

**Adoption West Family Finding - Information Checklist**

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| Name of Child or Sibling Group | |
| Name of Social Worker | Name of Family Finder |

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| Date of birth of child(ren) |  |
| Gender: |  |
| Ethnicity: |  |
| Children and Families Social Worker: (name, team, contact details) |  |
| Permanence (or other) Social Worker: (name, contact details) |  |
| Legal Services Contact: (name, role, contact details) |  |
| Legal Status: |  |
| Date of SBP decision |  |
| Date of final hearing |  |
| Date of next CiC review: |  |
| Date child or children became ‘looked after’ (if applicable): |  |
| Current Plan for child or children e.g. Twin tracking: |  |

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| Background Information |
| Family history, reason for issuing Care Proceedings: |
| Health in relation to the child or children: |
| Health in relation to the parents (including mental health and substance use): |
| Geographical restrictions in relation to a potential placement: |
| Proposed contact arrangements with birth family members: |
| Is there any potential need for consideration of an Adoption Allowance?    This will need to be considered by the Adoption Manager/ Local Authority Adoption Lead.  Please provide full details: |
| **The plan should be reviewed at a minimum of three monthly intervals if no family has been identified. The review meeting should be attended by a Manager from Adoption West and the Local Authority Social Work/Permanence Team** |
| Date of Review (minimum of 3 months): |