**Social Worker, Manager and HOS guidance for NEW Initial Health Assessment consent form**

It is a statutory requirement for all children who are ‘looked after’ by the local authority to have an Initial Health Assessments (IHA) within **20 working days** of a child’s admission into care.

The 20 working days requires Health and Social Care to work together to achieve this statutory outcome for the child and therefore requires efficient responses at all stages within the 20 day timeframe.

Within this time, it is expected that the IHA medical consents are signed by the parent or the PR holder, the IHA appointment is booked and that the child has attended the IHA by day 20.

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| **Number of days** | **1-3** | **2-4** | **4-18** |
|  | **IHA Consent paperwork** to be completed with the parents (see options below). | **IHA appointment to be booked** by business services.***Inhouse placement*** *- booking can be completed before consent paperwork.****Out of county*** *–signed paperwork required to book IHA* | **Appointment completed by day 18-20.**Paperwork fully completed and shared.Foster carer arrangements made for IHA.Parent arrangements for IHA. |

Consent needs to be gained at earliest opportunity **(or within 3 working days of accommodation)**

The New IHA consent form **can be used for all children ‘inhouse’ and in ‘out county placements’.**

* The social worker must visit the family within 3 working days of the child being accommodated and discuss the initial health assessment and support parents to sign the IHA consent form.
* The parents need to sign the **consent form for us to access their child’s medical records and to complete the IHA**, they also need to **give consent for the mothers’ medical** **records** and **consent for the fathers’ medical records** to be accessed.
* In Section 20 cases this NEW IHA form should be signed at the same time as gaining S20 consent (alongside the S20 and standard medical consent forms).
* If requesting an interim care order in court, this form must be taken with the social worker on the day of court and discussed with the parent and parents legal following the granting of the order - This can then be signed up at court with legal support if required.
* If there is a planned removal under PLO then consent can be discussed and signed in advance in PLO where appropriate.
* If parents only agree to sign for the ‘**child’s consent to IHA section**’ and refuse to sign for access to their own medical consent, this can be accepted in the interim, however this needs to be escalated with legal as the parental history is vital for all children in local authority care.
* If parents refuse to sign the ‘**child’s consent to IHA’**, after exploring all options, then the Head of Service can sign the IHA consent for the child (only if we have shared Parental Responsibility and are confident that all options have been considered). In these cases, the social worker should record the attempts and refusals on the case file and HOS will review the file and discuss with the social worker to see that all attempts have been made to access consent, prior to signing.
* The Head of service is unable to sign for the medical details of the parents to be shared – The social worker should **continue to pursue this with parents (even after the IHA appointment) and request legal advice due to the implications for the child without adequate parental health history** (this is particularly important in likely adoption cases).
* The Blood Borne virus consent form will remain a separate document, this is not required on all cases and its need can depend on the medical history of the parents. The Team manager is required to explore this further with the social worker and the health professional may request this test following the IHA, after reviewing the parent’s health history.

**All measures should be taken to encourage the IHA medical consent signature from parents, along with consent for access to the parent’s medical history. It is essential for a child to have their Initial Health Assessment within the 20 working days and for the child (and any future carer) to have an understanding around their medical history that could inform their care and permanence plan in the future.**