**Long Term Matching Report Template**

Please address the questions below, to enable panel to read the key points demonstrating your evidence and analysis, to understand why you think a Long-Term Match would be in the child’s best interests.

1. **Basic Information**

*To be completed by Childrens Social Worker*

* Child’s Name:
* LCS Number:
* Date of Birth:
* Gender:
* Ethnicity:
* Legal Status:
* Date of Report:
* Social Worker:
1. **Foster Carer Information**

*To be completed by Supervising Social Worker*

* Carer(s) Name(s):
* LCS Number:
* Address:
* Contact Details of allocated Supervising Social Worker:
* Approval Status:

**3. Child’s Needs Overview (extract key information from the Single Assessment and/or care plan)**

*To be completed by Childrens Social Worker*

* Health Needs:
* Educational Needs (including views of the VSO):
* Emotional & Behavioural Needs:
* Cultural/Religious Needs:
* Language Requirements:
* Contact with Birth Family:
* Any other relevant child information that may assist LTM decision making:

**4. Assessment of Foster Carer’s ability to meet Child’s specific needs**

*To be completed by Supervising Social Worker*

* Skills and Strengths:
* Experience of meeting child’s specific needs:
* Advise relevant training completed by carers, as applicable to this child(ren):
* Support Network:
* Availability and Flexibility:
* Cultural/Religious Compatibility:

**5. Matching Considerations**

*To be completed jointly by BOTH Childrens and Supervising Social Workers*

* Compatibility with other Children in Placement:
* Location and proximity to School/Services:
* Carer’s capacity to meet identified needs:
* Risk assessment summary:
* Support plan in place:

**6. Rationale and recommendations**

*To be completed jointly by BOTH Childrens and Supervising Social Workers*

* Matching outcome: (e.g., Suitable / Not Suitable / Conditional)
* Summary of key matching factors:
* Concerns or risks identified:
* Recommendations:

**7. Signatures**

* Social Worker Name:
* Signature:
* Date:
* Supervising Social Worker Name:
* Signature:
* Date:

**8. Date of permanency panel and attendees**

**9. Summary of Panel Discussion**

**10. Recommendation**

**11. Reasons for recommendation**

**Approved by the Agency Decision Maker**

**Signed**

**Name:**

**Date:**