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| --- | --- | --- | --- | --- | --- |
| **Initial Family Finding Needs Profile** | | | | | |
| **Child’s Name:** |  | **Date of Birth:** |  | **Sibling Placement?** |  |
| **Child’s history and Early Experience (Brief) and date into care** | | | | | |
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| **Child’s personality, hobbies and interests to be maintained and routines** | | | | | |
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| **Needs E= Essential P= Preferred** | | **E** | **P** |
|
| **Child’s Wishes and feelings** |  |  |  |
| **Parents and significant people’s (Siblings, grandparents etc.) wishes and feelings for the child** |  |  |  |
| **Locality** (e.g. any areas to avoid, preferential areas due to needs medical/ educational). |  |  |  |
| **Identity** (Race, religion or belief, gender, sexuality, disability) |  |  |  |
| **Emotional and Behavioural** (e.g. attachment, anxieties, challenging behaviour) |  | **E** |  |
| **Health and development**  (e.g. medical requirements, eyesight, hearing, disabilities). |  |  |  |
| **Family and social** (e.g. interaction with others, carers, peers. Consider attachment) |  |  |  |
| **Education** (e.g. consideration of supporting continued education, specific learning needs, ECHP). |  |  |  |
| **Contact**  e.g. with who? direct/indirect, frequency, any known or potential risks?). |  |  | **P** |
| **Finance** (e.g. does child qualify for an allowance or an enhanced allowance) |  |  |  |

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| Has **Life Story Work** been completed/ started? Please comment |  |  |  |

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| **Personal, Emotional and Support Needs** | |
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| **Short Term**  **(**e.g. transitional needs for introductions and placement move, any envisaged early settling needs for example specific routines/anxieties) |  |
| **Long Term** (e.g. disabilities, educational needs, attachment, trauma, health, social). |  |

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| **Prepared by:** |  | **Date:** |  |