstly to provide health information for the ADM and family finding stages and secondly to provide health information mainly for the matching stage at which time it is vital to provide up to date information about the child's needs and future health risks and to include a health plan for the future that can be shared with health professionals (e.g. GP) in the child's new area. By the matching stage the child should have a MAR (Medical Adviser Report) Part 1 and Part 2 provided.

The MAR Part 1 will be completed as a paper exercise based on findings from the child's IHA. It is therefore important that all IHAs are 'Adoption ready', particularly so with those completed in the under 5s.

Initial Health Assessments for under 5s:

Aim of assessment and report:

- The main aim of the health assessment is to identify health needs, ensure continuity of care, address any unmet health needs and inform planning at the LAC review.
- A secondary aim of the report can be to provide part of the evidence gathering towards Care proceedings.
- It can also be used to inform the Medical Adviser Adoption when preparing advice for the Agency Decision Maker who will recommend permanency or adoption.

There will no change to the way in which you request an Initial Health Assessment. It is essential to have requested as much background information as possible to pass on to health and it is generally easier to obtain this information at the IHA stage when birth parents are engaging with the process. Please note the following:

- Ensure you have consent for the assessment and for sharing health information with social care, GP and other relevant persons to the healthcare plan.
- You will also need birthmother's consent to access information about the pregnancy (for Midwife to be able to complete Form M)
- Please ask birth parents to complete the Coram BAAF PH (Parental Health) forms.
- Please request the Coram BAAF Forms M (Maternity) and B (Birth)
- Please include any other health or social care reports that you have re the child

Review Health Assessments (RHAs):

All Looked after Children, irrespective of whether their plan is for adoption will have a statutory review health assessment with one of the KCHFT Specialist Looked after Children nurses (every 6 months if of the child is 5 years and under and otherwise every 12 months). The child enters Review Health Assessment Nurse led process for Looked after Children following an Initial Health Assessment. Once the child is on the Adoption pathway, the social worker requests RHA using the following email address: kentchft.lacram@nhs.net. Request should be made for an RHA (Adoption – non-placed) or an RHA (Adoption – placed) as appropriate - in order to indicate to Health whether the child is placed with prospective adopters.

Medical Adviser Report (MAR) Part 1:

This is a short summary that accompanies the child's previous health assessments and outlines the main health factors that need to be taken into consideration by the Agency Decision Maker (ADM) in making the decision that adoption is the best plan for the child and also by the family finding team to assist in finding appropriate prospective adopters for the child. It also includes a health action plan that identifies any actions that are required prior to an adoption match.

As soon as adoption becomes child's proposed plan, a Medical Adviser Report Part 1 (MAR Part 1) is requested from the KCHFT LAC admin hub. The MAR Part 1 replaces the need for a child to have an 'Initial Adoption Medical or report' or 'Medical Adviser report' and it will clearly articulate for the ADM the key issues to be taken into account from a health perspective in permanency plans. A secondary aim of the MAR Part 1 is to provide robust health information to inform family finding and for prospective adopters at the 'finding' stage of the adoption process.

Requesting a Medical Adviser Report (MAR) Part 1:

To request a MAR Part 1 the child's social worker will send the following to the KCHFT LAC Admin team with a completed MAR Part 1 request:

- Cover letter indicating outcome of LAC review and why child's plan is now adoption
- A copy of the core assessment or child and family assessment
- Completed Coram BAAF Paternal PH form if available and if not available this must be requested
- Completed Coram BAAF Maternal PH form if available and if not available this must be requested
- Completed Coram BAAF Form M, if available and if not available this must be requested
- Completed Coram BAAF Form B, if available and if not available this must be requested
- Any other health reports or expert reports

To ensure that a child's needs are fully understood, it is vital to have information about the child's family history, pregnancy, birth and experiences to date. A lack of background information significantly affects the quality of medical advice that can be given. Missing

information at this stage can lead to gaps in the medical advice given and may cause delay in the process.

