

# How to use this guide



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## Introduction

Health professionals with expertise in the health issues and needs of looked after children (LAC) and their carers, and in fostering and adoption issues, have developed the CoramBAAF integrated health forms. The forms promote a quality standard in obtaining health information on birth parents and assessing the health needs of looked after children, including those with a plan for adoption, and assessing carers and adopters. This essential information is crucial to ensuring that a child/young person's health needs are addressed in their placement with substitute carers, and that essential family health information is recorded and accompanies the child or young person into adulthood.

The CoramBAAF forms are intended to complement each other and enable the appropriate sharing of relevant health information in the best interests of the child or young person concerned. The initial health assessment (IHA) and review health assessment (RHA) forms enable a comprehensive, holistic health assessment, fulfilling statutory requirements across the UK. Together with information obtained from parental health (PH), mother (M) and baby (B) forms, with the accompanying consent (Consent Form), the IHA/RHA forms enable the collation of information and interpretation by the health professional in a format to share with multi-agency colleagues, allowing for confidentiality and consent considerations.

The CoramBAAF forms promote and are reliant upon multidisciplinary and interagency working. Social workers have a role in providing demographic details, current circumstances and background information. They also have an important task in supporting birth parents in completing the consent and parental health forms.

Although the agency health adviser or medical adviser is required to collate the available information, the midwife, neonatal team, health visitor, school nurse, GP and examining health professional all have important roles in gathering the health information.

The social worker is then required to formulate the Health Care Plan using the health recommendations and to take action where necessary. The Independent Reviewing Officer (IRO)/reviewing officer will ensure that the health assessment and health recommendations are considered at the time of the LAC Review.

## What this guide is

This guide will help professionals understand the importance of their individual roles and responsibilities in completing health assessments. It explains why the information is required, how and when it should be collected and with whom it should be shared. It explores consent requirements, confidentiality and information sharing, and provides examples of good practice on the use of the forms.

The guide addresses the legislative framework and requirements to assess the health of looked after children in England, Northern Ireland, Scotland and Wales, and outlines what is needed for adoption. It discusses in detail the central issue of obtaining informed consent to access health information, to carry out the health assessment and subsequently to share health information within the social care context. The initial health assessment is then addressed, followed by detailed guidance on the use of the relevant forms. The review health assessment process and relevant forms are discussed next, followed by consideration of mental health.

The children's health assessment forms have been designed for flexible use. To assist the health professional carrying out the assessment, the IHA and RHA forms contain many prompts about possible relevant considerations for each section; however, the assessor should consider what is appropriate for each child. The health professional assessing the child must consider the collated information concerning individual and family health history and analyse its impact on current and future health in order to formulate a summary and recommendations for the child care plan. This guide aids the process of consideration and analysis of this material.

The principles in approaching adult health assessment are also explored in this guide, followed by detailed guidance on completion of each form. Crucially, the medical adviser must analyse the information, obtain further information if needed, and provide a summary of health risk for consideration by the panel, agency decision-maker and at matching.

Throughout the guide, the emphasis is on obtaining comprehensive health information on both looked after children and prospective carers, and subsequently analysing this information to understand current health and the implications for future health, to contribute to planning in the best interests of children. We hope that this guide will be a useful tool in multidisciplinary training.

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## What this guide is not

This guide is not intended to be a quick and easy way of undertaking health assessments. It offers a way of understanding the different forms in use, and the purpose and contribution of each to formulating a high quality assessment of the child's health needs, and health risk of adult carers. It highlights the roles of the social worker and health professional and provides detailed guidance on best practice relevant to completing each section, and facilitates the crucial step of analysing health information.

The guide should be seen as a tool to help in the health assessment process and not as an end in itself.

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## Why use CoramBAAF health forms?

The use of the CoramBAAF health forms is advisable because:

- the integrated suite of forms fulfils the primary purpose of the statutory health assessment of the looked after child to provide a child-centred comprehensive assessment;
- they collate important health information for children and their families;
- they provide a standardised method for collecting information on children who could otherwise lose health information about themselves and their families;
- use of a standardised form throughout the UK promotes the same good practice and facilitates placement across borders;
- the forms are compliant with regulations and guidance throughout the UK;
- the forms are designed by agency medical advisers, paediatricians and specialist nurses in consultation with legal advisers, are reviewed by the CoramBAAF Health Group in accordance with changes in Government guidance and subsequent practice, and have undergone extensive consultation with practitioners across the UK;
- the forms provide a UK-wide standardised basis for assessing carers in relation to their ability to care for vulnerable children. With the frequency of interagency placements and consortia, and the establishment of regional adoption agencies (RAAs) in England and the National Adoption Service in Wales, having standardised assessments has become increasingly important.

### **The complete system of integrated CoramBAAF children's health assessment forms includes:**

- Consent Form (consent for obtaining and sharing health information)
- Form M (mother's health)
- Form B (baby's health)
- Form PH (parental health)
- Form IHA-C (initial health assessment for child from birth to nine years)
- Form IHA-YP (initial health assessment for young person 10 years and older)
- Form RHA-C (review health assessment for child from birth to nine years)
- Form RHA-YP (review health assessment for young person 10 years and older)
- Form CR-C (carers' report – profile of behavioural and emotional well-being of child from birth to nine years)

## UNDERTAKING A HEALTH ASSESSMENT

- Form CR–YP (carers' report – profile of behavioural and emotional well-being of young person aged 10–16 years)

There are two CoramBAAF forms to assess adult health:

- Form AH (initial comprehensive adult health assessment of applicants)
- Form AH2 (update of Form AH)