Foster carer medical reports

Introduction

In recent years fostering services have increasingly expressed concern about the difficulties with the system of obtaining health information about prospective foster carers. In response to this issue The Fostering Network, CoramBAAF and the Nationwide Association of Fostering Providers (NAFP) have jointly surveyed its fostering service members in England to understand more about the issue and its wider impact on fostering[1]. The survey focused on England but through our member engagement we understand fostering services in other parts of the UK can experience similar issues.

With record numbers of children in care and around 13 per cent of the foster carer workforce retiring or leaving every year, fostering services across the UK need to recruit thousands of new foster families each year.

Fostering services work all year round to find and recruit the foster carers they need locally to look after these children. Without enough foster families willing and able to offer homes some children will find themselves living a long way from family, school, and friends and being split up from brothers and sisters. Therefore, it is vitally important that the assessment process of prospective foster carers is as smooth as possible. The current issues being experienced by fostering services around the delay in obtaining foster carer medicals directly impacts on the recruitment of foster carers.

This report summarises the information shared in a survey which has been analysed to identify the key findings. The survey covered both initial foster carer medicals as part of the recruitment process as well as ongoing medicals throughout the foster carer's approval. It received 158 responses in total, comprising of 92 independent fostering providers (IFPs) and 63 local authorities/children's trusts (LAs). Following consideration of the findings by The Fostering Network, CoramBAAF and NAFP, a set of joint recommendations and next steps have been agreed which are designed to address the key issues identified. More information about the survey is appended to this report.

Key findings

1. Format

CoramBAAF publish two formats for foster carer medicals (AH1 and AH2) which are used by most fostering services. Nearly all (97 per cent) respondents use CoramBAAF's AH1 form to record medical information about prospective foster carers to inform their foster carer assessments.

[1] The survey responses and report were collated in Winter 2019/2020 before the 2020 coronavirus pandemic.

2. Cost

The British Medical Association (BMA) ceased to negotiate a national recommended fee (to be paid to GPs) for completion of foster carer medicals in 2005. The last agreed fee in 2004 (£73.86 for AH1 health assessment on prospective carer) would be the equivalent of £115 in 2020 if uplifted in line with inflation.

Over 80 per cent of respondents commonly pay £149 or less for completion of the foster carer medical, with 40 per cent of respondents never having paid more than this. On at least one occasion in the past two years, 35 per cent have paid between £150-£199, eight per cent between £200-£249, and seven per cent over £250.

95 per cent of services report having obtained a medical report for a cost of less than £150. However, nearly 60 per cent of services report being charged over £150 on occasions, this is far in excess of £115, the 2020 equivalent (adjusted for inflation) of the last BMA recommended fee in 2004.

There may be some scope to identify the reasons why, on some occasions, fees are charged at significantly higher rates and what justification there is for this. There may also be scope for communication with fostering services and others about the background of national recommended fees for collaborative arrangements in respect of foster carer medicals, or the opportunity to agree an amount under the national tariff payment system for this work.

The following observations from the survey were also made in relation to cost:

- payments are sometimes required before the foster carer medical is completed
- there can be wide variation in fees charged
- an additional fee must sometimes be negotiated if additional information is needed before the medical adviser can provide their advice (for example from a consultant or mental health professional)
- on some occasions, the GP practice will not release the information until payment is received

3. Capacity

Whilst only 17 per cent of respondents said that obtaining foster carer medicals is usually or always difficult, this still indicates there is an issue in obtaining some foster carer medicals. Although refusal to complete a foster carer medical is not common (only 1.5 per cent had their request regularly refused), it is an issue of concern that 30 per cent of respondents sometimes had their requests refused. Reasons given include capacity i.e. availability of GP appointments generally, or the surgery declining to provide as it is non-contracted work, with some wanting payment upfront before an appointment is booked. In rare cases, the foster carer has had to change GP practice in order to find someone prepared to provide a medical report.