The request and accompanying paperwork should be sent to kcht.vsklacinitial@nhs.net

PLEASE ALLOW AT LEAST 3 WEEKS FOR THE RETURN OF THE COMPLETED MAR PART 1 REPORT

Admin will pass this MAR Part 1 request onto the Medical Adviser who covers the area in which the child is resident who will then complete MAR Part 1. This will be sent by the KCHFT LAC Admin hub back to the child's social worker to be included in the papers for the ADM decision and, if the decision is made that adoption is the child's plan, then subsequently for discussion with prospective adopters as part of family finding. This Medical Adviser will then become the child's Named Medical Adviser.

Once you receive a copy of the completed MAR Part 1 report you will need to check through the section called 'Health Actions Identified Prior to a Match' and complete any tasks allocated to you. These tasks will typically be related to outstanding information required.

The Named Medical Adviser:

- The completion of a MAR Part 1 triggers Health to allocate a Named Medical Adviser to the child. The Named Medical Adviser is usually the MA who covers the region in which the child is currently resident (or if placed out of Kent where they were resident prior to moving out)
- The Named Medical Adviser should be indicated on all electronic databases and will be made clear on the MAR Part 1 and all subsequent paperwork. If the child moves the Named MA may need to change (to be discussed between the MAs) and any change will then need to be updated on systems and you would be informed.
- If there are queries about child's health, the Named MA is the point of contact and provides ownership/leadership to decisions such as need for BBI screening.
- The provider will ensure there is cover by a suitable trained colleague when the Named MA is on leave to ensure there is no delay in providing Medical Advice. There is an Escalation process if there are issues with availability of the MA. The first point of contact for social care would be to the Named Doctor for Looked After Children in the provider (contact details via the KCHFT LAC admin hub).

Parallel Planning:

Social care may indicate that they are 'parallel planning' at the time of the IHA request. With the previous pathway, this would have triggered a request for an 'Initial Adoption Medical' at the same time as the IHA. Now, this means that the SW will need to request a MAR Part 1, using the request form at the same time as the IHA. This means that the IHA should be undertaken by a Medical Adviser or experienced doctor and that they should complete a MAR Part 1 report in addition to the usual IHA report.

Next steps:

Once the ADM has agreed a plan for adoption then a Medical Adviser Report (MAR Part 2) will need to be requested.

Requesting Medical Adviser Report (MAR) Part 2:

Once the ADM has agreed a plan for adoption, Health must be notified to ensure that the subsequent health requirements are in place in a timely manner to avoid any delay in matching. To do this a MAR Part 2 request form should be completed and sent to the KCHFT LAC admin hub.

The request and accompanying paperwork should be sent to kcht.vsklacinitial@nhs.net

To ensure that an up to date account can be given of the child's health, development and behaviour, the child may need to be seen again for an Adoption Medical Assessment (AMA). The need for this will depend on the age of the child, the time period since the IHA and when a Matching Panel is likely to take place. This is to ensure that information provided on health for the matching stage is as up to date as possible and takes into account developmental progress. This is particularly relevant to very young babies who may have had their IHA performed at only a few weeks of age when developmental requirements are limited

As soon as the ADM has decided that adoption is the agreed plan for the child, Health needs to be notified and requests made for a MAR Part 2. The Named MA will confirm the need for an AMA and will indicate this need on the MAR Part 2 request form. A child must have had a medical assessment within 3 months of the proposed date of Matching Panel if they are under the age of 12 months and otherwise within 6 months.

The MAR Part 2 Request Form:

The child's social worker should complete Part A should indicating whether a link has been identified and the proposed matching Panel date. The request form then needs to be sent to kcht.vsklacinitial@nhs.net with any additional background information that is now available. At this stage it is essential that the Named Medical Adviser has a copy of the child's permanence report (CPR) and this will need to be sent in with the MAR Part 2 request if not previously made available.

