

Name NHS/CHI number DoB

Consent Form

LOOKED AFTER CHILDREN

Consent by

- birth parent
- child/young person
- other adult with parental responsibility/ies or agency

for obtaining and sharing health information

CoramBAAF children's health assessment forms

This form is part of an integrated system of forms, including:

- 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 9 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 9 years)
- Form RHA-YP (review health assessment for young person 10 years and older)
- Form CR-C (Carers' Report – profile of behavioural and emotional wellbeing of child from birth to 9 years)
- Form CR-YP (Carers' Report – profile of behavioural and emotional wellbeing of young person 10–16 years)

Guidelines for completing Consent Form

This form is used to obtain consent to access and share health information relevant to a looked after child and their birth parent. It is **not** used to obtain consent to carry out a health assessment. There is a section to be signed on the relevant IHA and RHA forms, indicating consent to carry out the assessment.

To be signed at the time the child or young person becomes looked after by the local authority, and sent to the agency's health adviser

- Complete a separate Consent Form for **each** child in the family.
- A single form may be used for the child or young person and **one** birth parent.
- A copy of the Consent Form must accompany a request for completion of Forms M (mother), B (baby), PH (parental health), IHA-C (initial health assessment for child from birth to 9 years), IHA-YP (initial health assessment for young person 10 years and older), RHA-C (review health assessment for child from birth to 9 years) and RHA-YP (review health assessment for young person 10 years and older).

To obtain health information relating to a birth parent

- Each birth parent should sign a separate Consent Form for each child becoming looked after.
- The birth parent should sign Part B1.

To obtain health information relating to a child or young person

- A child or young person with capacity to consent should sign Part C. Parental consent is then not needed to access the child's or young person's records.
- For a child or young person without capacity to consent, then either:

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- a birth parent with parental responsibility/ies should sign Part B2; or
- another adult, or a person representing an agency with parental responsibility/ies, should sign Part D.

Who should complete the form?**Part A: Information about the child/young person.**

This should be completed by the responsible agency/local authority.

Part B: Parental consent.

This should be completed by the birth parent. Each birth parent should sign a separate form.

Part C: Child/young person's consent

This should be completed by the child or young person with capacity to consent.

Part D: Consent by non-parental adult with parental responsibility/ies, or agency representative, when neither B nor C is able to be completed.**Purpose of the form**

- To ensure that the birth parent (or other adult with parental responsibility/ies) and child or young person with capacity to consent, understand the importance of obtaining comprehensive health information, including family history, for the current and future health and well-being of the child/young person.
- To facilitate access to comprehensive child and family health information at the earliest opportunity, when birth parents are available at the time the child first becomes looked after, in order to avoid problems obtaining consent at a later date.
- To obtain consent from the **birth parent(s)** to obtain their health information from various sources.
- To obtain consent to obtain health information about the **child or young person** from various sources.
- To obtain consent to allow the agency to share health information with health professionals and others involved in provision of health care and planning for the child or young person.
- To obtain consent to allow the agency to share relevant health information with current and future carers.
- To allow the child or young person to receive relevant health information at suitable times in the future.
- To accompany Forms M, B, PH, IHA-C, IHA-YP, RHA-C and RHA-YP to access information held by physicians and their records, and permit the sharing of health information as detailed above.

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Consent to access and share health information

In order to complete a comprehensive and holistic health assessment and health care plan for a child, it may be necessary to access the child's and the birth parents' health records, or contact the relevant health professional. Informed consent is needed to obtain health information from these sources. Once the assessment and health care plan are formulated, it is often necessary to share the information with other health professionals, social workers and others planning the care of the child or young person, and with their carers.

This Consent Form should be signed at the time the child or young person first becomes looked after, and must accompany Forms M, B, PH, IHA-C, IHA-YP, RHA-C and RHA-YP. There are different sections to complete depending on whether the consent relates to information needed about the birth parent or the child/young person, and who will be giving consent.

Parental responsibility/ies and who can give consent on behalf of a child

Those who hold parental responsibility/ies for a child may give consent for health matters relating to that child, unless the child has capacity to consent. A woman who gives birth to a child automatically has parental responsibility/ies for her child. A father has parental responsibility/ies only in certain situations, so the LA must determine if the father has parental responsibility/ies. Other individuals such as special guardians may also have parental responsibility/ies. A local authority may share parental responsibility/ies, but this will depend on the particular legal order, which may be country-specific. It is essential that the local authority has knowledge of who has parental responsibility/ies. For detailed information about England, Northern Ireland and Wales, see the chapter on consent in *Promoting the Health of Children in Public Care: The essential guide for health and social work professionals and commissioners* (Merredew and Sampeys (eds), 2015, available from CoramBAAF). For Scotland, see Chapter 4 in *Child Care Law: A summary of the Law in Scotland* (Plumtree, 2014, available from CoramBAAF).

In Scotland, the Adoption (Disclosure of Information and Medical Information about Natural Parents) (Scotland) Regulations 2009, SSI 2009/268, may be helpful in obtaining certain medical information about the child's family if adoption is the plan for the child. Regulation 11 says that where the agency has not been able to obtain information about whether there is 'any history of genetically transmissible or other significant disease' in the birth mother's or father's families, a medical practitioner such as a birth parent's GP must disclose such information to the adoption agency on request.

Sharing information: Secure email **must** be used when forms containing confidential information are shared with or received from other agencies. Practitioners should be familiar with the systems in use in their locality and protocols for sharing confidential information.

Part A and procedure for the agency and social worker

- When the child or young person becomes looked after, the agency must ensure, so far as possible, that the Consent Form is completed by the appropriate individual/s.
- Agencies must ensure that social workers are adequately trained to undertake this task, with a clear understanding of what health information is needed, why it is important and how it will be used. They must have the ability to communicate this information effectively and answer any questions that arise. Agency policies and procedures must make it clear that each case requires proper assessment and the exercise of judgment concerning the child's or young person's understanding and capacity to consent.
- The agency social worker has a crucial role in taking forward completion of the Consent Form in advance of the health assessment. It is important that the necessary consents are available in good time for the health professional to access the child's and parents' health information before he/she carries out the assessment.

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- The birth parent gives consent to access and share their own health information by signing Part B1.
- Consent to access and share the child's health information is given by the birth parent (signing B2) or other adult (signing Part D) or by the child (signing Part C). Taking into account the age and development of the child or young person, the legal situation and who holds parental responsibility/ies, the social worker will need to consider who should give consent.
- A child or young person is not able to consent unless they have the capacity. This is a decision for the health professional (not the social work practitioner or agency) – does the child or young person understand the nature and the consequences of consenting? In England and Wales, the principles of the Fraser Guidelines apply. In Scotland, the relevant provision is section 2(4) of the Age of Legal Capacity (Scotland) Act 1991.
- Although parental consent is not required if the child or young person has the capacity to consent, it is best practice in most circumstances to involve the birth parent(s) in the process and seek their agreement as well.
- Part A contains important demographic information, including contact details, for the GPs of the child and parents, which will allow the assessing health professional to contact them for necessary health information. It must be completed in full by the social worker.
- The social worker must state the name and contact details of the agency health adviser to whom the form should be returned.
- A copy of the Consent Form should be attached to Forms M, B, PH, IHA-C, IHA-YP, RHA-C and RHA-YP.

