Regional Guidance for the Transfer of Specialist Community Public Health Nursing Child Health Records when a Child is being Adopted

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Introduction

This document contains guidance for Specialist Community Public Health Nurses (SCPHNS) when transferring the Child Health Records of children being placed for adoption. Child Health Records include the:

1. Health & Care number;
2. Child Health System (CHS) Records;
3. Health Visitor/School Nurse Record (also known as the Repository File);
4. Personal Child Health Record (PCHR) (also known as the Red Book).

This guidance has been developed following consultation with the DHSSPS, Public Health Agency, Health and Social Care Board, Business Services Organisation, Health & Social Care Trusts and BAAF Health Group. Implementation of this guidance will result in Child Health Records no longer being 'cleansed'[1] by SCPHNs or Child Health System (CHS) staff. Instead, new records will be created that include a summary and analysis of previous services provided by SCPHNs, a copy of a SCPHN report submitted to the Adoption Panel and a copy of the Adoption Agency Medical Advisers Report to the new General Practitioner. This will ensure that relevant information is available to inform SCPHN and multi-agency care plans in respect of the child whilst avoiding the need to rewrite records. A new PCHR that includes all relevant information will be provided to adoptive parents. This approach means that the original PCHR may remain with birth parents.

[1] Cleansing is the term used to describe the removal of information that relates to the child's birth family

Aim

The aim of this guidance is to achieve a regionally consistent approach to the transfer of child health information held by SCPHNs when a child is being adopted. This will result in effective and appropriate information sharing in a manner that reflects DHSSPS policy and guidance[2].

Purpose

The purpose of this guidance is to ensure the effective transfer of all relevant child health information to those who need it in order to promote the health and wellbeing of adopted children. This includes adoptive parents, adopted children and SCPHNS taking responsibility for the child's health plan.

Scope

This guidance should be implemented by SCPHN teams in the five Health & Social Care Trusts.

[2] http://www.dhsspsni.gov.uk/index/gmgr.htm

Principles

Adoption policy and procedures are underpinned by a set of legal principles that must be reflected in specialist community public health nursing practice relating to adoption:

- The child's welfare and best interests are paramount;
- Decision-making should be timely, proportionate and in the child's best interests;
- The child's wishes and feelings are given proper consideration as far as practicable, having regard to age and understanding;
- The child needs to be safeguarded throughout childhood in a stable and harmonious home;
- Adoptive families must be well prepared for and supported to look after children in need of adoption.
- Delay in the decision making process should be avoided;
- A 'working together' approach should be implemented;
- Partnership working includes adoptive parents and significant others;
- Records management must reflect the eight data protection principles (see Appendix 1).

GUIDANCE

A new set of Child Health Records will be created when a child is subject to formal placement for adoption[3]:

Health & Care number:

CHS staff will be informed of the child's placement for adoption by the child's Social Worker using regionally agreed documentation. A new Health & Care number is issued by CHS staff.

Child Health System (CHS) Records:

CHS records will be updated by CHS staff to reflect the child's new personal details. SCPHNs will liaise with the child's Social Worker to identify services that need to know that the child's personal details including next of kin have changed so that these can be updated on computerised records, for example, those held by Allied Health Professionals.

Health Visitor / School Nurse Record (Repository File):

It is the responsibility of the SCPHN to ensure that all relevant health information is available to inform an updated health plan post adoption placement. The transfer of information into new records must be done by a SCPHN. The delegation of this responsibility to CHS staff or other administration staff is not appropriate.

[3] A child who is formally placed for adoption is no longer a looked after child. The date of formal placement is confirmed to the prospective adopters in a letter from the Agency Decision Maker.

SCPHN Procedure for Transferring the Health Visitor/School Nurse (Repository) File

The SCPHN responsible for the child's health plan prior to placement for adoption writes a brief summary and analysis of child health issues and services provided to the child and arranges a verbal hand over to the SCPHN taking over responsibility if the child is moving to another SCPHN caseload. Verbal handovers must be documented.

