##### BUCKINGHAMSHIRE COUNTY COUNCIL

##### LONG TERM FOSTERING SELECTION, MATCHING

##### AND SUPPORT PLAN

***This report will be presented to panel in conjunction with an up to date Household Review on the foster carers. Panel front sheet also needs to be completed.***

##### SELECTION MEETING

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| **Child/ren:****DOB:**  |  |
| **Foster Carers to be considered:** |  |
| **Date of Visit:**  |  |

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| --- |
| **Present:****Apologies :** |

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| **Introduction:****Family Finding history and Current situation:****Feedback on visit:** |

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| **Other issues** |  |
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| **Conclusions/Summary:**  |

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| **Action Plan (Identify who will ensure actions are carried out and the timescale):** |

Management decision: Date: **GENERAL INFORMATION**

**Details of the child/ young person for whom long term fostering is proposed**

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| --- | --- |
| **Name of child/ young person:** |  |
| **Date of Birth:** |  |
| **Ethnic Origin:** |  |
| **Religion:** |  |
| **Legal Status:** |  |

**Details of Foster Carers**

|  |  |  |
| --- | --- | --- |
|  | **Carer 1** | **Carer 2** |
| **Name:** |  |  |
| **Date of Birth:** |  |  |
| **Address:** |  |  |
| **Ethnic Origin:** |  |  |
| **Religion:** |  |  |
| **Bucks Carers or Agency Carers:** |  |  |
| **Approval:** |  |

**Family Members**

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| --- | --- | --- | --- | --- |
|  | **Member 1** | **Member 2** | **Member 3** | **Member 4** |
| **Name:** | N/A |  |  |  |
| **Date of Birth:** |  |  |  |  |
| **Ethnic Origin:** |  |  |  |  |
| **Living at home:** |  |  |  |  |
| **Relationship to Carers:** |  |  |  |  |

**CHILD/YOUNG PERSON’S NEEDS AND HOW THIS FAMILY CAN MEET THESE**

**1. Child’s Wishes and feelings (to include, hobbies and interests to be maintained)**

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| **Child/ young person’s needs in relation to wishes and feelings** |
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| **Foster Carers strengths and limitations** |
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| **What supports are required to enable the carers to meet the child/ young person’s needs** |
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| **Update for long term match** | **Date** |
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**2. Parents and significant people’s (Siblings, grandparents etc) wishes and feelings for the child**

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| **Child/ young person’s needs in relation to birth family’s wishes and feelings for child** |
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| **Foster Carers strengths and limitations** |
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| **What supports are required to enable the carers to meet the child/ young person’s needs** |
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| **Update for long term match** | **Date** |
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**3. Locality** (e.g. any areas to avoid, preferential areas due to needs medical/ educational).

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| **Child/ young person’s needs in relation to locality** |
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| **Foster Carers strengths and limitations** |
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| **What supports are required to enable the carers to meet the child/ young person’s needs** |
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| **Update for long term match** | **Date** |
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**4. Identity (Race, religion or belief, gender, sexuality, disability)**

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| **Child/ young person’s identity** |
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| **Foster Carers strengths and limitations** |
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| **What supports are required to enable the carers to meet the child/ young person’s needs** |
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| **Update for long term match** | **Date** |
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**5. Emotional and Behavioural** (e.g. attachment, anxieties, challenging behaviour)

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| **Child/ young person’s needs** |
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| **Foster Carers strengths and/ or limitations** |
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| **What supports are required to enable the carers to meet the child/ young person’s needs** |
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| **Update for long term match** | **Date** |
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**6. Health and development** (e.g. medical requirements, eyesight, hearing, disabilities).

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| **Child/ young person’s needs** |
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| **Foster Carers strengths and limitations** |
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| **What supports are required to enable the carers to meet the child/ young person’s needs** |
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| **Update for long term match** | **Date** |
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**7. Family and social** (e.g. interaction with others, carers, peers. Consider attachment)

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| **Child/young person’s needs** |
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| **Foster Carers ability to meet those needs (include foster carers’ family composition)** |
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| **What supports are required to enable the carers to meet the child/ young person’s needs** |
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| **Update for long term match** | **Date** |
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**8. Education** (e.g. consideration of supporting continued education, specific learning needs, any other relevant information from the most recent PEP).

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| **Child/young person’s needs (include if the child has an EHCP)** |
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| **Foster Carers strengths and limitations** |
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| **What supports are required to enable the carers to meet the child/ young person’s needs** |
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| **Update for long term match** | **Date** |
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**9. Contact** (e.g. with who? direct/indirect, frequency, any known or potential risks?).

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| **What are the child’s/young person’s needs? Include proposed contact plan.** |
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| **Foster Carers strengths and limitations** |
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| **What supports are required to enable the carers to meet the child/ young person’s needs** |
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| **Update for long term match** | **Date** |
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**10. Finance** (e.g. does child qualify for an allowance or an enhanced allowance)

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| **What are the child’s/young person’s needs?**  |
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| **Foster Carers strengths and limitations** |
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| **What supports are required to enable the carers to meet the child/ young person’s needs** |
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| **Update for long term match** | **Date** |
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**11. Life Story Work**

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| **Has Life Story Work been completed/ started? Please comment** |
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| **Update for long term match** | **Date** |
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**12. Views of IRO**

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| **Views of IRO/Care Plan? Please comment** |
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| **Date decision of long term fostering was agreed as care plan** |  |

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| **Update for long term match** | **Date** |
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**13. Outcome**

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| **Why is a long term foster placement with this family the best outcome for the child/ young person** |
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| **Update for long term match** | **Date** |
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**SIGNATURES**

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| **Name** | **Sign** | **Date**  | **Date long term match reviewed** |
| **Child Social Worker** |  |  |  |
| **Team Manager**  |  |  |  |
| **Supervising Social Worker/Family Finder** |  |  |  |
| **Team Manager** |  |  |  |

**Family Finding Chronology**

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| **Date** | **Details of family finding action** | **Outcome** |
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