**Matching Report for Permanent Fostering**

**To consider (please tick):**

Foster placement matching (at panel)….. [ ]

Foster placement matching (outside of panel) ……. [ ]

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| **PART A - To be completed by the CYP’s social worker**  |
|  **Childs** **Name** | **Date of Birth**      | **Age**      |
| **Name of allocated Social Worker providing below information and allocated team**      |
| **Ethnic Origin**      |
| **Religion, Practicing / non practicing:****(detail any specific requirement)**      |
| **Legal Status**      |
| **Primary Language**      **(Detail any other Languages spoken/written)**      |
| **Date of Looked After Review and date when this plan was discussed and agreed as the child’s Care Plan**  |
| **Background history:** *include** *details of birth family and why CYP is looked after*
* *description of where and with whom the CYP is now living (include names of foster carers and names and ages of their children/adult household members/other looked after children there, how long the child has lived there, location of the placement)*

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| *Foster Carers (Full Names)* |  |  |
| *Foster Carer (Own Children*  | *Names* | *Ages* |
|  |  |  |
|  |  |  |
| *Other Children:* |  |  |
| *Foster Children/YP* | *Names* | *Ages/how long* |
|  |  |  |
|  |  |  |
| *Connected Child/YP* | *Names* | *Ages/how long* |
|  |  |  |
| *Staying Put* | *Names* | *Ages/how long* |
|  |  |  |

* *a pen picture of the CYP*
 |
| **What are the expressed wishes and feelings of the child / young person, how and when were these obtained?**  |
| **Views of the birth mother about the proposed permanency plan/match? (Include how and when their views were obtained)** |
| **Views of the birth father about the proposed permanency plan/match? (Include how and when their views were obtained)** |
| **Views of virtual school and any other involved professionals (include how and when their views were obtained)** |
| **Family Time with birth parents - what are the current and proposed arrangements and with who?** *Include the supervision and management of contact*: **Comment on the relationship with birth parents:****Family Time (Contact) arrangements with birth siblings** – where do birth siblings live and with whom? What are the contact arrangements between siblings, how are these organised and arranged:**What is the relationship like between birth siblings?** **What are Family Time arrangements with extended birth family members?** |
| **Needs and progress of Child /Young Person as Identified in Care/Pathway Plan:** *include evidence to support statements made. For each section please consider current needs and potential future needs up to 16/18 years old.* |
| **Educational:**  |
| **Emotional and Psychological:** |
| **Social:** |
| **Health:** |
| **Leisure interests:** |
| **Cultural/religious/heritage:** |
| **Identity (to include understanding their life story, how the CYP identifies themself):** |
| **Are there any identified risks for this child/ young person?**Include if appropriate risk of going missing, self-harm, sexual exploitation: |
| Social Worker name       Date:      Signature:       |
| **Team manager for child to review whole of report and comment about recommendation to the panel.**Team manager name       Date:      Signature:       |

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| **PART B - To be completed by the Supervising social worker**  |
| **Name of allocated Supervising Social Worker providing below information and their organisation, include name of IFA**      |
| **Carer details:**

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| --- | --- | --- |
|  | **Carer 1** | **Carer 2** |
| **Name** |  |  |
| **DOB** |  |  |
| **Ethnic origin** |  |  |
| **Religion (practising/non practising)** |  |  |
| **Primary language (Spoken/Written)** |  |  |

**Address of carers:** |
| **Date and terms of current foster carer approval – attach copy of minutes of carers last annual review and the ADM decision sheet has this been changed to correspond with the proposed match – Give details**       |
| **Fostering history of carers – Length of time fostering, previous and current agency/s, fostering experience prior to this placement, strengths and vulnerabilities of carers, any previous standards of care concerns/allegations.**  |
| **Foster carers’ work commitments – include occupation, working hours, and how this fits with fostering responsibilities**  |
| **Foster carers’ own children – please give names, ages, do they live with the carers, and a pen picture of each child including any particular needs they may have. What are their views on this proposed long-term placement (please specify how and when their views were obtained)** |
| **Any other looked after children living in the fostering household – please give names, ages, pen picture of the child including any current needs they may have and current care plan for them. If appropriate, their views on this proposed long-term placement and views of their social worker ((please specify how and when their views were obtained)** |
| **Any other household members – please give names, ages, pen picture, role in fostering. What are their views on this proposed long-term placement ((please specify how and when their views were obtained)** |
| **What is the child’s relationship like with each member of the fostering household** |
| **Foster carers’ support network – who do the carers use for both practical and emotional support, extended family and friends who they spend time with regularly, regular visitors to the house, how involved are they with the child** |
| **Lifestyle of the fostering family – what do they enjoy doing as a family, hobbies/activities, holidays, etc. Do the carers take breaks from caring for the child(ren) and enjoy time on their own/as a couple/with friends. What are the carers views regarding use of respite care for this CYP.**  |
| **Describe the family home:**  |
| **How are the fostering family able to meet the child’s current and future identified needs?** **Include any gaps and how the Council, Carers and IFA (if appropriate) will work to address these and what additional support may be needed.** *Include in the summary, the carers’ understanding of how the child/young person’s needs will change and develop over time and how they will continue to meet changing needs?*  |
| **Carers’ reasons and motivation to offer a permanent placement**  |
| **What is the fostering families understanding of permanency?** *Include an assessment of carers willingness and ability to promote a fully inclusive approach to family life, e.g. How will they make the child feel they belong are a fully integrated member of the family. Provide details about plans for family holidays, use of respite care. Include position on Staying Put and post-placement support that they would offer to the child.* **How will they promote full access to the home in accordance with the family rules for all children of the household , for example rules about helping self to food, friends visiting the home, key ownership, household chores etc?**  |
| **Meeting the child’s needs: Provide details about how the foster carers will meet current and future needs. Please give examples which evidence their ability to meet these needs, either with current or previous placements, where possible.**  |
| **Health (how will the foster carer(s)/key worker meet the needs detailed in CYP’s sections in this report)** |
| **Education (how will the foster carer(s)/key worker meet the needs detailed in CYP’s sections in this report)** |
| **Leisure and social (how will the foster carer(s)/key worker meet the needs detailed in CYP’s sections in this report)** |
| **Preparation to independence**  |
| **How will the foster carers or placement promote, support and facilitate family time with the birth family / connected persons – include ability to transport to and from family time, supervise family time (where appropriate), and communicate directly with the birth family (where appropriate).**  |
| **Identity needs, including the child’s gender, sexuality, religious, culture and ethnicity (how will the carer(s)/key worker meet these needs for the CYP, as detailed above in CYP’s section)** |
| **Location of the foster placement, how does this impact on the child e.g. distance from birth family and any challenges this may present** |
| Social Worker       Date:      Signature:       |
| **Team manager for the SSW (both in house and IFA) to review report and comment on recommendation.**Team manager name       Date:      Signature:       |
| **IRO view regarding permanency**  |
| IRO name       Date:      Signature:       |
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