The SCPHN who takes over responsibility for the child's health plan:

1. Requests a new Child Health Record from CHS staff and records within this using the child's adoptive personal and demographic details;
2. Reads the previous child health records including transfer summary and clarifies any points of issue with the previous SCPHN;
3. Reads and inserts a copy of the SCPHN Adoption Panel Report;
4. Reads and inserts a copy of the Agency Medical Adviser's Adoption Report to the child's General Practitioner (this should be requested from the child's Social Worker if not already available)[4];
5. Reads and inserts a copy of the most recent multi-agency care plan in respect of the child and arranges to attend the subsequent meeting if applicable;
6. Completes a new child health assessment and plan in partnership with the adoptive parents;
7. Completes a new Family Health Assessment relating to the child's adoptive family making sure that identified individual or family health needs are responded to appropriately;
8. Forwards the child's pre-adoptive health record (repository file) to closed health records in keeping with the Health & Social Care Trust's records management policy and procedures

[4] Agency Medical Advisor Report does not usually contain the child's birth surname.

Birth Family: When the SCPHN remains involved with the birth family and/or other birth siblings, the adopted child's information may remain on the relevant files but the adoptive name and address should NOT be recorded.

Personal Child Health Record (PCHR) (also known as the Red Book)

SCPHN Procedure for Transferring PCHR Information:

The SCPHN

1. Requests a new PCHR from the Trust's Child Health System office if the adoptive parents do not already have one (some adoptive parents may have been foster carers for the child and already have a PCHR)[5];
2. Records child health and development information into the new PCHR that adoptive parents 'need to know' in order to meet the child's present or future health needs, for example, a family history of congenital abnormality or significant family history of breast cancer, whilst ensuring that the demographic information and personal identity details relating to the birth family are not included;
3. Discusses information relating to the child's health with the adoptive parents;
4. Gives the new PCHR to the adoptive parents and explains the content, nature and usefulness of this[6].

[5] There may be times when birth parents wish their child's original PCHR to be given to prospective adoptive parents. This should be facilitated if those involved in the child's care plan agree that this is in the child's best interests.

Lost PCHRs

Looked after children and those who are placed for adoption have higher levels of health needs than those children who are not. PCHRs should be replaced if they are lost. The SCPHN is responsible for reviewing the repository file and recording relevant information in a new PCHR so that those responsible for the care of the child have all relevant information required to understand and respond appropriately to the child's health needs.

Placement Disruption Prior to an Adoption Order being granted

Infrequently, the plan to achieve a permanent family for a child who is placed for adoption / subject of a legal Freeing Order[7] changes. Whilst the child has been 'freed' for adoption, a final Adoption Order is not granted.

Children who return to birth parents: The SCPHN should visit the foster carers / prospective adoptive parents to discuss the child's health and wellbeing. The new PCHR should be retrieved. The original PCHR held by the birth parents, if available, should be updated so that it includes all relevant information. The PCHR held by the Foster Carers / Prospective Adoptive Parents should be returned to the Trust's closed records in keeping with the Trust's records management policy and procedures.

[6] SCPHNs should always seek advice from a SCPHN Manager or Safeguarding Children Nurse Specialist if unsure about the level of information or detail that should be shared with adoptive parents.

[7] Freeing Orders were introduced to Northern Ireland by Articles 17 and 18 of the Adoption (NI) Order 1987. Freeing Orders result in birth parents no longer having parental responsibility. An Adoption Order passes parental responsibility from the Trust to the Adoptive Parents.

Children who move to an alternative foster care / adoptive placement: The SCPHN should visit the child's foster carers / prospective adoptive parents to discuss the child's health and wellbeing. The PCHR should be retrieved from the previous placement. The SCPHN needs to make a judgement as to whether or not it is appropriate to pass this PCHR on to the new foster carers depending on the nature and level of information contained within it. Consideration needs to be given to maintaining appropriate confidentiality. If necessary, a new PCHR should be requested and all relevant information included in this so that the child's carers have all information required to understand and respond to the child's health needs. A PCHR that is no longer in use is then sent to 'Closed Records' in keeping with the Trust's Record Management Policy and Procedures.

Children born outside of Northern Ireland including other UK countries

Child health records are established using the Health & Social Care Trust's documentation and systems to reflect the child's new personal details so that information is available to those who need it. It is important that the SCPHN liaises closely with the child's social worker to ensure that all available information that is relevant to the child's health is shared and informs the child's health plan.

