******Matching Meeting Report for Permanent Fostering**

**Document Author: Maria Cordrey, Head of Fostering East**

**Approved by: Caroline Smith, Assistant Area Director**

**for Corporate Parenting**

**Date of Issue: April 2023**

**Date to be Reviewed: April 2026**

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| **Matching Meeting for Permanent Fostering** | | | |
| **Child’s Name & Liberi Number:** | |  |  |
| **Child’s Date of birth:** | |  | |
| **Foster Carers Name/s & Liberi Numbers:** | |  |  |
| **Date of Matching Meeting:** | |  | |
| **Attendees:** | **Apologies:** | | |
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| **Permanency Plan** | | | |
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| **Summary of discussion at Permanency Planning Meeting** *(include date of meeting, attendees, pen picture of child/young person and why permanency with foster carers is considered as the best option for the child/young person):* | | | |
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| **Significant changes since the Permanency Planning Meeting took place:** *(i.e., mandatory training for carers, missing episodes for the child, family network, allegations/standards of care/ complaints)* | | | |
| **Child/young Person** |  | | |
| **Foster Carer/s** |  | | |

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| **Matching** | |
| **Foster Carers registration date & current terms of approval** *(consider whether the terms of approval covers permanency up to 18 years and whether a change outside of panel is required):* |  |
| **Pen Picture of the foster carer/s** *(include experience of fostering, members of the household and people of significance including nominated babysitters and relief carers)* | |
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| **Date of last Annual Review, Reviewing Officers Summary and Recommendations** *(include support group attendance, training & encouraging the child/young person’s attendance at community/social activities including VSK & CiC Events):* | |
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| **Foster Carer/s & their family’s wishes & feelings about providing permanency to the child/young person** *(include all children and young people in the family)***:** | |
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| **Child/young person’s wishes and feelings about permanency with the foster carers and the preparation for permanent fostering that has taken place with them:** | |
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| **Others’ views about permanency with the foster carers** *(include child/young persons birth family, Independent Reviewing Officer, Childrens Social Workers views):* | |
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| **Strengths of the proposed match** *(promotion of education, family time, identity needs, behavioural and health needs)***:** | |
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| **Vulnerabilities of the proposed match and identified ways in which these can be mitigated** *(include any safer care considerations and consideration of the impact of the reduction in CSW statutory visits should permanency be agreed):* | |
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| **Support Plan**  ***(For discussion at every child in care review. The Fostering social worker is responsible for bringing any significant changes or outstanding tasks to the attention of the Review and the IRO should escalate as necessary)*** |
| **How will the child/young person’s health, education and identity needs be met by the foster carers and what support services are anticipated to be needed now and in the future:** |
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| **How will the child/young person’s family time, emotional and behavioural needs be met by the foster carers and what support services are anticipated to be needed now and in the future:** |
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| **Additional resources identified to support permanency with foster carers *(for presentation to Access to resources Panel by CSW following Matching Meeting)*:** |
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| **Recommendation of Meeting** |
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| **Attendee Signatures** | | | |
|  | **Name** | **Signature** | **Date** |
| **Foster Carer/s** |  |  |  |
| **Fostering Social Worker** |  |  |  |
| **Fostering Team Manager** |  |  |  |
| **Childrens Social Worker** |  |  |  |

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| **Childrens Team Manger signature & comments** | | | |
| **Childrens Team Manager** |  |  |  |
| **Comments** | | | |
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| **Childrens Service Manager Agreement *(including outcome and reasons from ARP)*** | | | |
| **Childrens Team Manager** |  |  |  |
| **Comments** | | | |
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