A medical report is a legal requirement of a foster care assessment and, as such, should be readily available in order to support much needed recruitment of new foster carers. There may be scope for awareness raising amongst medical professionals and practice managers about the key role they play in supporting national, regional and local efforts to boost foster carer numbers through efficient and effective assessment processes.

The provision of foster carer medicals is not included in the core GP contract. This can create a problem as GPs can choose not to complete a medical. There is a need for awareness raising within the health service regarding the importance of foster carer medical reports.

It is vital that health service staff understand that a medical report for a prospective foster carer is a legal requirement for all fostering services, including those run by local authorities, not for-profit third sector organisations and profit-making companies. All these services recruit, assess and approve foster carers to look after children in the care of the local authority. All require a suitably qualified medical practitioner to provide a medical report as part of this assessment. Whilst there is no equivalent statutory requirement on GPs or other practitioners to provide a medical report, the statutory guidance[2] clearly highlights the expectation that NHS services will co-operate. The success of the foster care recruitment system relies on health services to provide access for fostering services to someone qualified to provide medical reports regarding prospective foster carers' health status.

Most foster carer medicals (92 per cent) are undertaken by GPs, leaving only a minority (eight per cent) undertaken by other practitioners, mostly nurse practitioners based in the GP surgery. Given changes in the medical profession in respect of the role of different medical practitioners, it is a matter for the medical profession to determine whether a GP is the only or preferred practitioner to provide foster carer medicals.

4. Timing

4.1 Delay

25 per cent of respondents reported that foster carer medicals are usually completed in a timely manner. However, 18 per cent of respondents reported that they were rarely completed in a timely manner, and 56 per cent had mixed experiences where there were sometimes delays and at other times not. There were also comments reporting increasing delays noted by some over the past 12 months[3].

Reasons for delay given include:

- availability of appointments generally
- availability of appointments for 'non-NHS work' which are more restricted – this links to the interpretation of foster carer medicals by some as 'private work'
- time between completion by GP and the paper form being returned from the surgery– some examples of the form getting lost at the surgery

These suggest that there is an issue of capacity. In connected person assessments, there were reports of the court 'ordering' the GP to complete the medical report. One respondent reported that they had had to alter their policy in regards to medicals for existing foster carers and now request a medical report only every five years, with the foster carers signing a health declaration at other annual reviews.

Delays in the receipt of foster carer medicals is reported as having the following impacts:

- delays to the assessment process for prospective foster carers
- delays to court proceedings if connected person assessments cannot be completed due to waiting for the foster carer medical report
- resource implications involved in chasing the medical report
- disruption to panel agendas, with items being put on and taken off panel if medical information is not available within usual expected timescales

[2] Department for Education and Department of Health Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England March 2015

[3] NB: This survey was conducted prior to the covid-19 pandemic.

- where requested as part of a review process, it creates uncertainty around the carer's continued suitability to care for children.

4.2 Quality of foster carer medicals

78 per cent of foster carer medicals are always or usually of sufficient quality to support the assessment and decision-making in relation to the suitability of applicants to foster. However, one commented on the lack of information provided on mental health.

If foster carer medicals are found only sometimes to be of sufficient quality by 19 per cent of respondents, there may scope for education amongst medical practitioners and medical advisers of their respective roles in advising the service of health information relevant to the assessment of prospective and existing foster carers.

4.3 Information management of foster carer medicals

The ways in which fostering services manage information they hold about foster carers has been under greater scrutiny since GDPR and the new Data Protection Act 2018. This introduces 'special categories of data' which includes health data, so there has been additional focus on issues for consideration in relation to foster carer medicals. It is unclear from the survey whether foster carer medical information is routinely shared by services using secure methods.

When asked about who sees the foster carer medical, it is clear that foster carer's health information is seen by many involved in the processes around foster carers assessment, but who are not responsible for the assessment of their suitability to foster or medically qualified to interpret the information.

