



### **Initial Health Assessments (IHA's) for Children and Young People in Care (CYPiC); Interim guidance for Wolverhampton NHS provider organisations in light of COVID 19**

**Introduction:** This guidance has been developed by Designated Professionals for Children and Young People in Care (CYPiC) following Governmental and NHSE advice, to support the changes in current practise. Consultation has taken place with Wolverhampton health provider services and the local authority. This guidance will be regularly reviewed and updated in line with local and national directive.

#### **Guidance:**

1. IHAs should continue to be offered as per national requirements (DfE, 2015) and local contractual arrangements. There is a clear expectation that the local authorities will continue to notify us of children being accommodated, together with a request for the IHA and accompanying consent.
2. In cases where the child has had a recent child protection medical and/or forensic sexual assault assessment, or if the child has a known disability and has recently been seen by a paediatrician, discharged from hospital after birth or 6 Weeks postnatal check information from these consultations could be used as the basis for the IHA.
3. Following the usual collation of information, **IHAs should be undertaken remotely in the first instance**. The need to see the child is paramount therefore a video consultation should take place for all cases where possible.
4. Based on this initial remote consultation, a clinical decision will have to be made regarding whether the child or young person requires a more detailed examination. Consideration of age, vulnerability, pre-existing health conditions, whether children in care of parents or family members, returning into care should all be acknowledged as part of the assessment. If during the consultation the Paediatrician has any safeguarding concerns, or concerns regarding the child's health, the child will be referred to be seen by the appropriate services. This will be in line with local Trust emergency arrangements to prevent the spread of Covid19. The social worker will also be made aware.

5. Given this may be the first medical for some children; video consultation should take place whenever possible so the child is visible. Similarly the voice of the child, and their wishes and feelings should be ascertained and reflected in the health care plan in all cases unless the child is physically unable to do so.



6. Regardless of the method used for the assessment, it is important that the standard IHA format is used, and remains a high quality assessment which informs the child's health plan.
7. In acknowledgement of the service pressures on colleagues from partner agencies, it is suggested that information from the child's Social Worker may need to be collected electronically or via a phone conversation as opposed to them attending an appointment.
8. It is recommended that it is clearly documented within the child's notes what form the IHA has taken and the rationale for adopting this approach. (e.g. 'This IHA was undertaken via a Skype call with the child and foster carer. The reason for this approach is in response to central government and local guidance during the Covid19 pandemic'.) This will ensure a clear audit trail within the records of decision making.
9. It is suggested that a list of all IHAs undertaken via non face-to-face methods are recorded by provider organisations and stored in accordance with organisational record-keeping processes. In the event of the risks being reduced a face to face IHA will be completed.
- 10. Impact of these changes (timeliness, quality) will be discussed within weekly meetings between CYPiC Named and Designated professionals, and LA Head of Service CYPiC in Wolverhampton to ensure identification and mitigation of risk wherever possible.**
11. This guidance will be updated as national guidance becomes available.

**Thank you all for your continued support to Children in Care and their Carers at this difficult time.**