

ANNEX 2

NIDOS MATCHING FORM

Date:

Name of social worker:

Region:

Matching details child – family		
NIDOS registration number of child	Reception family number ¹	<input type="checkbox"/> related family <input type="checkbox"/> non related family
Family name/surname of child	Name of reception family	
First name(s) of child	Date and place of birth of reception parent 1	
	Date and place of birth of reception parent 2	
Name by which they are known	Number of children of their own	
Gender	Boy(s) Girl(s)	
Date of birth	Ages per gender Boy(s) Girl(s)	
Nationality	Nationality/nationalities	
Tribe	Tribe	
Religion	Religion(s)	
Current address	Address	
Reception facility	Town/City	
Date of arrival in the Netherlands	In the Netherlands since	
Languages	Languages	
Fluency in Dutch/other languages	Fluency in Dutch/other languages	
Child protection measure <input type="checkbox"/> (temporary) Guardianship <input type="checkbox"/> (V) OTS <input type="checkbox"/> VoVo	<input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor <input type="checkbox"/> none	

¹ Fill in the family number as recorded in PRS (registration system for children Nidos is responsible for).

Status	Status
<input type="checkbox"/> Residence permit	<input type="checkbox"/> Residence permit
<input type="checkbox"/> Uncertainty concerning procedure	<input type="checkbox"/> Uncertainty concerning procedure
<input type="checkbox"/> Denied asylum	<input type="checkbox"/> Denied asylum
<input type="checkbox"/> Return process	<input type="checkbox"/> Return process
<input type="checkbox"/> Other	<input type="checkbox"/> Other
Name of guardian:	
Acting guardian:	
Region:	
Telephone number:	
Mobile phone:	

Child's situation	Strengths	Areas of concern
Right to stay	<input type="checkbox"/> Residence permit <input type="checkbox"/> Other	<input type="checkbox"/> Uncertainty concerning procedure <input type="checkbox"/> Denied asylum <input type="checkbox"/> Return process <input type="checkbox"/> Other
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		
Child's relationship with reception family	<input type="checkbox"/> Know each other <input type="checkbox"/> Same culture <input type="checkbox"/> Same religion <input type="checkbox"/> Same language <input type="checkbox"/> Children of the same age <input type="checkbox"/> Other children are older <input type="checkbox"/> Other	<input type="checkbox"/> Do not know each other <input type="checkbox"/> Different culture <input type="checkbox"/> Different religion <input type="checkbox"/> Child and family speak different languages <input type="checkbox"/> Only younger or older children <input type="checkbox"/> Other
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		
Placement prospects	<input type="checkbox"/> Initial reception <input type="checkbox"/> Short-term placement <input type="checkbox"/> Long-term placement <input type="checkbox"/> Date of placement	<input type="checkbox"/> Unclear <input type="checkbox"/> Very uncertain <input type="checkbox"/> Placement possible until
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		

Earlier placements	<input type="checkbox"/> First placement <input type="checkbox"/> Previous successful placement(s)	<input type="checkbox"/> Previous placement breakdowns
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		
Role of biological family	<input type="checkbox"/> Family supports placement <input type="checkbox"/> Reception family was suggested by biological family <input type="checkbox"/> Family reunification has been requested <input type="checkbox"/> Regular contact with biological family	<input type="checkbox"/> Family does not support placement <input type="checkbox"/> There is no contact with family <input type="checkbox"/> There are problems with family reunification
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		
Siblings	<input type="checkbox"/> Child will be placed with siblings	<input type="checkbox"/> Siblings in another family
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		
Any inappropriate sexual behaviour (victim or perpetrator)	<input type="checkbox"/>	<input type="checkbox"/>
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		

Matching decision model (factors used to make a match)

Child's characteristics	Strengths	Areas of concern
Intelligence	<input type="checkbox"/> Intelligent <input type="checkbox"/> Went to school <input type="checkbox"/> Good school results <input type="checkbox"/> Other	<input type="checkbox"/> Learning disabilities <input type="checkbox"/> No or very little education <input type="checkbox"/> Illiterate <input type="checkbox"/> Problems with school tasks <input type="checkbox"/> Other
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		
Coping behaviour	<input type="checkbox"/> Problem-solving <input type="checkbox"/> Seeks social support <input type="checkbox"/> Expression of emotions <input type="checkbox"/> Reassuring thoughts and wishful thinking	<input type="checkbox"/> Avoidance/denial <input type="checkbox"/> Palliative reactions <input type="checkbox"/> Recurring depressive reactions <input type="checkbox"/> Expression of emotions <input type="checkbox"/> Reassuring thoughts and wishful thinking
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		

