NEWBORN HEARING SCREEN FOSTER CARE AND ADOPTION GUIDANCE

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

How to obtain consent and the process of changing Smart4Hearing for babies that are fostered or adopted.

This guideline is for use by the following staff group:

- Newborn Hearing Screeners
- Local Manager Newborn Hearing Screen

Lead Clinician(s) Kim Doughty	Local Manager Newborn Hearing Screen. Audiology
Approved by Audiology Governance on:	28th April 2026
Review Date: This is the most current document and should be used until a revised version is in place	28th April 2029

Key amendments to this guideline

Date	Amendment	Approved by:
April 2026	New document approved	Audiology Governance Meeting

Objective

To make sure that appropriate consent is obtained for babies who have been fostered or adopted and to help keep confidential and sensitive information secure on Smart4Hearing(S4H).

NHSP Foster Care Consent Guidance

Babies can be placed into foster care straight away and do not go home with the birth mother. When this happens, the foster carer does not gain parental responsibility for the baby, this still lies with the birth mother.

Ward staff generally know of babies that are to be placed into foster care. Advice regarding mum and her wishes should be obtained from the midwife looking after her.

If birth mother has parental responsibility, screeners should attempt to obtain consent whilst she is still in hospital. If consent is gained and screening commences no details of the foster carer may be given in any circumstances.

If baby is in foster care with parental agreement their social worker has no parental responsibility and consent must be obtained from the birth mother.

If baby is in foster care under an interim or full care order, then the social worker has parental responsibility as well as the birth mother. It is best to gain consent from birth mother, but if she has left or refuses, the social worker can give consent.

If it is not possible to obtain consent from the birth mother or the social worker, the social worker should be able to advise whether the foster carer has been granted permission from birth mother or the local authority to make decisions that are in the baby's best interest. If this is the case, then consent can be given by the foster carer.

If there is any doubt relating to parental responsibility at the point of screening, the screen should be postponed and advice sort. Maternity staff and health visitors should be able to advise how consent was obtained for other tests and screening programmes. Safeguarding teams and local social care services may also be able to help.

Document who has given consent on S4H.

NHSP Adoption Consent Guidance

Babies who are waiting for adoption will normally be placed in foster care, therefore gaining consent should be sought using the steps above.

Some babies awaiting adoption may have a social worker who has been granted parental responsibility; therefore, screeners should seek consent from the named social worker.

Once an adoption order has been granted, the adoptive parents have parental responsibility and can consent to the screen. Screeners must see proof that an order has been granted.

Document who has given consent on S4H.

If there is any doubt relating to parental responsibility at the point of screening, the screen should be postponed and advice sort. Maternity staff and health visitors should be able to advise how consent was obtained for other tests and screening programmes. Safeguarding teams and local social care services may also be able to help.

Recording Consent Status

The screener who takes the verbal consent must ensure that the information is recorded on the screening equipment and on S4H. Where the screener obtaining consent is different to the screener who actually screens the baby casenote the details of who obtained consent and from whom. Consent need only be obtained once; however, any screener carrying out a screening test has a responsibility to assure themselves that appropriate consent has been obtained, particularly where the screener was not the one who initially gained consent. This also provides an opportunity to ask any questions about the screen..

Smart4Hearing records for Fostered and Adopted Babies

When managing S4H records for adopted and fostered babies, screeners must take care to ensure confidentiality, continuity of care and sensitive handling of personal information as stated in NHS England's "Key principles for ensuring continuous records of adopted babies" The principles of the document emphasises the importance of maintaining a single, continuous health record, even when a baby's NHS number or identity changes.

The principles highlight that:

- Relevant pre-adoption health information should be integrated into the child's ongoing record so that clinicians have access to a complete clinical history
- Information governance and data principles must be enhanced to prevent unnecessary exposure of birth family details and to protect the child's privacy.
- Access to sensitive information should be restricted to appropriate staff only.
- System flags or alerts should prompt careful handling to safeguard the child's identity and wellbeing.

The following process must be followed within Smart4Hearing

1. Create a new record for the child using the new NHS number and updated demographic details (adoptive or foster parent information).
2. In the first line of the address field, add: **Confidential and Sensitive**.
3. Add the new parents/carers contact details and mark them as the primary contact using the checkbox. The system defaults the relationship to Mother once the record is saved, update this to the correct relationship (e.g. Foster Parent, Adoptive Parent).
4. Merge the old and new records, selecting:
    - New record as Record 1
    - Original record as Record 2
5. If the primary contact checkbox was selected in the new record, the merge process will ask which contact details to retain.
    - Select the new adoptive/foster parent details.
6. After merging, create a case note titled: **Confidential and Sensitive – Adoption/Foster Record management.**

During the merge, all demographic details from the original record – including the birth mother's name and any previous case notes (e.g. manual address changes) – will be carried

into the merged record. The **Confidential and Sensitive** casenote is essential to alert staff to the presence of sensitive historical information and ensures careful handling.

References

Key Principles for ensuring continuous records of adopted babies
https://www.england.nhs.uk/long-read/key-principles-for -ensuring-continuous-health-records-of-adopted-children/

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
P1	To ensure that all babies under 3 months (12 weeks) are added to S4H and offered a newborn hearing screen	A routine audit will be undertaken to ensure that the process is followed correctly	Annually	Local Newborn Hearing Screen Manager and Screen co-ordinator	Audiology ServiceManager/ Governance Team	Annually following Audit

Contribution List

This key document has been circulated to the following individuals for consultation:

Designation
Edward Southan – Interim Audiology Manager
Jess Scully – Paediatric Manager

This key document has been circulated to the chair(s) of the following committee's / groups for comments:

Committee
Audiology Governance

Supporting Document 1 - Equality Impact Assessment Tool

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form
Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Kim Doughty	Local Manager Newborn Hearing Screen	Kim.doughty@nhs.net
Date assessment completed	15.12.2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Newborn Hearing Screen for Babies Moving into England			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure that all babies moving into England under 3 months of age are offered a newborn hearing screen			
Who will be affected by the development & implementation of this activity?	✓ ✓ ✓	Service User Patient Carers Visitors	✓	Staff Communities Other _____
Is this:	✓ Review of an existing activity New activity Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Information provided by the Antenatal and Newborn Screening Portfolio Team.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3
Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	None	.		
How will you monitor these actions?				

When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	K.Doughty
Date signed	15.12.2025
Comments:	
Signature of person the Leader Person for this activity	K.Doughty
Date signed	15.12.20205
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.