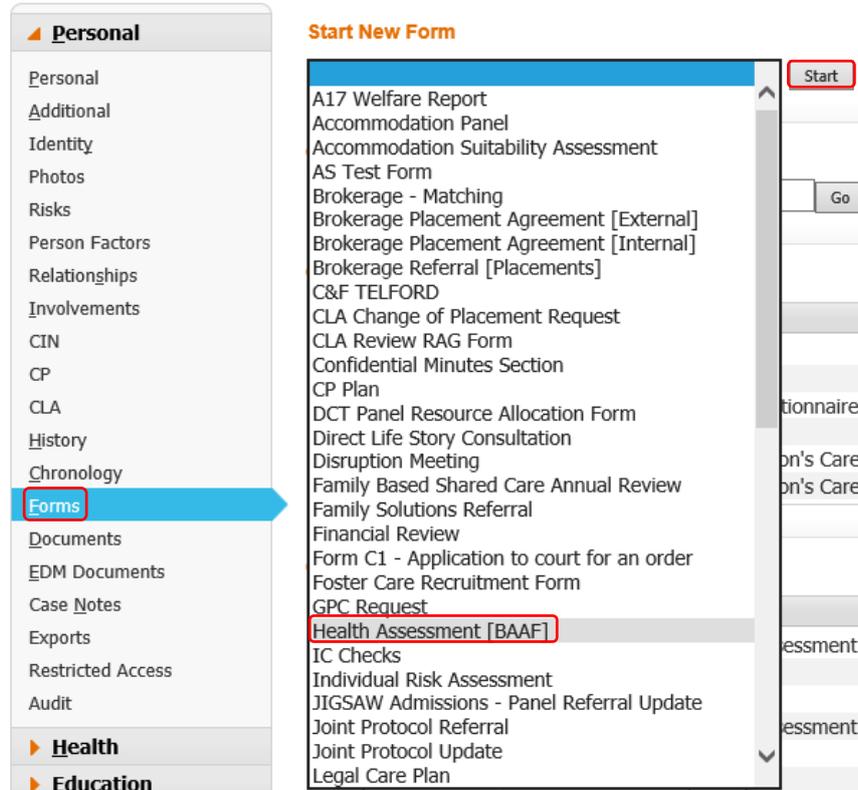
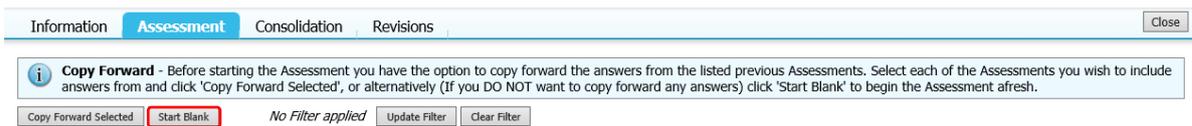


Initial Health Assessment Referral LCS Guidance Notes

1. Find Child on Protocol
2. Go to the Forms tab
3. Select 'Health Assessment [BAAF]' and click 'Start'



4. Click 'Start Blank'



5. Complete the blank fields within the form (if known) following the guidance below:

Health Assessment

- If any Aliases have pulled through copy in to the 'Previously Known As' field

Current Aliases

Aliases

▶ Add a new Alias

Previously Known As

No Aliases Recorded

- If more than one school has pulled through remove historical schools from the table

Current School

School Name	Date Started	
MARKET DRAYTON INFANT & NURSERY SCHOOL	15-Jun-2016	
WROCKWARDINE WOOD INFANT SCHOOL	01-Sep-2010	

[Add a new School Record](#)

- If no schools have pulled through but the child is of school age, click on 'Add a new School Record' to add the school details in once known

Current School

School Name	Date Started	

[Add a new School Record](#)

- Ensure that you answer 'Is there a Red Book/Personal Health Record?' as this is a mandatory question and will stop you from finalising the form later on

Child Looked After Details

- If more than one Legal Status has pulled through remove those that are irrelevant (i.e. only keep Section 20 , ICO or FCO)

Active Legal Statuses

Started On	Legal Status	
10-Nov-2014	Supervision Order	
10-Nov-2014	SG	
13-Jul-2016	CLA - C1 - Interim Care Order	

- Use the 'All Placements' table to figure out how many previous placements (including birth family) the child has had and then type the number in the 'Number of previous placements, including Birth Family?' field

All Placements

Started On	Ended On	Address	Postcode	Type
15-Dec-2015		4 Ashley View, Market Drayton, Shropshire	TF9 3AT	U6 - Placement with other Foster Carer - not long term or FFA
18-Jul-2014	10-Nov-2014	36 STANWYCK, SUTTON HILL, TELFORD	TF7 4JL	Q1 - Foster placement with relative or friend
11-Dec-2013	18-Jul-2014	Homedene Merrington Road, Bomere Heath, Shrewsbury	SY4 3QL	Q2 - Placement with other foster carer
25-Oct-2013	11-Dec-2013	36 STANWYCK, SUTTON HILL, TELFORD	TF7 4JL	Q1 - Foster placement with relative or friend
		4 Ashley View, Market Drayton, Shropshire	TF9 3AT	U6 - Placement with other Foster Carer - not long term or FFA

Number of previous placements, including Birth Family?



- Copy the Category of Need in to the Reason for being Looked After box

Reason for being Looked After

Current Category of Need

Category of Need	Started On	
N1 - Abuse or Neglect	09-Dec-2010	

- Make sure you complete the 'Carers Relationship to Child' and 'Telephone Number' fields as Health need to know this information. You will need to Save the Protocol form, close it and go

and find out the information. When found, go to your worktray and open the form back up to continue working on it.