Psychological and emotional development	<input type="checkbox"/> Trust in others <input type="checkbox"/> Cheerful <input type="checkbox"/> Can show emotions <input type="checkbox"/> Can regulate emotions <input type="checkbox"/> Other	<input type="checkbox"/> Symptoms of trauma <input type="checkbox"/> Symptoms of anxiety <input type="checkbox"/> Symptoms of depression <input type="checkbox"/> Problem with attachment and/or trust in others <input type="checkbox"/> Too much trust in others <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Emotional outbursts <input type="checkbox"/> Detached <input type="checkbox"/> Other
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		
Social development	<input type="checkbox"/> Has friends <input type="checkbox"/> Makes friends easily <input type="checkbox"/> Easy to get on with <input type="checkbox"/> Appropriate behaviour <input type="checkbox"/> Other	<input type="checkbox"/> Has few friends <input type="checkbox"/> Finds it hard to make friends <input type="checkbox"/> Not easy to get on with <input type="checkbox"/> Inappropriate behaviour <input type="checkbox"/> Other
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		
Physical development	<input type="checkbox"/> Adequate physical development <input type="checkbox"/> Physical health <input type="checkbox"/> Normal weight <input type="checkbox"/> Not circumcised <input type="checkbox"/> Other	<input type="checkbox"/> Inadequate physical development <input type="checkbox"/> Looks older/younger than calendar age <input type="checkbox"/> Overweight/underweight <input type="checkbox"/> Circumcised <input type="checkbox"/> Physical disabilities <input type="checkbox"/> Other
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		
Self reliance	<input type="checkbox"/> Good personal care and hygiene <input type="checkbox"/> Able to look after themselves <input type="checkbox"/> Can keep to agreements <input type="checkbox"/> Capable of solving problems <input type="checkbox"/> Other	<input type="checkbox"/> Poor personal care and hygiene <input type="checkbox"/> Needs extra guidance for keeping to agreements <input type="checkbox"/> Cannot keep to agreements <input type="checkbox"/> Other
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		

Behaviour	<input type="checkbox"/> Behaves appropriately <input type="checkbox"/> Keeps to rules and agreements <input type="checkbox"/> age-appropriate behaviour	<input type="checkbox"/> Rebellious <input type="checkbox"/> Indifferent to punishments or rewards <input type="checkbox"/> Lies <input type="checkbox"/> Aggressive behaviour <input type="checkbox"/> Sexually inappropriate behaviour <input type="checkbox"/> Age-inappropriate sexual behaviour <input type="checkbox"/> Age-inappropriate behaviour <input type="checkbox"/> Delinquent behaviour <input type="checkbox"/> Socially acceptable behaviour
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		
Motivation for placement	<input type="checkbox"/> Child is positive about placement <input type="checkbox"/> Child not sure about the placement <input type="checkbox"/> Child was part of this family in country of origin	<input type="checkbox"/> Child does not want to be placed in a family <input type="checkbox"/> Child does not want to be placed in this family <input type="checkbox"/> Child does not give their opinion on the placement
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		
Extra information about the child	<input type="checkbox"/> Talents <input type="checkbox"/> Sport <input type="checkbox"/> Hobbies <input type="checkbox"/> Other	<input type="checkbox"/>
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		

Reception family's situation	Strengths	Areas of concern
Pedagogical skills	<input type="checkbox"/>	<input type="checkbox"/>
Caring skills	<input type="checkbox"/>	<input type="checkbox"/>
Offering safety	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>
Cultural added value	<input type="checkbox"/>	<input type="checkbox"/>
Supports future prospects	<input type="checkbox"/>	<input type="checkbox"/>
Integration in the Netherlands	<input type="checkbox"/>	<input type="checkbox"/>
Number of places according to age	<input type="checkbox"/>	<input type="checkbox"/>

Family's capabilities for coping with life events / stability	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for the placement	<input type="checkbox"/>	<input type="checkbox"/>
Sustainability of the placement that the family can offer	<input type="checkbox"/>	<input type="checkbox"/>
Safety for the child	<input type="checkbox"/>	<input type="checkbox"/>
Clarification of strength and/or area of concern <input type="checkbox"/> yes <input type="checkbox"/> no		

Possible safety risks

What are the considerations for placing/not placing or confirming/not confirming the family network placement?

Match:

yes no

What are the points of attention for guidance? (add these to the care plan for the child)

Matching process

Agreements about meeting and getting to know each other?

What is the family's opinion?

What is the child's opinion?

Autorisations

Date	
Name of guardian	
Signature	
Date	
Name of social worker responsible for the family	
Signature	
Date	
Name of manager	
Signature	