**Matching Meeting Form for EARLY PERMANENCE**

**FOSTERING for ADOPTION, RELINQUISHED and/or CONCURRENCY**

|  |  |
| --- | --- |
| **Child Name(s) or Unborn**  |  |
| **Date(s) of Birth or EDD** please specify which it is |  |
| **Client ID(s)** |  |
| **Legal status** |  |

|  |  |
| --- | --- |
| **Date of Matching meeting**  |  |
| **Review Matching meeting** if required |  |

|  |  |
| --- | --- |
| **Case Holding Social Worker** Name and contact details  |  |

**Attendees/Apologies:**

|  |  |
| --- | --- |
| **Name**  | **Role**  |
|  |  |
|  |  |

**Current Circumstances**

|  |
| --- |
| **Information on birth mother** current situation, lifestyle |
|  |
| **Is birth father known? If so, please provide details**  |
|  |
| **Is health of unborn baby/child known** (through antenatal/healthcare) |
|  |
| **What assessments have been carried out or underway?** **Is there a likelihood of the need for any further assessments of birth parents? If so, please specify** |
|  |
| **Has a Family Group Conference taken place and all realistic family options have been explored and ruled out as being possible long-term carers for the child** |
|  |
| **What reports are currently available?** |
|  |
| **Is birth family aware of the LA’s plans for removal and Early permanence placement?** |
|  |
| **Is mother likely to agree to voluntarily accommodation (S20), and when will be an ICO be sought?** |
|  |
| **Is there a Guardian involved at this stage, if so, have views been sought?** |
|  |
| **Has the IRO confirmed plans of Early Permanence? Date of views sought?** |
|  |
| **Are there any risks associated to this placement, if so, please specify?** |
|  |
| **Geographical considerations/areas to be avoided** |
|  |
| **Is there a hospital discharge plan and arrangements for out of hours?** |
|  |
| **Contact plans? including facilitator, venue, timing**  |
|  |
| **Who will take on the supervisory role?**  |

**Matching**

|  |  |  |
| --- | --- | --- |
|  | **Child’s Needs** | **Prospective Carers ability to meet needs** |
| **Physical Description**  |  |  |
| **Health** Including any parental or sibling health issues, genetic factors, parental lifestyle such as substance misuse/alcohol/domestic violence. Consideration to be given to pre-birth and post birth experiences for an unborn.  |  |  |
| **Education** |  |  |
| **Emotional and behavioural Needs** |  |  |
| **Identity** including ethnicity, culture and religion |  |  |
| **Family and Social Relationships** |  |  |
| **Social Presentation and Self Care Skills**  |  |  |
| **Views of birth parents** will they be willing to meet |  |  |
| **Any other needs identified**  |  |  |

**Prospective carers**

|  |  |
| --- | --- |
| **Name and contact details of selected prospective carers**  |  |
| **Name of Adoption Social Worker**  |  |

**Prospective carers capacity as FFA carers**

|  |  |
| --- | --- |
| **Understanding of Early Permanence**  |  |
| **Understanding the impact of fostering** *Do the applicants have a clear understanding of their roles and responsibilities as foster carers. Have they agreed to sign the foster carer agreement and charter, do they understand delegated consents?* |  |
| **Dealing with stress** *How does the applicant(s) deal with disruptions to and stresses in their daily life? Has the possibility of placement disruption/ rehab home been fully explored, how would they cope?* |  |
| **Willingness of carers to accept risks associated with early permanence placements** |  |
| **Working with the Birth family**: *To what degree do the applicant(s) understand the importance of involving children’s families and friends in their lives? What skills do they have to do this effectively?**To what extent do the applicants have the necessary skills to sensitively raise issues with families or with professionals in an appropriate manner? How will they manage possible final contacts or changes in plans to rehab home?* |  |
| **Understanding of Contact arrangements**  |  |
| **Understanding of retaining child’s name**  |  |
| **Additional skills required to undertake the fostering for adoption task with regards to the approved adopter’s flexibility, resilience and ability to live with uncertainty**  |  |
| **Training completed or to be undertaken**  |  |
| **Availability** when will carer be able to leave work and how long will carer(s) be off for |  |
| **Reasons for suitability of Early permanence carers and recommending the match (matching factors)** |  |
| **Any identified risks or vulnerabilities**  |  |

**Actions required following Early Permanence placement being identified**

|  |  |  |
| --- | --- | --- |
| **Tasks** | **By who**  | **By when**  |
| Child’s Social Worker to meet with identified carers  |  |  |
| Matrix report to be completed by Child’s Social Worker  |  |  |
| Matrix to be signed off by Team Manager |  |  |
| Matrix to be shared with carers |  |  |
| Paperwork required for submission to ADM for FFA approval: PAR and Approval Minutes **This completed form** and any or all of the following, if available:* Pre-birth Child Social Work Assessment
* Initial Child Protection Conference report,
* Legal Gateway minutes, and court care plan)
* A sibling’s Child Permanence Report where one is not available for the child concerned

*Due to general tight timescale with FFA placement requests, there is some discretion in relation to which documents are made available, but it is important to give the ADM a sense of the unborn child’s needs, why rehabilitation is not being actively pursued, and all other possible options have been considered and discounted. There needs to be clear outline as to why FFA placement is the most suitable arrangement.*  |  |  |
| **Tasks for Adoption Social Worker to undertake once child is placed** | Provide carers with: DiarySafety BoxTraining information Fostering allowance Supervisory role  |  |

Minutes by: Date: