**Background information for IHA from Social Worker**

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| **Child/Young Person’s name** |  |
| **DOB** |  |

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|  | **Comments** |
| Background of the child and family history, including mental health issues and impact on child |  |
| Names and DOBs of siblings including half siblings |  |
| Significant medical history of siblings or other family members |  |
| Reason for coming into care (if known) including any child protection history |  |
| Any risks ie history of parental substance misuse, domestic abuse |  |
| Relevant medical history, including regular medication, allergies |  |
| Developmental concerns |  |
| Up to date with healthy child programme -  are you aware of any missed routine assessments or missed schooling. |  |
| Educational issues – please give an outline of any known difficulties, SEND, progress, support in place or any other issues in relation to school |  |
| Other |  |
| Date |  |
| Name of Social Worker |  |
| Team |  |
| Contact telephone number |  |