Exceptional Circumstances

Adoption is complex and professionals constantly face challenging decisions. Professionals are required to seek the views of children and give these serious consideration. They are also required to respond supportively and sensitively to the needs of birth parents, adoptive parents and other carers. There is no doubt that

challenges will arise that relate to the transfer of information, particularly PCHRs, as these hold precious information and memories for all involved.

Where a SCPHN believes that this guidance does not reflect what is in the best interests of a child they should contact a Safeguarding Children Nurse Specialist for advice and support. The issues should also be discussed with the child's Social Worker so that the way forward can be agreed. The child's best interests must guide decision making. A record of discussions and the justification for decisions must be recorded in the child health records (Repository File).

Requests for access to SCPHN Family Records relating to a child being adopted that contain information relating to the birth family

SCPHNs are responsible for the records they create or use in the course of their duties. Requests for access to information must be managed in keeping with the Data Protection Act (1998)[8]; Access to Health Records (NI) Order 1993[9] (if the data relates to an individual who is deceased) and the Nursing and Midwifery Council's Code of Conduct and Record Keeping Guidance[10]. DHSSPS Code of Practice on Protecting the Confidentiality of Service (2012) provides useful guidance[11].

SCPHNs must consider if the disclosure is necessary, proportionate and accompanied by any undue risks. Care must be taken not to disclose 'third party' information without valid consent, for example, information about 'significant others' contained the SCPHN report for Adoption Panel.

[8] www.legislation.gov.uk/ukpga/1998/29/contents
[9] www.legislation.gov.uk/nisi/1993/1250/contents
[10] www.nmc-uk.org/Ppublications/Standards
[11] www.dhsspsni.gov.uk/index/gmgr/gmgr-annex-c/gmgr-annexe-c8.htm

When access to SCPHN records is sought, SCPHNS should:

- Seek the advice and support of their manager and/or a Safeguarding Children Nurse Specialist before making a decision regarding the judgement to share full, partial or no health records;
- If uncertain, seek specialist advice from the Trust's Information Governance Officer;
- Refer any requests for access to multidisciplinary/agency reports held within SCPHN records to the appropriate social services team;
- Refer any requests for access to reports written by other disciplines to the relevant service, for example, reports written by Doctors or Allied Health Professionals.

Review of Guidance

This guidance will be reviewed one year after implementation and every two years thereafter. Issues arising that relate to the implementation of this guidance should be brought to the attention of nurse managers and the H&SC Trust's Named Nurse for Safeguarding Children as they arise.

If you have comments or suggestions that will improve this policy, please contact the Safeguarding Children Nurse Consultant, PHA

