HSC Public Health Agency

Adoption Reports: Guidance for Specialist Community Public Health Nurses and Family Nurses.

Improving your health and wellbeing

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Contents

Introduction

This updated guidance replaces *Guidance on the Submission of Adoption Reports to Adoption Panels by Public Health Nurses* (PHA, 2013).

Every child has a fundamental right to being part of a family. Adoption makes it possible for children, whose parents are unable to care for them, to become permanent members of new families. Effective adoption processes achieve permanence for children who need this outside of their birth family.

Permanence is a framework of emotional, physical and legal conditions that gives a child a sense of security, continuity, commitment and identity. A permanent placement describes a placement with a particular family or adults with whom a child is expected to live for the duration of his / her childhood and to which they will belong to in adulthood.

Specialist Community Public Health Nurses (Health Visitors, School Nurses and Specialist Nurses for Care Experienced Children) and Family Nurses play a key role in the adoption process. Their knowledge of the child, his / her childhood experiences and developmental progress will inform adoption decision making. An adoption report needs to be shared in the best interests of each child who is being considered for adoption.

Assessment of family health need or Key Issues Summary (family nurses), is a central feature of specialist community public health nursing / family nurses in which a range of skills, knowledge and judgements are used. A robust Family Health Assessment enables analysis of the parenting capacity and level of care afforded to the child. These assessments are pivotal in identifying need, safeguarding children and in determining levels of health intervention to be offered to children and their families by public health nursing.

Purpose

The purpose of this guidance is to support a regionally consistent approach to adoption reports by specialist community public health nurses (SCPHN) and family nurses (SN) employed in all five Health and Social Care Trusts in Northern Ireland. This will result in appropriate information sharing and analysis that is in the best interest of children being presented to Adoption Panels.

Scope

This guidance has been issued by the Public Health Agency for implementation by all SCPHNs and FNs, who are members of inter-agency teams addressing the adoption needs of children in all five Health and Social Care Trusts.

Guiding principles

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

- The child's welfare and best interests are priority;
- The child's wishes and feelings are given serious 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 and supported for looking after children in need of adoption;
- Decision-making should be timely, proportionate and in the best interests of the child;
- Delay in the decision-making process should be avoided;
- A 'working together' approach should be implemented;
- Partnership working includes adoptive parents and significant others involved in adoption.

Nursing report for adoption panel

Adoption policy and procedures require the social worker to obtain a detailed report from the SCPHN / FN regarding the child's health and developmental progress from birth. It also includes relevant antenatal history. This report should include any relevant involvement with other healthcare professionals and made available to the Adoption Medical Advisor.

This adoption report will be provided by the SCPHN / FN who is providing a service to the child normally at the point of the permanence decision being made. The report will contain all relevant health information that is deemed by the nurse to be necessary for:

1. The Adoption Panel: so that members are aware of the health status of the child and any health-related issues when they are making a recommendation if adoption is in the best interests of a child.
2. The Medical Advisor to the Adoption Panel: so that he / she can highlight issues or concerns and provide advice in a medical report.
3. Prospective adoptive parents so that they are fully informed about the child's development, health, health needs and wellbeing so that they have all relevant information that is held by the public health nursing service when making a decision if or not they are in a position to meet the child's health needs.

4. The adopted child who may want to review adoption records as an adult, to make sense of their history and lived experience.
5. The report should be provided to the social worker as soon as possible in order to avoid delay in the adoption process and within four weeks of the request.

Guidance when completing an adoption report:

1. Anonymise report i.e. refer to 'birth parents' and 'birth family', and 'foster / adoptive parents' as carers.
2. Never copy and paste information.
3. Provide a separate adoption report for each child.
4. It should be written in a manner that is easily read and understood as information within it will be required by prospective adopters as well as other professional disciplines.
5. Source of information e.g. public health nursing / family nurse records, encompass / GP / social worker should be indicated.
6. Abbreviations should not be used.
7. It should be written in past tense until the last visit and conclusion which should be written in present tense.
8. Professional opinion and analysis should be supported by observations and information within public health nursing / family nurse records.
9. Confidential watermark should be added before report shared.
10. The social worker will share the report with others who need it for the purpose of adoption only as outlined above.

