



**Guidance on the Submission of
Adoption Reports to Adoption Panels
By Public Health Nurses**

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Introduction

Every child has a fundamental right to being part of a family¹. 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 has been defined as 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 childhood and beyond”²

Public Health Nurses play a key role in the Adoption process. Their knowledge of the child, his/her childhood experiences and developmental progress is relevant to Adoption decision making. This needs to be shared in the best interests of each child who is being considered for Adoption. Appleton & Cowley (2008)³ highlight that assessment of family health need is a central feature of health visiting practice in which a range of skills, knowledge and judgements are used. These assessments are pivotal in uncovering need, safeguarding children and in determining levels of health intervention to be offered to children and their families by the health visiting service in the UK. School Nurses are increasing their role in safeguarding in all five Health and Social Care Trusts and this includes involvement in Adoption processes.

¹ UN Convention on the Rights of the Child

²Adoption: Regional Policy and Procedures NI (2010)

³ Appleton JV & Cowley S (Feb 2008) Health visiting assessment—unpacking critical attributes in health visitor needs assessment practice: A case study *International Journal of Nursing Studies* [Volume 45, Issue 2](#) , Pages 232-245

Purpose

The purpose of this guidance is to support a regionally consistent approach to Adoption Reports by Public Health Nurses 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 Health Visitors, School Nurses and Family Nurses (Family Nurse Partnership) who are members of inter-agency teams addressing the Adoption needs of children in all five Health & 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.

Public Health Nursing Report for Adoption Panel

Adoption policy and procedures (paragraph 7.3.1.14) require the Social Worker to obtain a detailed report from the Health Visitor regarding the child's health and developmental progress from birth. 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 a Health Visitor, School Nurse or Family Nurse depending on which Public Health Nurse is providing a service to the child. The report will contain all relevant health information that is judged by the Health Visitor, School Nurse or Family 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.

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. 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. Abbreviations should not be used. Professional opinion and analysis should be supported by observations and information within public health nursing records. The Social Worker will share the report with others who need it for the purpose of Adoption 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 Public Health Nurse 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.

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 must be discussed with a Safeguarding Children Nurse Specialist during planned safeguarding children supervision. Advice should also be available from line managers and/or Safeguarding Children Nurse Specialist using 'open door' supervision (see DHSSPS Safeguarding Children Nursing Supervision Policy and Procedures (2011)).

Records Retention Policy

The Public Health Nursing Adoption Report will be retained within Social Work files for the length of time stipulated within Trust record retention policies.

Blood-Borne Infections

Tests for HIV and for the Hepatitis group will be required in relation to prospective Adopters, birth mothers and/or children when risk factors warrant it. Health Visitors, School Nurses and Family Nurses should raise any concerns regarding risk factors with the Social Worker and Medical Advisor as soon as they become aware of these. Up to date advice and guidance from the Public Health Authority should be checked. A useful reference is BAAF Practice Note 53 "Guidelines For The Testing Of Looked After Children Who Are At Risk Of A Blood-Borne Infection" (available from the BAAF website: www.baaf.org.uk). In relation to Hepatitis, if the child is infected or is at high risk of infection, prospective Adopters will be advised to consult their General Practitioner about the need for vaccination (Also see chapter 7 section 7.3.4 part 7).

Appendix 1

Insert Trust Logo

STRICTLY CONFIDENTIAL

Public Health Nursing Report for the purpose of Adoption Panel regarding:

Name of child/young person	
Date of Birth	
Health & Care Number	
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 health visiting / school nursing responsibility for insert name ofchild 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 nursing records including health visiting / school nursing records and child health system records. The most recent contact with(*child*) by the Health Visitor / School Nurse was on

Background:

.....(*child's name*) and his/her family became known to the health visiting service on when(*e.g. notification of antenatal, following birth, transfer in birth of an older sibling*). *Outline role, level of contact over and above core service.....*

A review of health visiting (*and school nursing if involved*) 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*).

You do not need to give details of child protection process e.g. dates of registration as this will be in social work report.

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
- Mother's health during the pregnancy
- Maternal vaccination uptake as per DHSSPS
- Significant ante-natal complications e.g. diabetes,
- GP, Health Visitor & Community Midwife contact during the antenatal period
- Risk factors e.g. misuse of drugs/alcohol, smoking, domestic abuse.

