

**HALTON BOROUGH COUNCIL**

**CHILDREN & FAMILIES DIVISION**

**FOSTERING SERVICE**

**CHILD’S PROFILE REPORT**

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| **DATE OF VISIT:** |  |  | **CHILD’S NAME** |  |

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|  | |  | |  | **DOB:** | | | |  | |
| **Family Finder:** | | | | | |  | **Child’s Social Worker** | | | |
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| **Others Involved In Visit:** | | | | | |  | | | | |
| **Name** | | | **Team** | | | | | **Authority** | | |
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| **Details of Prospective Permanent Foster Carer(s)** | | | | | |  | | | | |
| **Name** | **Address** | | | | | | | | | **Approval Status** |
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**Details of Child/ren Requiring Permanent Foster Placement:**

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| **First Name of Child(ren)** | **DOB:** | **Legal Status** | **Current Placement *(e.g. foster, relatives)*** |
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| **Birth Parents** | | | |
| **Name** | **DOB** | **Relationship** | **Location** |
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| **Siblings** | | | |
| **Name** | **DOB** | **Relationship** | **Location** |
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| **DESCRIPTION OF CHILD** *(discuss firstly child’s history/chronology, current presentation, behavioural issues)* | | | |
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| **Foster carers Response:** | | | |
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| **CHILD’S INTERESTS AND TALENTS** |
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| **Foster carers Response** (How can Long Term Foster Carer’s lifestyle accommodate these)? |
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| **CHILD’S HEALTH NEEDS/SPECIAL NEEDS/DISABILITIES** *(to include future implications for inherited and genetic conditions e.g. mental health issues).* |
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| **Foster carers Response:** |
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| **EDUCATION** (*Describe child’s current and future educational needs).* |
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| **Foster carers Response** |
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| **CONTACT** (direct) |
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| **Foster carers Response** |
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| **CONTACT** (indirect) |
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| **Foster carers Response** |
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| **CHILD’S WISHES AND FEELINGS IN RESPECT OF LONG TERM FOSTERING AND ANY OTHER SPECIFIC AREAS** |
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| **Foster carers Response** |
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| **IRM’s VIEWS IN RESPECT OF PERMANENT FOSTERING AND ANY OTHER SPECIFIC AREAS OF THE CURRENT PLAN.** |
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| **Foster carers Response** |
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| **BIRTH PARENT’S WISHES IN RESPECT OF PERMANENT FOSTER PLACEMENT** (*Religion, education, future aspirations),* |
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| **Foster carers Response:** |
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| **FOSTER CARERS FAMILY AND FRIEND’S SUPPORT NETWORK** (*Who would offer support in a crisis)?* |
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| **ASSESSMENT OF SUPPORT NEEDED FOR PLACEMENT TO BE CONSIDERED** |
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| **FOSTER CARERS COMMITMENTS AND AVAILABILITY** (*Are they able to take leave for introductions and settling in period)* |
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| **ANY OTHER ISSUES DISCUSSED** |
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| **Foster carers Response** |
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| **Signed:** |  | **Date** |  |
|  | *Prospective Permanent carer* |  |  |
| **Signed:** |  | **Date** |  |
|  | *Prospective Permanent carer* |  |  |
| **Signed:** |  | **Date** |  |
|  | *Fostering Social Worker* |  |  |
| **Signed:** |  | **Date** |  |
|  | *Child’s Social Worker* |  |  |
| **Signed:** |  | **Date** |  |
|  | *Other (designation)* |  |  |

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| **Decision whether prospective permanent foster carers link with child is to be taken to Matching Meeting:** |
| **Reasons** |

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| **Principal/Practice Manager’s Comments:** |
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| **Signed:** |  | **Date** |  |
|  | *Principal/Practice Manager (Team)* |  |  |