Adoption reports should be prepared using the regionally agreed format (see Appendix 1). Guidance notes are included on the regional format (in red) and should be removed from the final report by the SCPHN / FN who signs the report.

The format is not intended to be restrictive. Sections that are deemed to be irrelevant may be removed and additional sections can be added if this supports the public health nursing contribution to the decision-making process.

(Further guidance will be available from local Trust operational guidance which will compliment this re regional guidance).

An Addendum Report providing an update may be requested by the social worker if matching the child to adoptive parents is delayed. This will facilitate the sharing of new information (see Appendix 2).

Safeguarding supervision

Children who are subject to adoption processes should be discussed with a safeguarding children nurse specialist, using open door or one-one case supervision,

prior to the submission of the report, for quality assurance. Advice should also be available from line managers using open door supervision.

Records retention policy

The nursing adoption report will be retained within social work files for the length of time stipulated within Trust record retention policies.

The public health nursing / family nurse pre-adoptive file will be held in each Trust as per Trust retention policy pertaining to storage.

All adoption reports should be uploaded to encompass and stored within the Child Safeguarding tab of the child's new record behind Inappropriate Break the Glass (IBTG). Additional guidance should be sought from safeguarding children nurse specialist / or line manager if required.

Appendix 1

Insert Trust Logo

STRICTLY CONFIDENTIAL

Specialist Community Public Health Nursing / Family Nurse report for Adoption Panel regarding:

Name of child / young person	
Date of Birth	
Health & Care Number	
MRN	
General Practitioner	

This report has been compiled for the purpose of the Adoption Panel. It must not be copied or shared for any other purpose without the prior consent of the public health nursing service.

This report has been prepared by:

Name	
Profession	
Qualifications	
Office Address	
Phone number	
E-mail	

Date adoption report requested	
Name of social worker requesting report	
Date of submission to social worker	

Introduction

I, *.....(own name)* assumed public health/family nursing responsibility for insert name of .....child and family on .....(date). Since then, I have had *.....(insert number of contacts / frequency of visiting pattern)*. This report includes information compiled from previous public health / family nursing records including health visiting / school nursing records, the child health system records and electronic records (including encompass, and PARIS). The most

recent contact with *.....(child)* by the public health / family nurse was on .....

Background:

.....(*child's name*) and his / her family became known to the public health / family nursing service on ..... when .....(*e.g. notification of antenatal, Pre-Birth Case Conference, Child in Care meetings, following birth, transfer in .... birth of an older sibling ..... Include age when child moved from biological parents care, summary of Care placements. Outline role, level of contact over and above core service.....*

A review of public health nursing plans indicate that a targeted service was provided to address health issues including (*relating to child*) .....

Additional contacts were also made to .....(*include parents & significant adults as appropriate*) to address .....(*complete if relevant for purpose of adoption report*).

(As appropriate and if known include details of biological parents, social care history, care experienced history).

Antenatal History

Include the following information, as available, and any other relevant information: -

- *Parent's attitude to pregnancy e.g. planned / wanted*
- *Gestation at midwifery booking visit*
- *Level of attendance of mother for antenatal care, and with GP, Midwife, Health Visitor*
- *Mother's health during the pregnancy e.g. maternal vaccination status, maternal mental health*
- *Any medication in pregnancy, antiepileptics / substance dependency medication*
- *Significant antenatal complications e.g. diabetes,*
- *Risk factors e.g. misuse of drugs / alcohol, smoking, domestic abuse including learning disability, experience of being in care*

If there are gaps in A / N history- this should be stated

*(**Identify the source of the information e.g. encompass GP, Midwife, SW report**)*

Family Medical History if known including congenital abnormalities
• *Any known inherited familial health conditions* • *Father's and his family's medical history, including any risk factors e.g. misuse of drugs / alcohol, smoking, domestic abuse, learning disability, ACES / Trauma and any care-experienced history for him* *If there are gaps in family history- this should be stated*

Birth details	
Place of birth:	
Gestation at birth:	
Type of delivery	
APGAR scores:	At one minute = ... and at five minutes = ... Apgar scores are objective scores out of 10 that indicate the condition of a baby after birth.
Admission to SCBU / NNU	Yes / No (*If yes please detail date, reason, outcome and date of discharge*)
Growth measurements / Centiles	Weight Centile Length Centile Head Circumference Centile
Method of feeding	Type breast / formula *(if breast fed comment how long)*
Vitamin K administration	*Please give details*
Further comments *regarding health and wellbeing at birth including any diagnosed medical conditions at birth (only if relevant, otherwise delete this box)*	

Child Health Surveillance

A primary visit as part of the child health programme was carried out by the Health Visitor on .....*(insert date*). *Please provide a comment on the overall health and wellbeing of the infant.*

New Birth Review – 10-14 Days:

Date:	
Weight:	..... grams centile
Length:	..... cms centile
Head Circumference:	..... cms centile

Method of Feeding:	
Hips:	
Testes:	*(HV does not check but info will be on new birth documentation)*
Neonatal Screening for: (record as per laboratory results) • Cystic Fibrosis (CF) • Congenital Hypothyroidism (CHT) • Phenylketonuria (PKU) • Medium chain acyl-coA dehydrogenase deficiency (MCADD) • Glutaric aciduria Type 1 (GA1) • Maple Syrup Urine Disease (MSUD) • Isovaleric Acidaemia (IVA) • Homocystinuria (HCU) • Sickle Cell Disorders (SCD) • Oto-acoustic hearing screening	Results: Date: *Please comment on outcome and follow up e.g. not suspected or with exception of ..... Further action as a result of this included .....* *Comment if any issue outstanding* Newborn screening | nidirect

Further health surveillance reviews were carried out as follows*:*

Date:	Age: (Weeks / months year)	*Brief comments including referrals*
		(Should focus on developmental reviews, onward referrals, and outcomes, and then any significant needs identified outside of developmental reviews. *Include reason for contact- eg feeding / any milk intolerances, skin conditions / care, growth monitoring, bowel issues, behavioural issues, developmental reviews.* *Observations on bonding / attachment including with significant others during developmental reviews / home visits. Analysis of growth charts).*
		Add rows as required

Immunisations: (1st table reflects regime applicable to child before July 2025)
(Delete as appropriate) ***Childhood immunisation | nidirect***

Immunisations	Date Given	Comments *Comment on any previous anaphylactic reactions to a specific vaccine or component, or severe allergies which may cause a contraindication.*
Eight Weeks 1st Immunisations: Diphtheria, Tetanus Pertussis (Whooping Cough) Polio, Hib and Hepatitis B (6 in 1) Rotavirus (orally) Meningococcal B Infection-		
Twelve Weeks 2nd Immunisations: Diphtheria, Tetanus Pertussis (Whooping Cough) Polio, Hib and Hepatitis B (6 in 1) Pneumococcal Infection Rotavirus (orally)		
Sixteen Weeks 3rd Immunisations: Diphtheria, Tetanus Pertussis (Whooping Cough) Polio, Hib and Hepatitis B (6 in 1) Meningococcal B Infection-		
Just after the first birthday Measles, Mumps and Rubella (MMR) Pneumococcal Infection Hib / Meningococcal C – Infection Meningococcal B Infection		
Every year from two years old up to and including Y12 Influenza (nasal spray or injection)		
3 years and 4 months old Diphtheria, Tetanus, Pertussis (Whooping Cough) and Polio Measles Mumps and Rubella (MMR)		
Girls and boys 12-13 Years old Conditions caused by Human Papillomavirus including cervical cancer (in girls) and cancers of mouth, throat, anus and genitals (in boys and girls) and genital warts. (one injection)		

14-18 Years Diphtheria, Tetanus, Polio (one injection) Meningococcal ACWY (one injection)		
BCG		
Outstanding immunisations and date due		
Please comment on any issues relating to immunisations including risk factors (BCG) reactions, delay and reasons.		