Part B and procedure for the social worker and birth parent

- Since it is important for the child's current and future health and well-being to have comprehensive health information about both birth parents and their respective families, every effort should be made to contact both birth parents, so that each can complete a Consent Form (signing Part B1).
- Informed consent rests on the individual having the capacity to understand the implications of consenting. The social worker should explain to the birth parent that comprehensive health history is needed concerning the child and relevant health information, including family health problems, is needed concerning the birth parent. The social worker should also explain that relevant health information will need to be shared, and with whom.
- Part B should be completed by the birth parent, who may give consent, for two different purposes:
 1. To access comprehensive health information about the birth parent and his/her family, and share this as relevant to the child's situation. Consent for this can only be given by the birth parent.
 2. To access comprehensive health information about the child or young person, and share information as appropriate. But this consent is **only** needed if the child or young person does not have the capacity to consent on his/her own behalf.
- When signing Part B at the time that the child or young person becomes looked after, the birth parent with parental responsibility/ies for a child or young person who does not have capacity to consent gives consent for ongoing and continuous assessment and planning for the child, unless the consent is specifically withdrawn at a future date. While this is useful in situations where the agency is unable to maintain contact with a birth parent, it would be

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considered best practice to involve the birth parent(s) in ongoing health assessment and planning.

- It is also important to remember that a child or young person who did not have capacity to consent when he/she became looked after may gain capacity whilst in the care system. In that situation, his/her consent for accessing and sharing information should be sought, using Part C.
- Part B of a single Consent Form may be used to obtain consent from one birth parent to access and share their own health information and the child's information if he/she does not have capacity to consent. The other birth parent must sign Part B1 of a second Consent Form to allow access to his/her health information.
- If more than one child becomes looked after at the same time, a separate Consent Form should be completed by *each* parent for *each* child, so that information can be accessed and shared on behalf of each child.
- The social worker should witness the signature.

Part C and procedure for the social worker and child or young person with capacity to consent

- When the child or young person has capacity to consent, then the social worker will need to explain the same issues as outlined in Part B to the child or young person, taking care with language so that they can understand.
- The social worker or other appropriate professional should witness the signature.

Part D and procedure for the social worker and an adult with parental responsibility/ies, or a representative authorised to give consent on behalf of an agency with parental responsibility/ies, under a court order.

- The agency should be aware of situations where the child has a legal guardian who may sign this consent at D1.
- When the agency has parental responsibility/ies under a court order, Part D should be signed at D2 by a senior representative of the agency with sufficient authority to sign on behalf of the local authority.
- The name and professional designation of the person giving consent must be recorded.
- The social worker or other appropriate professional should witness the signature.

The completed Consent Form

- The signed Consent Form should be sent to the agency's health adviser. A copy should be attached to Forms M, B, PH, IHA-C, IHA-YP, RHA-C and RHA-YP.

Additional resources

Further information on statute and guidance and specific health issues in fostering and adoption may be obtained at www.corambaaf.org.uk and from the following publications:

Adoption (Disclosure of Information and Medical Information about Natural Parents) (Scotland) Regulations 2009, SSI 2009/268

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Department for Education (2011) *Information Sharing: How to judge a child or young person's capacity to give consent*, available at: <http://media.education.gov.uk/assets/files/pdf/h/how%20to%20judge%20capacity%20to%20give%20consent.pdf>

Department for Education and Department of Health (2015) *Promoting the Health and Well-Being of Looked After Children*, London: DfE and DH

Merredew F and Sampeys C (eds) (2015) *Promoting the Health of Children in Public Care: The essential guide for health and social work professionals and commissioners*, London: BAAF

Millar I with Fursland E (2006) *A Guide for Medical Advisers: Scotland*, London: BAAF

Plumtree A (2014) *Child Care Law: A summary of the law in Scotland*, London: BAAF

Scottish Government (2014) *Guidance on Health Assessments for Looked After Children and Young People in Scotland*, Edinburgh: Scottish Government, available at: www.scotland.gov.uk/publications/2014/05/9977

Social Services and Well-Being (Wales) Act 2014, Part 6 Code of Practice, paragraphs 80–95

SAMPLE

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To be signed at the time the child or young person becomes looked after by the local authority and sent to the agency’s health adviser.

- Complete a separate Consent Form for **each** child in the family.
- A single form may be used for the child or young person and **one** birth parent.
- A copy of the Consent Form should be attached to Forms M, B, PH, IHA-C, IHA-YP, RHA-C and RHA-YP.

To obtain health information relating to a birth parent

- Each birth parent should sign a separate Consent Form for each child becoming looked after.
- The birth parent should sign Part B1.

To obtain health information relating to a child or young person

- A child or young person with capacity to consent should sign Part C. Parental consent is then not needed to access the child’s or young person’s records.
- For a child or young person without capacity to consent, then either:
 - a birth parent with parental responsibility/ies should sign Part B2, or
 - another adult, or a person representing an agency with parental responsibility/ies should sign Part D

Part A To be completed by the agency – type/write clearly in black ink

Child or young person (include all known names)

Given names		Family name	
Date of birth		NHS/CHI number	
Hospital (or other location) where born			
Legal status			

Agency details		Social worker	
Address			
Postcode		Telephone	

GP of parent: name	
Address	
Postcode	

GP of child: name	
Address	
Postcode	

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Form to be returned to the agency health adviser:

Health adviser's name			
Address			
Postcode		Telephone	
Email		Fax	

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Part B To be completed by the birth parent. *Each birth parent should sign a separate form for each child becoming looked after*

The social worker named in Part A has explained to me that the information listed below is important to the welfare of my child:

- My child’s health history including pregnancy and birth information
- My own health information including any mental health or learning problems
- Important health problems within my family

I agree to relevant information being shared with:

- The health professionals responsible for my child’s health
- Doctors and nurses advising the agencies involved in my child’s care
- The social workers and others planning my child’s care
- My child’s carers if necessary
- My child at suitable times in the future

If further information is required, I give consent for the agency health adviser to obtain information from:

- The general practitioners who have cared for me or my child
- Specialists who have cared for me or my child
- My health records and the health records of my child

My consent is given on the understanding that any information will be treated as confidential and only shared when it is important to my child’s care or well-being.

I agree that this consent may be used for ongoing and continuing assessment and planning for my child. My consent remains valid unless I withdraw it at a future date.

1. Parent’s consent regarding his/her own health information

The social worker named in Part A has explained to me that the information listed above is important to the welfare of my child. I give my consent to access and disclose my personal and family health information as detailed above.

Name (please print and underline family name)	Mother/Father	Date of birth	
Signature of parent		Date	

2. Parent’s consent regarding child’s health information

I have parental responsibility/ies and on behalf of my child, I give my consent to access my child’s health information as detailed above. (This consent is not necessary if child/young person is able to consent.)

Signature of parent		Date	
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Witness (required for one or more signatures above)

Name		Professional designation	
Address			
Signature		Date	

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Part C To be completed by the child or young person with capacity to consent

The social worker named in Part A has explained to me that the information listed below is very important to my welfare:

- My complete health history including pre-birth and birth information

I agree to relevant information being shared with:

- The health professionals responsible for my health and advising the agencies involved in my care
- The social workers and others planning my care
- My carers if necessary

If further information is required, I give consent for the agency health adviser to obtain information from:

- general practitioners and specialists who have cared for me
- My health records

Name (please print)

Signature

Date

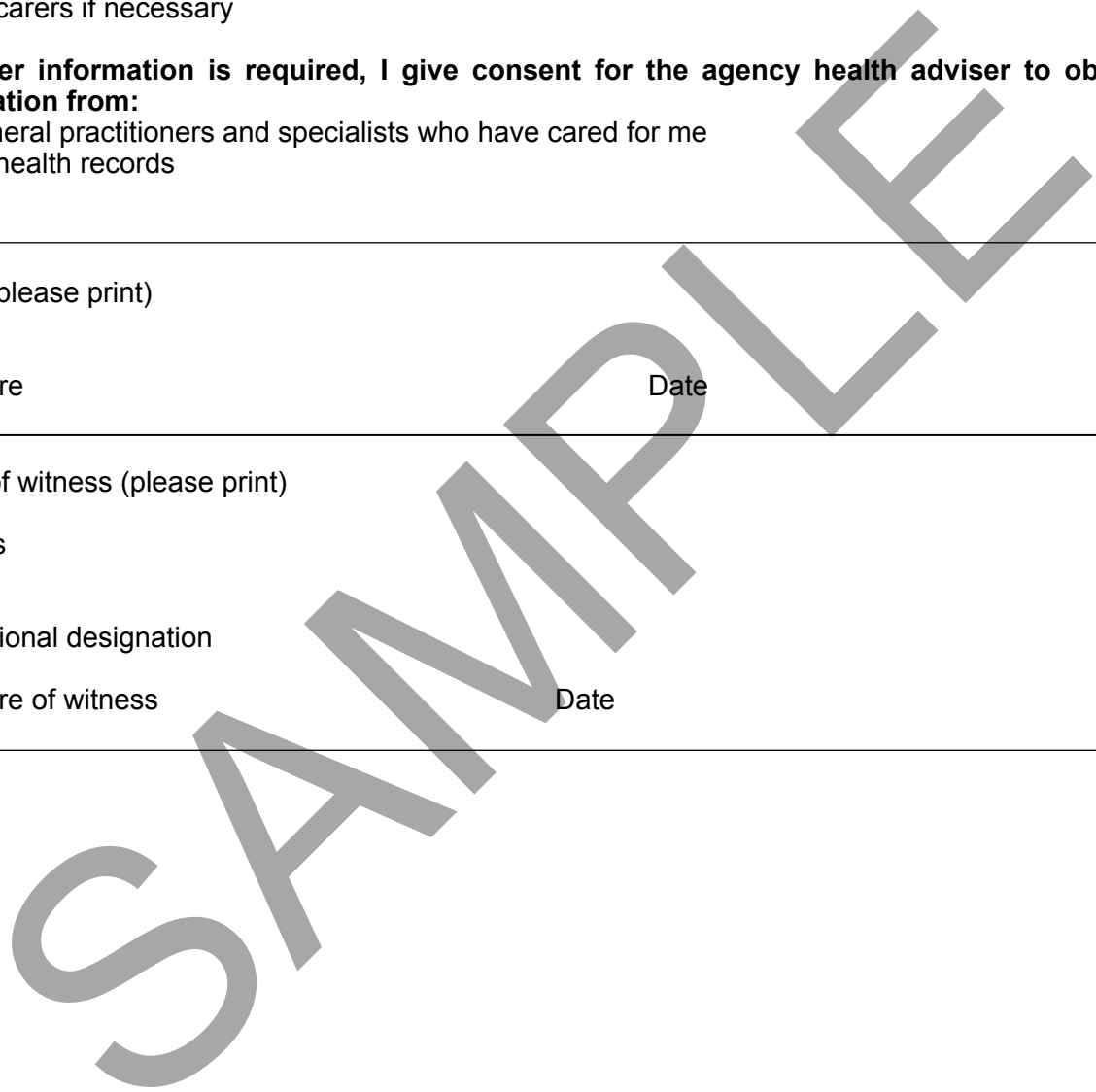
Name of witness (please print)

Address

Professional designation

Signature of witness

Date



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Part D To be completed by an adult with parental responsibility/ies or an agency with parental responsibility/ies, under a court order. Note: the birth parent should complete Part B, not this Part D

The social worker named in Part A has explained to me that the information listed below is important to the welfare of the child or young person:

- His/her complete health history including pre-birth and birth information
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I agree to relevant information being shared with:

- The health professionals looking after the child or young person and advising the agencies involved in his/her care
- The social workers and others planning the care of the child or young person
- The child's or young person's carers if necessary

If further information is required, I give consent for the agency health adviser to obtain information from:

- The general practitioners and specialists who have cared for the child or young person
- Health records of the child or young person

Specify legal status of the child	
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1. Other adult with parental responsibility/ies

Name (please print)			
Address			
Postcode			
Relationship			
Signature		Date	

Name of witness (please print)			
Address			
Postcode			
Professional designation			
Signature		Date	

2. Agency representative

I am authorised to give consent on behalf of..... (name of agency) that has/have parental responsibility/ies for this child

Name			
Professional designation			
Signature		Date	