PLEASE ALLOW AT LEAST 4 WEEKS FOR THE RETURN OF THE COMPLETED MAR PART 2 REPORT

Unless the MAR Part 2 stage has been completed, it will not be possible to proceed to arranging a meeting between prospective adopters and the Medical Adviser (except in the case of Foster to Adopt when an early meeting should be requested) or to proceed to an adoption match at Panel.

The Named MA will complete Part B of the MAR Part 2 request form, making the decision as to whether a face to face adoption medical assessment (AMA) is required. The Named MA should also indicate when an AMA would become due in case there is any delay in the next stage of the process. For example: A MAR Part 2 is requested in January 2019 following an ADM decision in late December 2018. The child is a 9 month old baby who had their IHA in October 2018. Given the child's age they will need an AMA because the child will need to have

been seen within 3 months of the Matching Panel. Assuming the child is seen on 29th Jan 2019 the child's MAR Part 2 will then be 'in date' for a Matching Panel to be held at any time up until 29th April. After this time the child would need to be seen again.

The Named Medical Adviser will confirm if an AMA is required and if required this will be booked. If the time period between IHA/PA and the likely date for a Matching Panel is very short (less than 3 months in a child a year of age or younger or within 6 months) then it may not be required but this would be an exception, decided upon by the Named MA.

The Adoption Medical Assessment (AMA):

This is a face to face assessment of the child and must be done no more than 3 months before Matching Panel if the child is a year or younger and no more than 6 months before Matching Panel if the child is older than a year. This is to ensure that up to date information on the child's health, development and behaviour is available for prospective adopters and for the Matching Panel. The Medical Adviser will use the information gathered from the AMA, any RHAs undertaken and other health information gathered to date to produce the MAR Part 2.

Medical Adviser Report (MAR) Part 2:

The MAR Part 2 is a comprehensive adoption health report that provides the most up to date information about the child's health, including the outcome of the AMA. This includes a summary of all relevant factors in the child's background and health history and includes the most recent developmental assessment (performed at IHA/PA or AMA) and also incorporates essential background information obtained from the CPR and any Coram BAAF forms (such as Form M and B) which may not have been available at the MAR Part 1 stage.

Aim of report:

- The MAR 2 is to provide robust health information about the child to the Matching Panel and to Court
- The report will also to inform adopters of any health needs of the child that they are being matched with and facilitate healthcare provision and continuity of care for the child as they move to an adoptive placement
- The report will need to be updated if it has been more than 3 months prior to Matching Panel for an under one year old and more than 6 months prior to Matching Panel for all other children

Once the MAR Part 2 has been completed by the Named Medical Adviser, this will be sent to the child's social worker.

In summary the MAR Part 2 is required before any meeting between the prospective adopters and the Medical Adviser and before a Matching Panel. The Named Medical Adviser will confirm if the child requires a face to face Adoption Medical Assessment.

Health Matching Alert Form (HMA) & Prospective Adopter Meeting (PAM):

Once a family have been linked to a child and it seems likely that there will be an adoption match, then the child's social worker will need to request a meeting for the prospective

adopters with the Medical Adviser (PAM) and alert Health that an adoption match is imminent. This is done by completing a Health Matching Alert Form (HMA).

The social worker sends a completed HMA to KCHFT LAC admin. This provides a final checking stage. A Medical Adviser cannot be expected to meet with prospective adopters without having sight of the child's CPR. This should have been sent prior to the MAR Part 2 being produced but if it was not, it MUST now be sent.

KCHFT LAC admin arrange the meeting directly with prospective adopters and will liaise with the child's social worker and the family finding social worker regarding the appointment. It is really important that at least one of the social workers is present at this meeting to provide support to the prospective adopters and to be aware of what has been shared with them.

PLEASE ALLOW AT LEAST 3 WEEKS TO ARRANGE A PROSPECTIVE ADOPTER MEETING.

Once the Medical Adviser has met with the prospective adopters a PAM Report outlining the discussions held (PAMR) will be produced and shared with the child's SW and the family finding SW (to also be given to the prospective adopters).

