**Early Permanence Placement**

**Matching Report**

**The Child(ren)**

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| --- | --- | --- |
| **First Name** | **Surname** | **Date of Birth** |

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| --- | --- |
| **Ethnicity** | **Religion** |

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| --- | --- |
| **Current Legal Status**  **LAC with Care and Placement Order to be applied for** | **Date of decision to progress to care proceedings** |

**Birth Mother**

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| --- | --- | --- |
| **First Name** | **Surname** | **Date of Birth** |

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| **Ethnicity** | **Religion** |

**Birth Father/Putative father**

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| **First Name** | **Surname** | **Date of Birth** |

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| **Ethnicity** | **Religion** |

**Prospective Foster Carers/Adopters**

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| --- | --- | --- | --- | --- |
| **First Name(s)** | **Surname** | **Date of Birth** | **Gender** | **Ethnicity** |
| **First Name(s)** | **Surname** | **Date of Birth** | **Gender** | **Ethnicity** |

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| **Children in the family** | **Date of Birth** | **Gender** | **Ethnicity** |

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| **Date of Approval Panel** | **Name of family’s agency (if relevant)** |

**Details of siblings of the child being considered**

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| **First Name:** | **Surname:** | **Date of Birth:** | **Ethnicity:** |

**The child**

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| **Describe the baby/child’s pre-birth story as best you can e.g. how did the birth mother experience the pregnancy with regards to her health and wellbeing and her emotional and social situation at that time, did she receive prenatal care?** |
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| **Describe the baby/child’s physical characteristics, ethnicity, birth information, health and general wellbeing.** |
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| **Describe the child’s personality, likes and dislikes if applicable (for slightly older children).** |
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| **Have you consulted with the legal department and are Cafcass aware of the early permanence plan?** |
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**Siblings**

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| **Please give a full description of each sibling including their age, current placement, personality and characteristics, health and wellbeing and development. Please be clear if the baby/child in question is to be placed with any of these siblings.** |
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**Birth Parents**

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| **Brief description of the birth mother, including her personality, health, social and emotional well-being and if there are any concerns, for example mental health issue, learning disabilities, any family history in relation to this.** |
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| **Brief description of birth father/putative father, including his personality, health, social and emotional well-being and if there are any concerns, for example, mental health, learning disabilities, any family history in relation to this.** |
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| **Brief description of the birth parents’ relationship including the current status of the relationship.** |
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| **Summarise the pre-birth assessment and the reasons why the Local Authority believes the birth parents are not able to care for the baby/child safely at this time.** |
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| **Clearly state what the birth parents are required to do to evidence their ability to care for baby/child safely in the future.** |
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| **Please detail the discussions and assessments that have been undertaken with birth family/connected persons.** |
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| **What are the birth parents’ views of the proposed plan?** |
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**Birth Family/Connected Persons**

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| **Have any birth relatives/connected persons been considered and/or assessed. If so, please outline the assessment.** |
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**Contact Plan**

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| **Has a meeting taken place or is a meeting planned between the birth parents and early permanence carers?** |
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Please describe the proposed frequency of contact during proceedings and what is expected of the early permanence carers.

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| **Name** | **Relationship** | **How often does contact take place?** | **Where does the contact take place?** | **Who transports the baby/child to contact?** | **Is the contact supervised? If so, by whom?** |
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| **What post adoption contact might be considered in this situation e.g. if direct contact will be or is likely to be sought with sibling/s or a birth family member?** |
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**Early Permanence Carer(s)**

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| **Any changes to the early permanence carer/s circumstances since the writing of the PAR.** |
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| **Describe what has led you to decide that these particular early permanence carer/s are the right match for this baby/child.** |
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| **Are you satisfied these particular early permanence carer/s understand the particular risks in relation to this placement and the possibility of the child being rehabilitated with a birth parent/family member.** |
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**MATCHING CONSIDERATIONS**

*Detail under the following headings how the proposed early permanence (EP) carer/s are able to meet the needs of the child identified for placement.*