Family Medical History if known including congenital abnormalities

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.

Comment on significance of these apgar scores (e.g. well at birth / required resuscitation)

Admission to SCBU

Yes / No *If yes please detail date, reason, outcome and date of discharge.*

Growth measurements / Centiles

Weight

Length

Head Circumference

Method of feeding	Type breast / formula if breast fed <i>comment on how long</i>
Vitamin K administration	Please give details
Further comments <i>regarding health and well being at birth including any diagnosed medical conditions at birth (only if relevant, otherwise delete this box)</i>	

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
Length: cms
Head Circumference: cms
Method of Feeding:	
Hips:	
Testes:	
Neonatal Screening for: <ul style="list-style-type: none"> • Phenylalanine • Cystic Fibrosis (IRT) • Methionine • Tyrosinaemia • Congenital Hypothyroidiam (TSH) • Sickle Cell Disorders • Oto-acoustic hearing screening: 	Results: <i>Please comment on outcome and follow up e.g. not suspected or with exception of Further action as a result of this included</i> <i>Comment if any issue outstanding</i>

Further health surveillance reviews were carried out as follows:

Date:	Age	<i>Brief</i> Comments including referrals

Immunisations *(please add to list as additional immunisations or amend in keeping with changing immunisation programme)*

	Date Given	Comments
Eight Weeks 1st Immunisations: Diphtheria Tetanus Pertussis (Whooping Cough) Polio – one injection PCV – one injection		
Twelve Weeks 2 nd Immunisations: Diphtheria Tetanus Pertussis (Whooping Cough) Polio – one injection Meningitis C – one injection		
Sixteen Weeks 3 rd Immunisations: Diphtheria Tetanus Pertussis (Whooping Cough) Polio – one injection Meningitis C – one injection PCV – one injection		
One Year Hib/Meningitis C – one injection		
Fifteen Months MMR – one injection PCV – one injection		
Four Years Pre-school booster: Diphtheria Tetanus Pertussis (Whooping Cough) Polio MMR – one injection		
Year 9 Girls – 13-14 Years Human Papillomavirus Vaccine – three injections		
14-18 Years Diphtheria Tetanus Polio – one injection 2 nd MMR		
BCG		
Outstanding immunisations and date due		
<i>Please comment on any issues relating to immunisations including risk factors (BCG) reactions, delay and reasons,</i>		

Public health nursing 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)
<i>E.g. Speech & Language Therapy, Lurgan Clinic</i>	<i>03 02 11</i>		<i>Yes</i>

Hospital Attendances including Emergency Departments, Out-patients and Admissions

Public health nursing records include hospital liaison information and notifications relating to (child's name) as below (you may wish summarise 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 & Development (refer to UNOCINI Guidance)

Please include analysis of child's health, development and wellbeing under the following headings. Please 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

Growth *(summary should refer to a copy of updated centiles chart that is added as an appendix)*

Cognitive

Emotional and Behavioural

Social

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)*

Parenting capacity *(This is not a detailed overview of parenting capacity and services as this will be provided in the social work report. It is more important to provide analysis of the impact or potential*

impact of parenting capacity on short and long term health outcomes for child or particular strengths required from a parent that are relevant to this child's future health and wellbeing)

Conclusion

Overall statement of the role of the public health nursing service.

Child's strengths

Health issues that need to be addressed

Proposed public health nursing health plan over the short and longer term

Signature:

Print Name:

Designation:

Date of signature

CCSafeguarding Children Nurse Specialist

Enc: Centile Chart

Appendix 2

Insert Trust Logo

Addendum to Public Health Nursing Report for Adoption Matching Panel

Date of Addendum Report:

Date of Matching Panel (if known)

Name	DOB
Health and Care Number	
Current Carers' Names	
Date of Original Health Visiting Report	
Name and base of Health Visitor	
Public Health Nursing Contact since Adoption Panel Report	

Current Health and Development Status (please highlight significant change or issues)

- **Physical**

- **Cognitive**

- **Emotional/Behavioural**

- **Social**

Proposed Health Plan



Signature:

Print Name:

Designation:

Date of signature

CCSafeguarding Children Nurse Specialist

Enc: