








Checklist for child's Social Worker to complete to accompany referral for Initial Health Assessment



To avoid delays, all the following must be addressed prior to the referral for an Initial Health Assessment. The below checklist is for social workers to ensure that they are aware of the process and that all necessary forms are completed to ensure our children's health needs are met and prevents any delay in their permanence journey. This is for all looked after children not just children with a potential plan of adoption.

This form needs to be saved on the children's file along with all forms once completed.

Child / young person's details					
Name:		DOB:		NHS number:	

Issue	Form	Action for Social Worker (Dos and don'ts)	Please tick if completed	Comments
Reason for Looked After status	 Social Worker Summary.docx	Social Worker to complete this form and send with the IHA referral to shropcom.shropshirelachealthteam@nhs.net	<input type="checkbox"/>	
Blood borne infection risk	 Blood borne infection checklist.d  PN 76 Guidelines for testing LAC at risk of I	Social Worker to complete this form and send with the IHA referral to shropcom.shropshirelachealthteam@nhs.net <i>OR (IF HAVING TO SEND AFTER IHA)</i> send ASAP to shropcom.communitypaediatricadmin@nhs.net For every child the Blood Borne Infection Checklist / Risk Assessment must be completed by the SW and sent to Health. If the SW answers 'yes' to any of the risk factors, then the social worker must complete the consent form for the child to have a BBV screening test at the earliest opportunity. Guidance booklet for Social Workers regarding blood borne virus for further information.	<input type="checkbox"/> <input type="checkbox"/>	

Parental Health	 CoramBAAF Consent Form 2018.  CoramBAAF Form PH 2018.doc	<p>Social Worker to complete Part A for both parents' forms. Parents to complete part B with social worker and sign consent. Send completed forms with the IHA referral to shropcom.shropshirelachealthteam@nhs.net</p> <p style="text-align: center;"><i>OR (IF HAVING TO SEND AFTER IHA)</i></p> <p>send ASAP to shropcom.communitypaediatricadmin@nhs.net</p> <p>If not possible e.g. parent has died or refused to complete, the Social Worker to complete form to best of their ability with information from other family members.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Antenatal and birth history	 CoramBAAF Consent Form 2018.  CoramBAAF Form M 2018.doc	<p>Social Worker to complete Part A of form and obtain maternal written consent. Social Worker to send a copy with the IHA referral to shropcom.shropshirelachealthteam@nhs.net</p> <p style="text-align: center;"><i>OR (IF HAVING TO SEND AFTER IHA)</i></p> <p>send ASAP to shropcom.communitypaediatricadmin@nhs.net</p> <p style="text-align: center;">THEN</p> <p>Social Worker to send the Form M, with signed consent form, to Safeguarding Midwives at hospital where child was born requesting that they complete the form and return to Social Worker and Medical Advisor at SCHAT Paediatrics If the child was born locally i.e. Telford and Shrewsbury send to:</p> <p>Safeguarding Midwives at SATH at sath.namedmidwivessafeguarding@nhs.net</p> <p style="text-align: center;">THEN</p> <p>Social Worker to return completed forms to shropcom.communitypaediatricadmin@nhs.net if this was not sent to the Medical Advisor at SCHAT Paediatrics</p> <p style="text-align: center;">OR</p> <p>If not possible e.g. parent has died or refused to complete we need as much information as the Social Worker has about the antenatal period</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<p>Child health history</p>	<div data-bbox="349 97 405 161"></div> <p>CoramBAAF Consent Form 2018.</p> <div data-bbox="349 264 405 328"></div> <p>CoramBAAF Form B 2018.doc</p>	<p>Social Worker to complete Part A of Form B and obtain written consent. Social Worker to send a copy with the IHA referral to shropcom.shropshirelachealthteam@nhs.net</p> <p><i>(Local Authority can consent for this on Part D.2 of Consent Form if parental consent cannot be obtained)</i></p> <p>OR</p> <p>send ASAP to shropcom.communitypaediatricadmin@nhs.net</p> <p>THEN</p> <p>Social Worker to send the Form B, with signed consent form, to Safeguarding Children's Nurse or Safeguarding Midwives at hospital where child was born requesting that they complete the form and return to Social Worker and Medical Advisor at SCHAT Paediatrics. <i>If born locally i.e. at Telford or Shrewsbury send to:</i></p> <p>Safeguarding Midwives at SATH at sath.namedmidwivessafeguarding@nhs.net</p> <p>THEN</p> <p>Social Worker to return completed forms to shropcom.communitypaediatricadmin@nhs.net if not already sent to the Medical Advisor at SCHAT Paediatrics</p>	<div data-bbox="1626 108 1686 161"><input type="checkbox"/></div> <div data-bbox="1626 284 1686 336"><input type="checkbox"/></div> <div data-bbox="1626 427 1686 480"><input type="checkbox"/></div> <div data-bbox="1626 571 1686 624"><input type="checkbox"/></div> <div data-bbox="1626 762 1686 815"><input type="checkbox"/></div> <div data-bbox="1626 943 1686 995"><input type="checkbox"/></div>	
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Name of Social Worker:

Signature of Social Worker:

Date: