**HULL CITY COUNCIL**

**CHILDREN, YOUNG PEOPLE’S and FAMILIES SERVICE**

**MATCHING REPORT – PERMANENT FOSTER PLACEMENT**

*This report should be completed when proposing a match between a child/ren for a permanent foster placement. This report should be sent to the Group Manager who, if in agreement, will present to the Placement and Permanence Panel for approval and recommendations.*

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| --- | --- | --- | --- |
| **Social Worker:** |  | **Tel:** |  |
| **Fostering Social Worker:** |  |
| **Team Manager:** |  |
| **Team:** |  |

**The Child/ren –** *to be completed by the child’s social worker*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of child/ren** | **D.O.B** | **PID** | **Ethnicity**  | **Religion**  |
|  |  |  |  |  |
| **Name/s of parent/s** | **D.O.B** | **PID** | **Ethnicity** | **Religion** |
|   |  |  |  |  |
| **Current Foster Carer/s** | **D.O.B** | **PID** | **Ethnicity** | **Religion** |
|  |  |  |   |  |
| **Proposed long term Foster Carers** | **D.O.B** | **PID** | **Ethnicity** | **Religion** |
|  |  |  |  |  |
| **Significant Others**  | **D.O.B** | **PID** | **Ethnicity** | **Religion** |
|  |  |  |  |  |
| **School/ Education**  |  |  |  |  |
|  |

|  |  |
| --- | --- |
| **Legal status:** |  |
| **Current Address:**  |  |

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| --- |
| **Brief History of the Child:** *Include child’s developmental progress. Include dates of legal proceedings and review decisions determining the plan for permanence.*  |
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| **What are the Child’s Current and Future Needs from a Permanent Family:** *Include family structure (one/ two carers, other children in household), child protection/safety needs, educational, medical, geographical, nationality, religious and cultural factors, leisure interests, pets/no pets. In what ways can the current family meet this child’s long-term needs? Detail any specific long-term health conditions/ disabilities, any known sexual orientation or other relevant needs. Where there may be difficulties or deficits in any area for this match, spell out any extra support or resources that may be needed in order for the child’s needs to be met.*  |
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| **Child/ren’s Wishes and Feelings:**  |
|  |
| **Parent’s Wishes and Feelings:** |
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**The Placement –** *to be completed by the Fostering Social Worker*

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| --- |
| **Overview of Foster Carer’s Profile :***Include strengths and skills***,** *experience, training levels.* |
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| **Fostering Career to-date:***If there is an existing relationship between the carer and the child include this.*  |
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| **Family Composition/Lifestyle:***Up to date information on family composition and family roles, routines and activities. Include any likelihood of further additions or changes to the family, e.g. birth children, fostering, adoption.* |
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| **Capacity and Skills to Care for the Child/ren on a Permanent Basis under a Fostering Arrangement:** |
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| **Links with Birth Family:***Ability to acknowledge the importance for the child of maintaining and promoting these links and to be non-judgmental. Ability to meet the contact arrangements for each child. Including with siblings, grandparents, birth parents and any significant others. Ability to facilitate face to face contact, where appropriate, with birth family members.* |
|  |
| **Support Networks:***Including willingness to seek and accept support from Children, Young People and Families Service and other agencies involved.* |
|  |
| **Likely Support and Services required to ensure this Placement is Stable, Secure and Meets the Needs of the Child/ren :** |
|  |
| **Summary:***List the strengths and risks in this match and for any risks identified, describe how they can be mitigated/minimised*  |
|  |
| **Views of the Independent Reviewing Officer on the proposed placement:** |
|  |

**Signatures:**

**Signed ………………………………………………………………… Date ……………………….**

**Foster Carer**

**Signed ………………………………………………………………… Date …………………..**

**Foster Carer**

*It is imperative that the foster carer fully understands and explicitly agrees to the long-term commitment they are making to the child/ren. This discussion should take place during the assessment process and be clearly recorded.*

**Panel’s Recommendation –** *to be completed by the Matching Panel Chair*

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| --- |
| **Matching Panel date and members in attendance:** |
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| **Panel’s Recommendation/s:** |
|  |
| **Reasons for Panel’s recommendation/s:** |
|  |

**Signed ………………………………………………………………… Date ……………………….**

**Panel Chair**