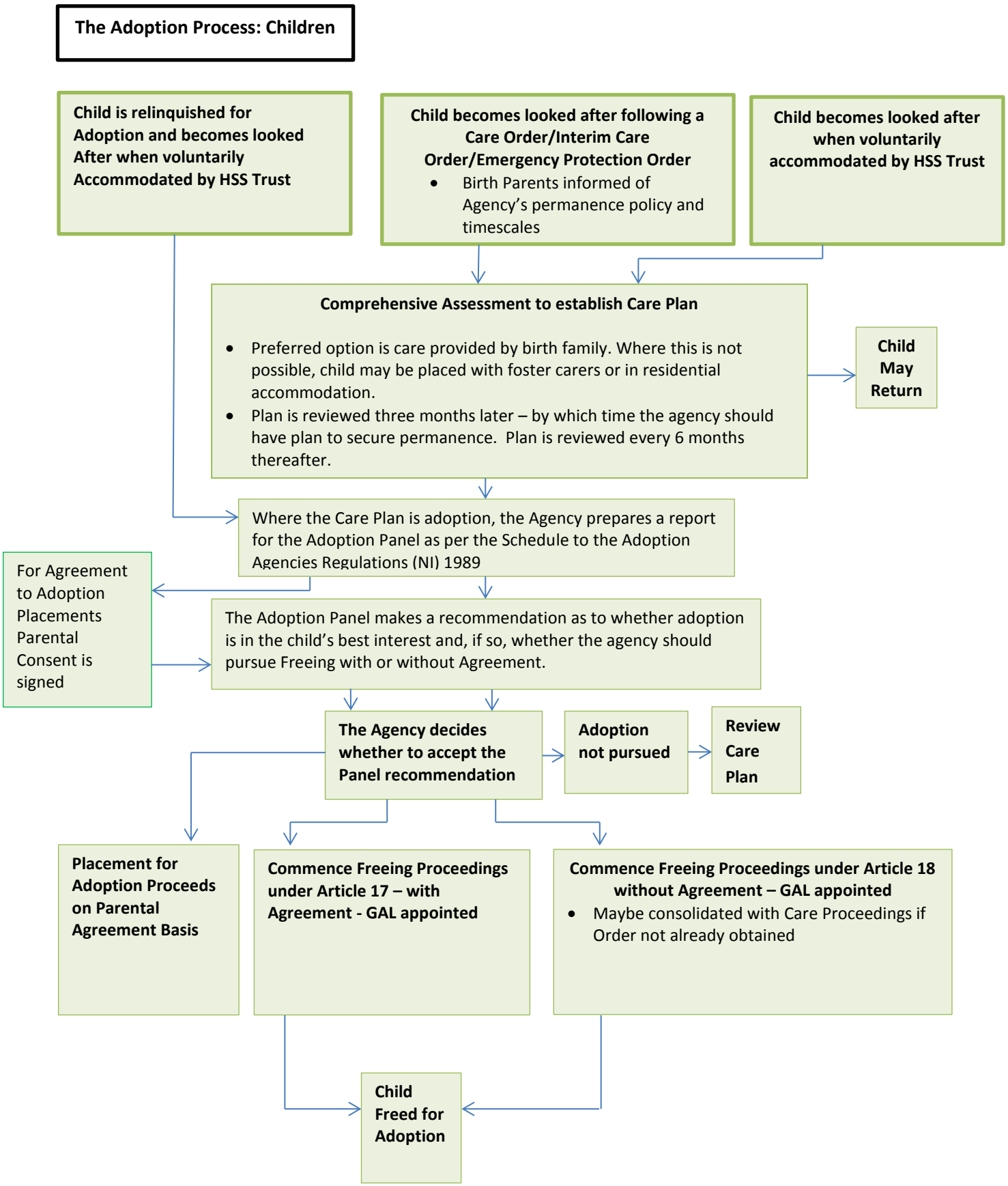
Appendix 1:

Data Protection Principles

Personal data must be:

1. Processed fairly and lawfully.
2. Obtained for specified and lawful purposes.
3. Adequate, relevant and not excessive.
4. Accurate and up to date.
5. Not kept any longer than necessary.
6. Processed in accordance with the “data subject’s” (the individual’s) rights.
7. Securely kept.
8. Not transferred to any other country without adequate protection in situ.

Appendix 2


The Adoption Process: Children
Child is relinquished for Adoption and becomes looked After when voluntarily Accommodated by HSS Trust
Child becomes looked after following a Care Order/Interim Care Order/Emergency Protection Order
• Birth Parents informed of Agency's permanence policy and timescales
Child becomes looked after when voluntarily accommodated by HSS Trust
Comprehensive Assessment to establish Care Plan
• Preferred option is care provided by birth family. Where this is not possible, child may be placed with foster carers or in residential accommodation.
• Plan is reviewed three months later – by which time the agency should have plan to secure permanence. Plan is reviewed every 6 months thereafter.
Child May Return
Where the Care Plan is adoption, the Agency prepares a report for the Adoption Panel as per the Schedule to the Adoption Agencies Regulations (NI) 1989
For Agreement to Adoption Placements Parental Consent is signed
The Adoption Panel makes a recommendation as to whether adoption is in the child's best interest and, if so, whether the agency should pursue Freeing with or without Agreement.
The Agency decides whether to accept the Panel recommendation
Adoption not pursued
Review Care Plan
Placement for Adoption Proceeds on Parental Agreement Basis
Commence Freeing Proceedings under Article 17 – with Agreement - GAL appointed
Commence Freeing Proceedings under Article 18 without Agreement – GAL appointed
• Maybe consolidated with Care Proceedings if Order not already obtained
Child Freed for Adoption