They are seen in most services by:

- administrators (77 per cent),
- assessing/supervising social workers (78 per cent),
- team managers (69 per cent)
- medical advisers (94 per cent).

In under half of services, they are seen by:

- panel chair (36 per cent),
- panel members (21 per cent),
- decision makers (33 per cent) and
- other professionals (23 per cent) which include panel advisers, legal advisers, quality assurance officers, independent reviewing officers, registered managers and a health rep on panel where this role exists.

When asked who, in their opinion, should see the foster carer medicals, the percentages were similar, although only 59 per cent of respondents thought administrators needed to see the foster carer medical. One comment was made that policy guidance would be welcomed in respect of what needs to be shared with panel and in what level of detail.

CoramBAAF current guidance which is available on the AH forms is that the GP report is returned directly to the medical adviser.

Respondents were asked where the foster carer medical information is currently stored and where they thought it should be stored. Only six per cent were kept by the medical adviser and only seven per cent thought this should be the case. None are currently returned to the GP surgery, and only two per cent thought this should happen.

88 per cent of respondents said they are currently held on the general foster carer file, with 34 per cent of these being held in a 'restricted' section. When asked, 39 per cent were happy with them being in the general file, whilst 50 per cent thought they should be kept in a restricted section. 17 per cent of respondents had different systems, including returning the foster carer medical to the applicant or shredding it, or keeping only the medical adviser's comments on file.

4.4 Medical adviser's comments

There is space on the AH1 and AH2 for the medical adviser's comments to be added to the form completed by GPs. This means the adviser's comments and the detailed health information from the GP are contained within the same form and makes separation of these more difficult.

46 per cent of respondents use the form as it is, while 46 per cent have developed a separate form (which is attached to the AH1 or AH2 by 26 per cent of respondents and kept separate by 20 per cent of respondents). Other methods used include via email to the administrator, directly onto the assessment or review paperwork, by letter to the assessing/supervising social worker, in a separate report, or directly onto the electronic recording system (such as CHARMS).

Practice varied around the sharing and storage of the completed AH1or AH2, the summary or back page, and/or the medical advisers report. Considering the responses given, and the current spotlight on data protection and information sharing more generally, it would seem timely to review and further develop policy guidance about respective roles (of the GP, medical adviser, assessing/ supervising social worker, etc), who should have access to foster carers' health information, and how it should be stored. The need for this was previously highlighted by The Fostering Network's Health Matters project in Scotland in 2016-17[4].

5. The medical adviser role

Most fostering services identify GPs (48 per cent) or paediatricians (27 per cent) to fulfil the role of medical adviser to their fostering panel. However other medical practitioners recruited as medical advisers include looked after children's nurses (three per cent), other community or hospital-based practitioners (12 per cent each) or other practitioners including a mental health nurse, an occupational health physician, retired consultant and a surgeon.

Comments made include reference to difficulties in finding suitable medical advisers, issues with the quality of medical advisers' analysis of health information, and limited capacity for some medical advisers to read, analyse and return comments to the fostering service.

There was generally little difference noted in the responses to the survey from LA and IFP services, but LAs were less likely to have a GP (17 per cent of LA respondents) and more likely to have a paediatrician (55 per cent of LA respondents) in the role of medical adviser. In many LAs, the health service appoints someone to the role rather than the LA specifically setting out to recruit an individual and this may account for the difference.

6. What could improve the foster carer medical system?

Respondents were invited to submit suggestions for what could improve the system for foster carer medicals. The following suggestions were submitted, some by more than one respondent:

- An agreed regional / national approach to medicals. Consistency regarding fees charged and processes – one agreed rate and agreed timescales for completion, GPs to stop requesting payment in advance and instead agree to payment on receipt of medical reports.

