|  |
| --- |
| **Matching Meeting for Permanent Fostering****Part 1 - Introduction** |
| *This paperwork is divided into five parts including the support plan. Part 2 to be completed by the child’s social worker and part 3 to be completed by the fostering social worker prior to the meeting. Part 1, 4 and 5 to be completed in the meeting. This paperwork will be presented to the fostering panel.* |
| Name & Liberi Number |  |  |
| Date of birth |  |
| * Legal status
* Ethnicity/culture
 |  |
| Date | Venue |  |
| 1. **Attendance**

*(Chair - Fostering Team Manager, Child’s SW, Current Foster Carer/s, Fostering Social Worker, Proposed Foster Carer/s and Fostering Social Worker.)* |
|  |
| **Role** | **Name** | **Attended** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
|  |
| 1. **Reports received:**

*(These should always include Permanency Planning Meeting (PPM) minutes. Minutes should be cut and pasted into this section. Please make any recent, relevant reports available to support / evidence views.)* |
|  |
| **Date of Permanency Planning Meeting (PPM):****Date of Child in Care Review Meeting which agreed Permanent Plan :** |
| 1. **Summary of Family Finding undertaken / Families being considered** (see section 5 of PPM).

Update since the permanency planning meeting and current situation. |
|  |

|  |
| --- |
| **Matching Meeting for Permanent Fostering****Part 2 - Child(ren’s) Needs**(To be completed by the allocated child’s social worker prior to the meeting)**Overview of the Child – a brief synopsis of the child(ren’s) including health, education and identity needs** (See section 3 of PPM) |
| 1. **Child’s future health needs and how these may be addressed.**
 |
|  |
| 1. **Child’s future education and learning needs.**
 |
|  |
| 1. **Child’s future identity needs. Details of ethnicity; language; religion; culture.**
 |
|  |
| 1. **Family and Social Relationships, Future needs, including contact.**
 |
|  |
| 1. **Emotional and behavioural development.**
 |
|  |
| 1. **What preparation for permanent fostering has taken place with the child(ren)?**
 |
|  |
| 1. **What are the child’s wishes and feelings about permanency (please provide evidence and summary of the work undertaken with the child(ren)**
 |
|  |
| 1. **What are the birth family’s views about the match?** (See section 4 of PPM)
 |
|  |

|  |
| --- |
| **Matching Meeting for Permanent Fostering****Part 3 – Proposed Permanent Foster Carer/s:**(To be completed by allocated Fostering Social Worker prior to the meeting) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | Last Name | DOB | Gender | Ethnicity | Religion |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Other Members of the Household** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | Last Name | DOB | Gender | Ethnicity | Relationship |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Address:-** |
| 1. **Date of Approval and Current Registration.**
 |
|  |
| 1. **Date of last Annual Review, Reviewing Officers Summary and Recommendations.**
 |
|  |
| 1. **Proposed foster carer/s**

 Basic Information (provide a brief synopsis of the family; their experience of fostering; family  profile) |
|  |
| 1. **Medical adviser’s summary of the health of the foster carer/s**

Does the applicant/s have any health conditions or physical or mental health impairments that are likely to significantly impact on their capacity to care for any child placed with them? |
|  |
| 1. **What are the strengths and vulnerabilities of the carer(s)?**

If there were any unplanned endings please provide details of the circumstances and how the ending was managed. Provide details of the foster carer/s skills i.e. communication with children; working in partnership with families/the department; any training and development needs. |
|  |
| 1. **How will permanent fostering impact on the other members of the household including their support networks now and in the future?**

Consider the impact on the foster carer/s own children; other children in the placement. |
|  |
| 1. **Why does the family wish to provide permanent fostering for this child(ren)**
 |
|  |
| 1. **Views and feelings of foster carer/s children (including adult children) and/or other members of fostering household?**
 |
|  |
| 1. **Views and feelings of Social Worker for other children in placement?**
 |
|  |

|  |
| --- |
| **Matching Meeting for Permanent Fostering****Part 4 – Meeting discussion and Permanent Fostering Support Plan****How will this family meet the child’s identified needs now and in the future.**For children remaining with their foster carer/s provide details of what they have been doing to meet the child’s needs on a day to day basis and how they have helped achieve the outcomes identified in the child’s care plan. How will they meet these needs in the future? For placement with new carers describe how they can meet the child’s needs now and in the future. |
| **HEALTH****Foster carer/s ability to meet the child’s current and future health needs.** (to include any special needs which a disabled child may have)How does/will the foster carer/s promote the child’s health i.e. administration of medication; healthy lifestyle. |
|  |
| Current Support Needs of Child and Foster Carers | Potential Future Support Needs of Child and Foster Carers | Services Identified to meet the needs | Name of Person/Agency Responsible for Providing the Service | Planned Outcome and Review Arrangements |
|  |  |  |  |  |
| **EDUCATION****Foster carer/s ability to meet the child’s current and future education and learning needs.**What do/will the foster carer/s do to support the child’s learning; do they attend parents evenings; help with homework; participate in meetings. |
|  |
| Current Support Needs of Child and Foster Carers | Potential Future Support Needs of Child and Foster Carers | Services Identified to meet the needs | Name of Person/Agency Responsible for Providing the Service | Planned Outcome and Review Arrangements |
|  |  |  |  |  |
| **IDENTITY****Foster carer/s ability to meet the child’s current and future identity needs.** How are the child’s needs met/will be met by the foster carer/s to promote a positive sense of identity including ethnicity, culture; religion; language; sexuality or disability. |
|  |
| Current Support Needs of Child and Foster Carers | Potential Future Support Needs of Child and Foster Carers | Services Identified to meet the needs | Name of Person/Agency Responsible for Providing the Service | Planned Outcome and Review Arrangements |
|  |  |  |  |  |
| **FAMILY AND SOCIAL RELATIONSHIPS** **Foster carer/s ability to meet the child’s current and future family and social relationships needs.** How will they meet the child’s contact needs now and in the future; how the child is supported to develop friendships; leisure interests. |
|  |
| Current Support Needs of Child and Foster Carers | Potential Future Support Needs of Child and Foster Carers | Services Identified to meet the needs | Name of Person/Agency Responsible for Providing the Service | Planned Outcome and Review Arrangements |
|  |  |  |  |  |
| **EMOTIONAL AND BEHAVIOURAL DEVELOPMENT****Foster carer/s ability to meet the child’s current and future behavioural and developmental needs.** How does the foster carer/s promote the child’s emotional wellbeing; what’s their understanding of their previous experiences and their impact; how does/will their approach to parenting meet the child’s needs. How is safe care demonstrated? |
|  |
| Current Support Needs of Child and Foster Carers | Potential Future Support Needs of Child and Foster Carers | Services Identified to meet the needs | Name of Person/Agency Responsible for Providing the Service | Planned Outcome and Review Arrangements |
|  |  |  |  |  |
| **OTHER SUPPORT** (respite)**What are the areas of potential vulnerability in this match and how will they be minimised?**Include any support needs; is respite required (exceptional circumstances only) training needs; What is the contingency plan? Are the foster carer/s aware of the support available through a core stability meeting if the placement fragile and they would need to give 3 months’ notice if a placement cannot continue.How will the department will remain attentive to the impact of fostering, supportive of learning and offer practical support in order to help this family meet the needs of this child? |
|  |
| Current Support Needs of Child and Foster Carers | Potential Future Support Needs of Child and Foster Carers | Services Identified to meet the needs | Name of Person/Agency Responsible for Providing the Service | Planned Outcome and Review Arrangements |
|  |  |  |  |  |

|  |
| --- |
| **Matching Meeting for Permanent Fostering****Part 5 – Recommendations** |
| 1. **What are the strengths of the match and what do we think will work well?**
 |
|  |
| 1. **What are the vulnerabilities of the match and what are we worried about?**
 |
|  |
| 1. **Are there any Safe Care issues?**
 |
|  |
| **On a scale of 0 – 10, where 10 means that the foster carers are able to offer a child permanence as they have shown lots of understanding of what children need to grow up happy and well and have demonstrated lots of skills and abilities to be able to do this and 0 means the foster carers do not have the skills, insight and ability to provide permanence for a child at this current time.****0 ……………………………………. 10** |
| **Who rates where and why? Recommendations:** |
|  |
| 1. **Proposed date of Fostering Panel (within 2 months of this meeting)**
 |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NAME** | **SIGNATURE** | **DATE** |
| **FOSTER CARER** |  |  |  |
| **FOSTER CARER** |  |  |  |
| **CHILD’S SOCIAL WORKER** |  |  |  |
| **CHILD’S TEAM MANAGER** |  |  |  |
| **FOSTERING TEAM MANAGER** |  |  |  |
| **SERVICE MANAGER** |  |  |  |