

SALFORD CITY COUNCIL - CHILDREN'S SERVICES DIRECTORATE

SALFORD FAMILY PLACEMENT SERVICES

MATCHING MEETING PRO-FORMA

Date of Matching Meeting:

List of People Attending:

Child(s) Name(s):

Race/Culture:

Date of Birth:

Current Legal Status:

Permanence Plan:

**Adoption/Long Term
Special Guardianship Order
Fostering**

Summary of family history (including any factors that could be of significance, e.g. hereditary issues).

Full details should be detailed in child's CPR.

Child's Care History (consider carefully quality of early parenting and number of moves).

Child's Current Situation (including progress made in present placement and any current difficulties).

Updated information from the present carer or residential unit is essential.

Current Legal Situation.

Present Contact (with birth parents and siblings, dates of last contact and date of proposed final contact).

Proposed Contact:

Direct/Indirect.	Supervised Contact
	Venue
	Letterbox
	Frequency

Wishes of Birth Parents:

- i) Acceptance of proposed plan.**

- ii) Have birth parents been referred to adoption counselling?**

- iii) Wishes and feelings re future family.**

- iv) Meeting with future family.**

Child's Needs:

Ethnicity:

Culture:

Religion:

Language:

Geographical considerations:

Status in family (i.e. only child, youngest):

Wishes and feelings of the child:

Medical Needs:

Education Needs:

Emotional Needs:

Presenting behaviours. Referral – is referral required for SAFSS/Starlac?

Summary of Child's Placement Needs/Issues for Placement

(This should be written so that it can be given to prospective carers).

Proposed Families (separately completed for all families considered).

Name:

Family Composition:

Geographical District:

Approval and date and any issues identified by approving Panel:

Ethnicity:

Culture:

Religion:

Language:

Proposed period of Adoption Leave/Availability for introductions:

How will this family meet the child's identified needs:

1. Issues to be included:

**Parenting capacity
Parenting styles
Adult attachment
Children in placement**

2. Strengths:

3. Vulnerabilities:

4. What additional resources would be required to support this placement?

Summary of Discussion:

Recommendation of possible match:

Plan of Action:

- 1) **Panel date:**
- 2) **Preparation of the child – by whom and timing:**
- 3) **Identify what information should be provided to adopters/prospective carers, (e.g. medical advisor, consent from court). Identify professionals they should meet – written documentation, e.g. CPR, court reports. Any other specialist reports).**
- 4) **APR/Linking Report to be provided by:**
- 5) **Request for adoption allowance:**
- 6) **Financial assessment of carers to be done by:**

Any further action:

Signed
.....

CHECKLIST
INTER AGENCY PLACEMENTS

Fostering

Financial Agreement for placement from Head of LAC.

Respite care arrangements.

Legal permanence in the longer term, e.g. S.G.O. or adoption.

Identified link with each agency.

Support plan – issue for the agency.

Adoption

Inter-Agency fee.

On-going link with Family Placement.

Support from Agency.

PAPERWORK FOR PANEL

FOSTERING

Child's CPR

Foster carer: Form F/ Carer Report
Matching minutes
Linking report
Minutes of Panel when child considered

ADOPTION

Child's CPR
Minutes of Panel when child considered
Minutes of Panel when adopters approved
Adopters Form F/PAR
Matching meeting minutes
Adoption Support Plan
Adoption Placement Report
Parental Responsibility Checklist.
Specialist reports

Dec 10