**Matching Meeting Form**

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| **Child/ren’s Name(s)** |  |
| **Date(s) of Birth** |  |
| **Client ID(s)** |  |
| **Ethnicity /Religion** |  |
| **Date of ADM:** |  |
| **Legal Status** (*including timescales) If there are delays these need to be recorded* |  |

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| **Date of Matching meeting** |  |  |

**Attendees:**

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| --- | --- |
| **Name** | **Role** |
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**Apologies:**

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| **Name** | **Role** |
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**Child/ren’s Information**

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| **Brief details of events leading to child/ren becoming Looked After**  *This section should include quality of parenting, number of moves and what the transition was like for the child.* |
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| **How is/are the child/ren presenting in current placement / are there any difficulties?**  *Consider emotional and behavioural issues, relationship with children/siblings and adults* |
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| **Is/are child/ren currently living part of a busy household or is he/she used to being on their own. Is it appropriate for child to be placed with other children in placement?** |
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| **Information in respect of child/rens attachment to carers and birth family** |
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| **Has any direct work or adoption preparation started with the child?** *please record details and timescales for this*  **What is the child/ren’s understanding of their situation?**  **Does the child/ren understand the plan of adoption and have any views, wishes or feelings been expressed?** |
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| **What kind of parenting did the child receive prior to being accommodated?**  **What is the current style of parenting child is receiving?**  **What do they need in an adoptive placement?** |
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| **Child’s name – origins** *any suggestion of a potential name change needs to be fully considered based on reasons, evidence and risk assessment* |
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| **Geographical considerations**  **Does child need to be placed away from any specific areas?**  **Where are birth parents currently residing?** |
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| **Is there a BAAF Carers report available in relation to the child/children?**  *What does this tell us about the child/children? Any issues raised or information that requires consideration* |
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**Siblings**

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| **Are there any siblings? What is the relationship like with each sibling** |
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| **Are siblings placed together or in alternative placements, please specify? What are their plans?** |
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| **Is there (or will there be) a sibling assessment?** *If available, what does this advise about sibling relationship* |
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**Contact Arrangements**

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| **What are the current contact arrangements** |
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| **When is the final contact planned for –** *Please specify who this will be with* |
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| **What are the proposed arrangements once in prospective adoptive placement and with who?**  *Are photographs included and was this in care plan/ agreed at court* |
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| **Will birth parents be willing (or in a position) to have a one-off meeting with prospective adopters.** |
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**Birth Parents**

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| **What is their current situation/relationship. Are they still together? Are there likely to be more children.** |
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| **Have birth parents expressed any wishes and feelings re future family** |
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| **Any issues relating to genetic factors that may need to be considered** |
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**Child Permanence Report and Prospective Adopter Report**

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| **Is the CPR and PAR up to date? Date it was updated** |
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| **Any issues raised within QA of reports and have actions been completed, if any.** |
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| **Timescales for updating the CPR and PAR, if required** |
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| **Date of enhanced Medical, does this need to be updated?** |
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**Prospective Adopters**

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| **Families being considered at this matching meeting (details to be anonymised)** | **Agency (regional, external LA or VAA)** |
| 1. |  |
| 2. |  |

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| **Has any family been discounted at an early stage? If so, why?** |
| 1. |
| 2. |
| 3. |

**Child’s Matrix**

*Child’s matrix should be completed by the child’s Social Worker as part of APR. Use the completed matrix to consider prospective adopter’s capacity to meet individual needs of child.*

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| **Name and Age of Child** | **Child’s details**  *(child Social worker to complete)* | **Family 1** | **Family 2** |
| **Child's physical appearance** | |  | | --- | |  | |  |  |
| **Ethnic, cultural, religious and linguistic considerations** Have parents specified anything in relation to this? if child has dual ethnicity, please identify future needs in relation to this. | |  | | --- | |  | |  |  |
| **Health considerations including disability and genetic factors** ***(Past, present and future needs)***  Consider growth, development and physical wellbeing. Parental lifestyle, including possible implication’s to child’s health. Include dates and summary of IHA, any other health related information. | |  | | --- | |  | |  |  |
| **Educational needs**  e.g. All areas of a child's cognitive development which begins from birth, including opportunities: for play and interaction and age appropriate stimulation.  Any learning needs, does child have an educational statement, will a move of school be required. Is the child in nursery should this continue once placed for adoption? | |  | | --- | | . | |  |  |
| **Emotional and behavioural development**  Include child’s pre-birth, early life experiences and potential impact of these upon the child’s future. Consider the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family  Please specify current or anticipated therapeutic needs. | |  | | --- | |  | |  |  |
| **Preparation work**  Has direct work been undertaken? please add details.  Is the child aware that they are going to be adopted, how have they responded to that?  What adoption preparation work has been or will be undertaken?   Life story book and later in life letter to be completed before the celebration hearing. Who will be undertaking these? | |  | | --- | |  | |  |  |
| **Identity**  Concerns the child's growing sense of self as a separate and valued person. Include the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Consider ethnicity religion, age, gender, sexuality and disability all of which may contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups. | |  | | --- | |  | |  |  |
| **Family and social relationships**  Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships. | |  | | --- | |  | |  |  |
| **Attachment history e.g. impact of previous placements**  Includes nature and quality of early attachments, characteristics of temperament. Other than birth parent(s) what was/is the attachment like with other members of family. i.e. grandparents/siblings etc | |  | | --- | |  | |  |  |
| **Quality of child's attachment to current carers and capacity to make new attachments**  Has the child been able to form attachments with carers, and how long did or has this taken? Is the child able to adapt to change? | |  | | --- | |  | |  |  |
| **Contact needs**  Who will have indirect contact, frequency? And will this include the exchange of photographs?  Is there any direct contact planned, if so who with and how will this be facilitated? | |  | | --- | |  | |  |  |
| **Social presentation and personality**  Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. How does the child present in familiar and unfamiliar surroundings? What kind of temperament does the child have? | |  | | --- | |  | |  |  |
| **Self-care skills**  How reliant is the child upon an adult for his/her needs to be met? Can the child do things for himself/herself e.g. Wash, change, dress, eat etc | |  | | --- | |  | |  |  |
| **Accommodation and locally**  Does child have his/her own bedroom? Where is child currently residing? How is the child likely to respond to environmental changes i.e. culture, accents etc. | |  | | --- | |  | |  |  |
| **Child's views and expectations**  Please specify what conversations have been held with child about adoption and a future family? | |  | | --- | |  | |  |  |
| **Views of current foster carers and their capacity to help child attach to new family** | |  | | --- | |  | |  |  |
| **Views and wishes of birth family** | |  | | --- | |  | |  |  |

**Matching**

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| **Summary of discussion on families considered**  *Consider the child’s matrix of need alongside the family composition, including existing children, geographical area, adoption leave, childcare experiences, future childcare arrangements. Also consider any issues or advice raised by Adoption Panel.* |
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| **Is there any other information required or action needed** |
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| **Should the family be visited? If so who will visit, when and what further information will be required?** |
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| **Can a recommendation of family be made or is a review needed?** |
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| **If a recommendation can be made, summary of reasons for selection of family.** |
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| **If for any reason the identified link does not progress what action will be taken. Is there another family that can be considered?** |
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| **Consideration whether pre-meetings between the child and prospective adopter(s) is needed, and if so, what will this be i.e. direct, observations etc** |
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| **Consideration regarding future Adoption support needs (including application to any financial considerations**  *Discussion to be held and action plan to be formulated, if necessary* |
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**Review of Matching Meeting**

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| **Date of Review Matching meeting** |  |
| **Attendees /Apologies** |  |
| **Form of Review i.e. meeting or Telephone** |  |

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| **Have the actions from the matching meeting been completed?** |
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| **Summary of discussion at review of matching meeting** |
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| **Recommendation of the outcome of review** |
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| **Any other issues to be considered as part of the matching meeting, if needed.** |
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**Actions**

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| **Tasks** | **Who will complete this** | **By when** |
| **Informing professionals of outcome of matching meeting** | Permanency Practitioner/Family finder |  |
| **Informing Foster carers of outcome of match matching meeting** | Child’s Social Worker |  |
| **Launching of matching paperwork (APR/ASP)** | Child’s Social Worker Adoption Social Worker  Or Permanency Practitioner/Family Finder (for external links) |  |
| **Approval of any cost implications for match** | To be discussed |  |
| **Checking if agreement is in place for external links** | Permanency Practitioner/Family finder |  |
| **Ensuring prospective adopters receive all relevant information** | Permanency Practitioner/Family finder |  |

**Work to be completed**

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| --- | --- | --- |
| **Tasks** | **Who will complete this** | **By when** |
| **Information sharing with prospective adopter(s)**  **CPR, health reports, carers reports** | Child Social worker in conjunction with Permanency Practitioner/Family Finder | Prior to first visit |
| **Meeting between child’s SW and prospective adopters to be arranged** | Adoption Social Worker and Child Social Worker |  |
| **Consultations between prospective adopters and professionals i.e. foster carer/medical advisor/education etc including Child Appreciation Days.** | Child Social Worker in conjunction with the Permanency Practitioner/Family Finder | Prior to attendance at Adoption Panel |
| **Adoption Preparation work to be completed with child/ren, where appropriate** | Children’s Team |  |

**Adoption Panel**

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| **To be booked by Family finder for following date** |  |
| **Panel paperwork submission Date** |  |

**Panel paperwork**

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| **Tasks** | **Who will complete this** | **By when** |
| **Completion of APR** | Child’s Social Worker  Adoption Social Worker  Permanency Practitioner/ Family finder |  |
| **Completion of ASP** | Child’s Social Worker  Adoption Social Worker |  |
| **APR (Prospective adopter(s) section)** | Prospective adopter(s) with support from the Adoption Social Worker |  |
| **Family finding statement** | Permanency Practitioner/ Family Finder |  |
| **Children’s section of the report to be quality assured by:**  **Adopters section of the report to be quality assured by:** | Children’s Team Manager Team Coordinator or Senior Practitioner  Adoption Team Manager or Senior Practitioner |  |
| **Reports to be sent to Adopters** | Adoption Social Worker |  |
| **Reports to be submitted to Adoption Panel (*after all signatures have been inserted)*** | To be agreed |  |
| **Who is required to attend panel** | Child’s Social Worker Adoption Social Worker Prospective Adopter(s)  Permanency Practitioner/Family Finders for all external links |  |

**Minutes by: Date:**