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| **Child needs in relation to the following areas**  *To be completed by Child’s Social Worker with responsibility for the child* | **How will the EP carer/s meet these needs** *(give reference, experience, abilities and skills, personal qualities and any other considerations)*  *To be completed by EP carer/s Family Placement Social Worker* |
| **Basic Care Need / Child Development** | |
| *Basic core needs of child i.e. baby care needs* | *How will carers meet these needs* |
| **Health** | |
| *Any particular health needs, ongoing appointments etc.* | *Register with GP, who will attend hospital/medical appointments.*  *Have relevant health professionals been informed of the plan and provided with the health professionals information leaflet e.g. hospital staff, health visitors, midwives etc.* |
| **Identity** | |
| *Child’s racial and cultural background* | *How will carers meet this need* |
| **Emotional & Social Needs** | |
| *Attachment/nurturing needs* | *How will the family invest in building attachments with child given the uncertainty of the placement.* |
| **Any other** | |
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**Summary of Strengths and Vulnerabilities of this placement**

(Please list)

**Strengths**

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**Vulnerabilities**

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**SUMMARY OF SUPPORT PLAN**

**Financial and Practical Support**

Early Permanence Carers are eligible for a fostering allowance which is currently £*???* per week. This will be paid from the start of the placement up until the baby/child is rehabilitated to birth family or placed under Adoption Agency Regulations at point of adoption match decision.

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| **Basic Support Services** | **Provided by** | |  |
| **Adopt North East** | **Child’s Social Worker** | **Fostering Agency** |
| **Social work visiting requirements** | **The Early Permanence Carer/s Adoption Social Worker will visit the EP carer/s weekly for the first month of placement until the first LAC review. This can be shared with the child’s Social Worker, which would result in one professional visit per week as a minimum.** | **The child’s social worker should visit weekly for the first month of placement until the first LAC review. This can be shared with the Adoption Social Worker.**  **The child’s social worker will be expected to liaise regularly with the EP carer/s and the adoption social worker.** | **The supervising social worker will visit Early Permanence Carers EP carer/s weekly for the first month of placement until the first LAC review. This can be shared with the child’s Social Worker or Adoption Agency** |
| **Support at meetings and reviews** | **Adoption social worker will attend all meetings and reviews with the EP carers and will ensure they feel supported.** | **The child’s social worker will assist with support at meetings and reviews. They will attend meetings with the EP carers if the adoption social worker is not attending or if it is more appropriate for the childcare social worker to be present** | **Supervising Social Worker will attend all meetings and reviews with the EP carers and will ensure they feel supported.** |
| **Support at appointments e.g. medical/hospital/with guardian** |  | **The child’s social worker will attend hospital appointments with the EP carers if required.** |  |
| **Support group/buddy/arrangements for peer support** | **Adopt North East to provide the EP carers with adopters who have previously been EP carers if needed.** |  | **The supervising social worker to advise the EP carers of support groups they may wish to attend** |
| **Any additional support required** | **Adopt North East social worker to support the carers to manage transport for supervised contact if appropriate.** | **The child’s social worker to ensure that the placement details are kept confidential and the EP carer’s surname is not divulged to birth parents.**  **The child’s social worker to support the carers to manage transport for supervised contact if appropriate.** | **The supervising social worker to provide guidance to the EP carers to complete their daily recording, keeping themselves safe from allegations, safer caring policy, health and safety policy and advise of financial remuneration for mileage as well as guidance for spending the fostering allowance.** |

**Support Needs of Early Permanence Carer(s)**

It is important to acknowledge that as this is likely to be the first foster placement with a new foster carer a high level of support will be required.

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| **Please state what additional support will be offered should rehabilitation become the agreed plan for this baby/child.** |
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**Signature Page**

**Child’s Social Worker**

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| --- | --- | --- |
| **Print Name:** | **Sign Name:** | **Date:** |

**Child’s Social Worker Team Manager**

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| **Print Name:** | **Sign Name:** | **Date:** |

**Adoption Social Worker**

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| **Print Name:** | **Sign Name:** | **Date:** |

**Adoption Team Manager**

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| **Print Name:** | **Sign Name:** | **Date:** |

**Fostering Supervising Social Worker**

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| **Print Name:** | **Sign Name:** | **Date:** |

**Fostering Team Manager**

|  |  |  |
| --- | --- | --- |
| **Print Name:** | **Sign Name:** | **Date:** |