[4] Eggboro D Health Matters [blog] (The Fostering Network, 21 July 2017)

- For GP's to complete assessment by seeing the foster carer in a timely manner as opposed to using information from their medical file which can be out of date.
- Recognition of urgency and importance of GP role in recruitment and retention of foster carers
- Designated GP or team of dedicated medical practitioners being responsible for all medicals for fostering
- It would help if the local authority could employ their own GP
- Training for medical advisers, especially regarding the role of foster carer, consistency of approach to issues (e.g. alcohol, mobility etc), and appropriateness of the term 'no contra indication to fostering'
- Training to GP's/staff to provide them with a better understanding of the role of foster carer, the reasons and significance of foster carers' medicals and importance of providing them within a reasonable timescale.
- An electronic form to work on all systems and use of secure emails for transferring information, or use of a portal or other electronic means for request and provision of medical reports
- A FAQ section in portal could include guidelines for medical payments - GP surgeries need relevant information on processes (i.e. booking appointments, paying fee, timescales, and where to return the form to).
- Have one pre-approval medical for foster carers and use more self-reporting for reviews.
- Development of system for connected persons e.g. ensuring age of children to be cared for is always included when requesting medical for connected person, and SGO carers to decide if a full medical is needed rather than a brief report which some areas do.
- Clarity in respect of storage of paperwork and GDPR and sharing of other templates used to gather medical information.

We are extremely grateful to everyone who took the time to respond to the survey and to those who expressed an interest in being involved in any follow up work.

Recommendations

The Fostering Network, CoramBAAF and the National Association of Fostering Providers have agreed the following recommendations and we will work with the relevant bodies to take these recommendations forward:

1. A national standardised approach to foster carer medicals, including a national recommended fee.

2. To promote an understanding amongst health colleagues around their crucial role in the recruitment and retention of foster carers and the importance of foster carer medicals.

3. To promote an understanding amongst health professionals completing medical reports of the role of the foster carer. This is necessary to ensure all relevant information is provided to the medical advisor for consideration.

4. Ensure there is effective communication between the fostering provider and health colleagues at a local level.

5. Review the medical report form (AH1) to ensure the content and format is fit for purpose (NB CoramBAAF is already in the process of updating the AH form as part of review processes).

6. Clarification of roles in assessing the suitability to foster using the information contained within the foster carer medical report. This includes clarifying the respective role of the assessing social

worker and fostering service medical adviser in assessing the implications of information contained within the foster carer medical report on the foster carer's suitability to foster.

7. Clarity is needed regarding the sharing and storage of foster carer's health information by GP surgeries, medical advisors and fostering services. Guidance would need to be informed by fostering regulations, the Data Protection Act 2018 and Working together to safeguard children 2018.

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[5] Published August 2020

Appendix: About the survey

The survey was completed by 63 local authority (LA) fostering services and 94 independent fostering providers in all regions of England and asked questions about the cost, accessibility and quality of foster carer medicals, along with questions about the medical practitioners involved in providing and interpreting health information. In addition, we focused on who has access to this information and where it is stored.

A definition of 'foster carer medicals' was provided for respondents – they were described as 'usually consisting of a form part-completed by the applicant/foster carer and completed by a medical professional following a physical examination. It was explained that the 'foster carer medical' is then shared with the fostering service's medical adviser for interpretation and comment on issues of significance to their suitability to foster'.

The focus of this work is on the medical report legally required by the fostering regulations[6] and obtained as part of the fostering assessment of prospective foster carers. 97 per cent of services reported using the CoramBAAF AH1 Form for this purpose. Further updates on the health of approved foster carers is not a regulatory requirement, although it is considered good practice. The majority (85 per cent) of respondents use CoramBAAF's AH2 form to record medical information about existing foster carers where an update on a carer's health status is requested. However, comments indicate that a few services use a simplified GP questionnaire or ask foster carers to complete self-declaration annual health forms as part of the annual review process. The BMA last recommended a fee for completion of an AH2 medical report in 2004 was £24.36 – the equivalent amount in 2020 updated for inflation would be £38.

[6] The Fostering Regulations (England) 2011 as amended 2013