- Postcodes are unable to pull through in to separate fields; you will need to copy them from the Address fields in to the Postcode fields

Relationships

- Using the Current Relationships table to copy and paste Mother or Fathers details in to the fields below
- You will need to save and close the Protocol form to go and find mother/fathers telephone number and contact arrangement details.

Note: Contact Arrangements can be found in the Relationships tab on the child's record.

Agency Details

- Type in 'Telford & Wrekin Council' in to the 'Name of Agency' box
- Add in Primary Workers Telephone Number and Email Address
- Using the Current Key Agencies table copy and paste the GP details in to the fields below

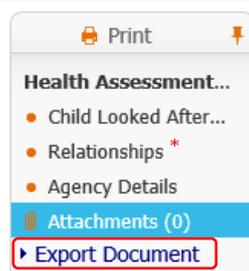
GP Name	<input type="text"/>
GP Practice	<input type="text"/>
GP Address	<input type="text"/>
GP Postcode	<input type="text"/>
GP Telephone Number	<input type="text"/>

- If no GP details have pulled through you will need to go and find out the details, add them in to the demographics and then click on the refresh button at the top of the Current Key Agencies table so you can then copy and paste the information in to the GP fields below

Current Key Agencies

Role	Professional	Agency	Agency Role	Started On	Address	Telephone Number	
------	--------------	--------	-------------	------------	---------	------------------	---

6. Click 'Save'
7. Click 'Export Document'



8. Click 'Leave this Page'
9. Enter Date
10. Select Type as appropriate
11. Add Notes e.g. 'IHA Referral'
12. Click 'Create'
13. Click 'Download Document' and 'Open'
14. Click 'Enable Editing'

15. Complete 'Part A completed by', 'Telephone' and 'Date' fields on Page 3 of the document

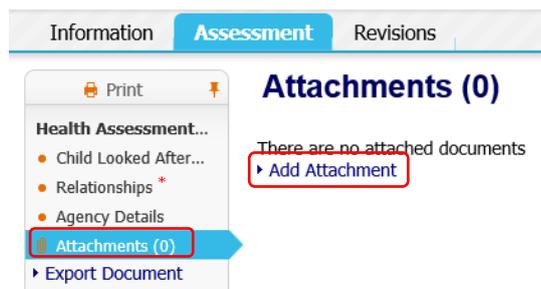
Part A completed by:			
Telephone		Date	

16. If Section 20:

- a) Print pages 1-3 but hand only Page 3 to the Social Worker to get parent to sign. Keep hold of Pages 1 and 2. Close the Word document then click 'Delete Draft Document'
- b) Save and Close the Protocol form; it will remain in your worktray to come back to when you have received the signed Page 3

When Page 3 has been signed and received back from the Social Worker:

- c) Attach the signed Page 3 to Pages 1 and 2, scan and send to Health
- d) Saves Pages 1-3 to a drive
- e) Navigate back to the Protocol form from your worktray
- f) In the Attachments tab click on 'Add Attachment'



- g) Select the appropriate Category and Type, add a date and a note e.g. 'Signed IHA Referral dated xx/xx/xxxx' then click 'Next'

New Attachment ✕

Previous **Next** Finish

● **Document Type**

Category: Health ▼

Type: Health Assessment Signatures ▼

Date: 10-Jul-2018 📅

Notes: Signed IHA Referral dated xx/xx/xxxx

● **Notification**

Notification: **None Selected**

Change notifications for involved users

[Update notifications](#)

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- h) Find the document in your drive, and click 'Finish'
- i) Click 'Finalise Assessment'

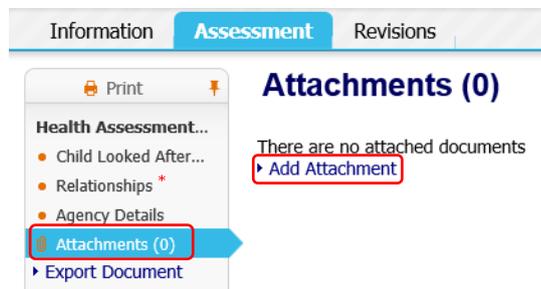
17. If ICO/CO:

- a) Complete 'Date', 'Name' and 'Relationship' fields, and add in SDM's electronic signature to the table on Page 3 of the document

Consent to the child's health assessment by birth parent/other person with parental responsibility/ies OR person authorised by LA to give consent, where the child does not have capacity to consent.

Consent already given in Looked After Documents? If not, then complete below			Yes/No
I agree to CHILD A being assessed.			
Date		Signature	
Name		Relationship	

- b) Save the Word document to a drive and close; then click 'Delete Draft Document'
c) In the Attachments tab click on 'Add Attachment'



- d) Select the appropriate Category and Type, add a date and a note e.g. 'Signed IHA Referral dated xx/xx/xxxx' then click 'Next'

New Attachment ✕

Previous **Next** Finish

● **Document Type**

Category: Health ▼

Type: Health Assessment Signatures ▼

Date: 10-Jul-2018 📅

Notes: Signed IHA Referral dated xx/xx/xxxx

● **Notification**

Notification: **None Selected**

Change notifications for involved users

[Update notifications](#)

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- e) Find the document in your drive, and click 'Finish'
f) Click 'Finalise Assessment'