Immunisations: (2nd table reflects regime applicable to child after July 2025 inclusive of changes January 2026) *(Delete as appropriate)* ***Childhood immunisation \| nidirect***

	Date Given	Comments
Eight Weeks Ist Immunisations: Diphtheria, Tetanus Pertussis (Whooping Cough) Polio, Hib and Hepatitis B (6 in 1) Rotavirus (orally) Meningococcal B Infection-		
Twelve Weeks 2nd Immunisations: Diphtheria, Tetanus Pertussis (Whooping Cough) Polio, Hib and Hepatitis B (6 in 1) Pneumococcal Infection (PCV) Rotavirus (orally)		
Sixteen Weeks 3rd Immunisations: Diphtheria, Tetanus Pertussis (Whooping Cough) Polio, Hib and Hepatitis B (6 in 1) Meningococcal B Infection-		
12 months (turning 1yr old) Measles, Mumps and Rubella (MMR) Pneumococcal Infection Meningococcal B Infection		
Changes from January 2026		
18 months old- new appointment Diphtheria, Tetanus Pertussis (Whooping Cough) Polio, Hib and Hepatitis B (6 in 1) Measles, Mumps, Rubella and Varicella (MMRV)		

3 years 4 months old (pre –school) Diphtheria, Tetanus Pertussis (Whooping Cough) and Polio		
Every year from two years old up to and including Y12 Influenza (nasal spray or injection)		
3 years and 4 months old Diphtheria, Tetanus, Pertussis (Whooping Cough) and Polio Measles Mumps and Rubella (MMR)		
Girls and boys 12-13 Years old Conditions caused by Human Papillomavirus including cervical cancer (in girls) and cancers of mouth, throat, anus and genitals (in boys and girls) and genital warts. (one injection)		
14-18 Years Diphtheria, Tetanus, Polio (one injection) Meningococcal ACWY (one injection)		
BCG		
Outstanding immunisations and date due		
Please comment on any issues relating to immunisations including risk factors (BCG) reactions, delay and reasons,		

Review of public health / family nursing and electronic records, indicate that ..... (insert name) has attended the following services since birth:

Name of Service	Date of referral (if known)	Comments / Outcomes (if relevant)	Presently involved (Yes / No)

Hospital Attendances including Emergency Departments, Out-patients and Admissions

Public health / family nursing records, including electronic records, hospital liaison information and notifications relating to ..... (*child's name)* as below *(provide analysis by commenting if this is a high level of attendances, the nature of the attendances, outcome and any follow up provided by the public health nursing service)*

Hospital	Date	Reason	Outcome

Summary of child health and development

Refer to UNOCINI guidance. Include analysis of child's health, development and wellbeing under the following headings. Highlight all issues affecting child health outcomes and any concerns that you feel are important to mention. It is also useful to mention services provided to address these issues if not already mentioned. This allows the Medical Advisor, Adoption Panel Members, Social Workers who may be involved in matching decisions, and, very importantly, Prospective Adoptive Parents to be fully informed about health matters when making decisions about the child's future.

Physical *(Include development, fine and gross motor skills, oral / dental health / attendance at dentist, / vision / hearing)*
Growth *(should refer to a copy of updated centile chart that is added as an appendix and analysis of same since birth, giving a synopsis of any referrals interventions required)*
Cognitive *(speech and language, fine motor skills, interactions, comprehension)*
Emotional and Behavioural *(Bonding, attachment, behaviour. Voice of child - age dependent)*
Social *(Interactions, playgroup, nursery, school)*
Family and Social Relationships *(include observations of attachment, bonding, significant others, including present carers and specific issues that need to be addressed as part of the child's inter-agency care plan. Include any contact with biological parents and siblings)*
Parenting capacity *(provide a summary of, length of time with biological parents and reason for Child in Care process. Summarise current living environment / care provided and how it is meeting the child's needs e.g. improvement of presentation and developmental behaviour, and attachment).*

Conclusion

(Overall statement of the role of the public health / family nursing service (to child and carers) until permanency achieved. Child's strengths (What is working well). Health issues that need to be addressed (What we are worried about and what needs to happen).

Signature:

Print Name:

Designation:

Date of signature

CC .....Safeguarding Children Nurse Specialist

Enc: Centile Chart

Appendix 2

Insert Trust Logo

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Addendum to Specialist Community Public Health Nursing / Family Nurse Report for Adoption Panel

Date of Addendum Report:
Date of Matching Panel (if known):

Name	**DOB**
Health & Care Number	
MRN	
Current Carer's Name	
Date of Original Adoption Report	
Name and Base of Nurse	
Specialist Community Public Health Nursing / Family Nurse Contact Since Adoption Panel Report	
Physical	
Cognitive	
Emotional and Behavioural	
Social	
Proposed Health Plan	

Signature:

Print Name:

Designation:

Date of Signature:

CC: Safeguarding Children Nurse Specialist