Information regarding the Provision of the Health Aspects of Fostering and Adoption Work during the Covid-19 Pandemic

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NHS Services have been issued with Covid-19/coronavirus prioritisation instructions. This alters how they will be working over the coming months. They are prioritising certain aspects of clinical care and have stopped providing other services.

The instructions for NHS Community Health Services that are most likely to host LAC health professionals/services include:

- **Paediatric services: Stop activities except:**
  - Services/interventions deemed clinical priority
  - Child protection medicals
  - Telephone advice to families
  - Risk stratify Initial Health Assessments (urgent referrals need to continue, however, some routine referrals may be delayed with appropriate support, e.g. initial basic advice to parents/carers)

- **LAC services: Stop activities except:**
  - Segmentation to prioritise needs (e.g. increased risk of harm from social isolation)
  - Safeguarding work – case review, not routine checks
  - Telephone advice – could be undertaken regionally
  - Initial assessments

This information was taken from the NHS England website (this guidance is subject to regular update): https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/

At the same time, we know it is likely that the Government will be issuing directions about the regulations which apply to adoption and fostering, to support management during the current pandemic (the details of this are as yet unknown).

The following principles and guidance are based on the need to take account of NHS prioritisation instructions, and adhere to public health safety guidelines, but at the same time maintain a clear focus on safeguarding children in a period when there will be different and potentially increased risks to children and young people. Whilst adult health work is vital to enabling the fostering and adoption system to continue, we should aim to be child- and young person-centred in our decisions.

Contingency arrangements/service planning will be happening at local and regional level, and service leaders in health and social care will be responsible for operational decision-making. Named and designated LAC health professionals will be key partners in these local planning arrangements for looked after children, including those with adoption plans.

LAC health professionals, doctors, nurses and medical advisers may need to be redeployed away from their normal functions. It is difficult to predict for how long, but even if short-term, there will be a gradual move back to "normal" and a backlog of clinical commitments

and work. This will be mirrored in all professions that support LAC work, e.g. health visiting, education, CAMHS, and social care. Inevitably, professionals, including doctors and nurses, will be off work, isolating or unwell, further depleting available capacity.

Non-essential health appointments should not be conducted face-to-face (this includes LAC assessments and adult health assessments).

Normal processes should be followed where possible, with flexible adapted working to meet the needs of children and young people as best we can. It is important to keep waiting lists and records of work done, work to be done, and where follow-up is required.

Adoption

Moving children safely into adoptive placements at the moment should be seen as a priority where there are approved adopters and matching is already in progress. This needs to be on a case-by-case basis.

Adoption medical reports (children)

- Complete these from existing IHA/records/phone contact with foster carers/other professionals.
- Identify where there are health vulnerabilities with the child, which may make a placement move during the current pandemic untenable.

Adult health (adopters) at matching stage

- Review existing information about adopters' health in AH health reports/information held by adoption social worker, to identify any health reasons (health vulnerabilities in prospective adopters) where it would not be appropriate to proceed with an adoption, due to risk of Covid-19 to adopter family. This may not require input from a health professional. This may be time-limited.

New adopter applicants requiring AH assessment with GP/medical practitioner

- GPs are very unlikely to be able to complete AH forms (from records) at the current time.
- Physical examination is not possible.
- The social worker could ask the adopters to complete self-declaration of health form in Stage 1.
- Processes should be agreed with the local adoption agency/service.

Medical adviser for adoption – advice to the panel and adoption decision-maker

- Regions may be able to liaise to enable a medical adviser to provide some medical advice to an adoption decision-maker or virtual panel. This is likely to be very restricted. This would support adoption agencies to proceed with current matches.

Fostering applicants (existing applications and new temporary/emergency carer situations)

- GPs will not be able to provide an AH report.
- As an interim measure, the applicant could a complete self-declaration of health form.
- Record and complete the full AH when restrictions are lifted.

LAC child health assessment

IHA

- The referrals process should continue as normal.
- The social worker should highlight a high-risk IHA and request prioritisation by the LAC health team.
- IHAs will need to be completed via records and non-face-to-face contact (recall children for further face-to-face assessment when restrictions are lifted). Record non-completion of a full IHA.
- Use information from the child protection medical, if available.
- The LAC health team should use available local/regional staff resources to complete assessments.
- The 20-day timescale for the IHA should not be viewed as critical in the current situation.

RHA

- Regulatory timescales for the RHA should not be viewed as critical in the current situation.
- Decisions about completion will need to be made locally.
- Instead of completing a paper/record/telephone RHA, this staff resource may be best utilised by the LAC health team to provide a telephone advice service to social workers, carers and children and young people.
- LAC health teams/social workers could identify high-risk vulnerable young people and complete a telephone RHA where that would be appropriate.
- Record non-completion of a full RHA.

Consent

- Verbal consent is acceptable and should be clearly documented. Consent applies for child and adult health information – if possible, this can be over the phone via discussion with a doctor/nurse, but can be taken by social care.
- Follow guidance from the General Medical Council (GMC) and document clearly what has been done and when.
- Uncertainty about complete health information and therefore implications and risks will need to be accepted to a certain degree and clearly documented. Review should be possible with further information once things return to a more normal situation.

OOA/OLAC

- Remain with the current processes to ensure continuity when more normal working is resumed, e.g. payment of tariff, capacity to local teams, and the need for follow-up of physical examination/assessment.

Unaccompanied asylum-seeking children

- Interpreters and communication highlights further problems in this age group. There are "common" issues that we know need addressing for these young people, which can be recommended in health plans. Basic health needs should be addressed via telephone consult if possible. Management of TB and BBI risks for young people should be prioritised. Teleconferences may be needed to enable interpreters to be present at the same time. IT teams are helping with setting up meetings and can support with this.

These notes were shared with representatives from NHS England safeguarding team and RCPCH prior to publication.