**Appendix 3: Family Finding Pro-Forma**

**Linking Meeting Report:**

|  |  |
| --- | --- |
| **Child’s Needs** | **Capacity of the Family to meet the needs** |
| **Pen Picture of Child** (Physical description, temperament, education and current behaviour) | **Pen picture of the Family** |
|  |  |
| **Geographical Considerations** (such as need for contact, friendship & sense of identity) | **Geographical Considerations Met** |
|  |  |
| **Medical Needs** (Genetic considerations and current health) | **Medical** (fitness and ability to meet needs) |
|  |  |
| **Ethnicity and Religion** (cultural origins and experiences) | **Ethnicity and Religion** |
|  |  |

**Match between the Child and the Proposed Family**

|  |  |
| --- | --- |
| **Child’s Needs** | **Capacity of the Family to meet the needs** |
| **Legal** (Current legal status – existing orders. Possibility of future contested cases over adoption, contact, etc. Legal advisors opinion. | **Legal** |
|  |  |
| **Attachment** | **Understanding of Loss and Attachment** |
|  |  |
| **Behaviour** | **Experience of Caring for Children** |
|  |  |
| **Lifestyle** (including experiences in care-relevant to older children and child/ren leisure interests) | **Lifestyle** |
|  |  |

**Match between the Child and the Proposed Family**

|  |  |
| --- | --- |
| **Child’s Needs** | **Capacity of the Family to meet the needs** |
| **Sharing Background Information** (Facts about family or origin. Reasons for separation, history in care. Implications of these for children in future. How the child/ren coped. What preparation/life story work has taken place). | **Sharing Background Information** |
|  |  |
| **Contact** (current agreement for contact. Implications for this for birth family members, including siblings, if separated.) | **Contact** |
|  |  |
| **Finance** (Eligibility for adoption allowance and exceptional settling in allowances, adaptions to property required.) | **Finance** |
|  |  |
| **The Child/ren’s Wishes and Feelings** (About the plan, type of family.) | **The families wishes and feelings** |
|  |  |

**Match between the Child and the Proposed Family**

|  |  |
| --- | --- |
| **Child’s Needs** | **Capacity of the Family to meet the needs** |
| **Post Adoption support identified** | **Post Adoption support needed** |
|  |  |
| **Summary of Strengths** | | |
|  | | |
| **Areas of Support/Possible risks** | | |
| **Actions**  **Risks**  **Strengths** | | |
| **Recommendations of the Matching Meeting** | | |
|  | | |

|  |  |
| --- | --- |
| **Signatures** | |
| **Child/ren’s Social Worker** |  |
| **Team Manager** |  |
| **Family Finder** |  |
| **Team Manager** |  |