Matching Panel:

Before a child's case can be heard at Panel, it is essential to have the following:

- MAR Part 2
- PAM Report

Ideally the child's Named Medical Adviser will be present at Panel but if this is not possible then another MA will be present. A pre-Panel discussion must then be held between the 'Panel' MA and the child's Named MA to ensure that there are no disagreements or concerns. Any issues must be addressed prior to Panel and not discussed in front of prospective adopters. If any new health actions arise as a result of Panel discussion, then the child's Named Medical Adviser must be informed, and an agreement made as to who is best placed to action the next steps (normally this would be the Named MA).

Escalation Process

- If issues arise regarding the receipt of the MAR Part 2 or PAMR in time for the Panel Admin to distribute prior to Matching Panel, then the Named MA will be contacted by Adoption Panel Admin via the KCHFT LAC admin hub.
- If there is an issue with availability of the Named MA at Panel then the Named Doctor for Looked After Children for the Provider should be immediately contacted to assist with resolution. The Named Doctor for Looked After Children has a role in supervision of the Medical Advisers.
- If the Named Doctor for Looked After Children cannot resolve the issue then they should escalate immediately to their Clinical Lead / Director and can also contact the Designated Doctor for Looked After Children for advice.

Post Panel Admin:

Once a child is placed with their prospective adopters the child's SW MUST write to KCHFT LAC admin with details of the placement and new GP details so that Health can send relevant health information (including MAR Part 2 and PAMR) onto the new GP.

Post Placement Health Assessments:

Although the child remains 'Looked after' until the Adoption Order is granted, there is ongoing debate regarding the statutory requirement for Review Health Assessments during the period until an Adoption Order is granted. At the current time the RHA post placement should occur and should be undertaken by a Specialist LAC nurse. The RHA should be requested using the following email address: kentchft.lacram@nhs.net. Request should be made for a RHA (Adoption – placed) in order to indicate that the child is placed with prospective adopters.

Key Step for Social Workers:

1. Request IHAs and any subsequent RHAs as for any LAC
2. Once adoption is plan, request MAR Part 1 (Allow 3 weeks)
3. Request MAR Part 2 by completing Part A of MAR Part 2 Request form (Allow 4 weeks)
4. Once family identified, complete HMA to arrange PAM (Allow 3 weeks)
5. Attend PAM
6. Post placement, send new address & GP information to KCHFT LAC admin team
7. Request post placement RHA, if required, as for any LAC

APPENDIX:

Attached are the following request forms:

1. MAR Part 1 Request Form
2. MAR Part 2 Request Form
3. Health Matching Alert Form

And sample forms for Child "John Other"

1. Sample MAR Part 1 Request Form
2. Sample MAR Part 1 Template
3. Sample MAR Part 2 Request Form
4. Sample MAR Part 2 Template
5. Sample Health Matching Alert Form
6. Sample Prospective Adopters Meeting Report (PAMR)

Adoption Health Pathway Glossary

- ❖ ADM - Agency Decision Maker
- ❖ AMA - Adoption Medical Assessment
- ❖ CFA - Child Family Assessment
- ❖ CICSW – Children in Care social worker
- ❖ CPR - Child Permanence Report
- ❖ HMA – Health Matching Alert
- ❖ IHA - Initial Health Assessment
- ❖ KCHFT – Kent Community Health Foundation Trust
- ❖ LAC – Looked after Child/Children
- ❖ MA - Medical Adviser
- ❖ MAR 1 - Medical Adviser Report Part 1
- ❖ MAR 2 - Medical Adviser Report Part 2
- ❖ nMA - Named Medical Adviser
- ❖ PA - Paediatric Assessment
- ❖ PAM - Prospective Adopter Meeting
- ❖ PAMR - Prospective Adopters Meeting Report
- ❖ RHA - Review Health Assessment
- ❖ SW - Social Worker