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| **All WEP documents should have an adoption alert attached** |

# Welsh Early Permanence: Child Referral Form

To be completed by child’s social worker at earliest opportunity when WEP being considered and sent to agreed point of contact in regional adoption service.

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| **Child’s details**Please complete relevant section below. If siblings are to be placed together, please complete a separate referral for each child |
| **Pre-birth** |
| **Estimated date of delivery** **(EDD)** **and relevant hospital** |  |
| **Mother’s details**Please include: Name, date of birth, current address, contact details |  |
| **Father’s details**Please include: Name, date of birth, current address, contact details |  |
| **Post birth** |
| **Name of child** |  |
| **Date of birth** |  |
| **Current placement**Please include details of who the child is currently living with: name, address, contact details, relationship to the child |  |

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| **Child’s current Care Plan** |
| **What is the child’s current legal status?** |  |
| **Is the plan for the child…** (please tick as appropriate)[x]  To be separated soon after birth (at ICO) and placed with WEP carer[ ]  To be placed with WEP carer following a failed residential assessment with parents during care proceedings?[ ]  To be placed with WEP carer following a failed kinship foster placement under regulation 26 Care Planning, Placement and Case Review (Wales) Regulations 2015[ ]  To be placed, post care order, following a failed placement with parents or kinship foster placement where the contingency plan in the event of disruption is for adoption |
| **Care proceedings** |
| **Have care proceedings commenced?**  | YES - please indicate where you are in proceedings | NO – please indicate when application will be made |
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| **Give dates of any forthcoming hearings and, if a newborn, any plan to seek an ICO and separation from birth parents** |  |
| **Are the parents (and their solicitors if instructed) aware of the plan for a WEP placement?** | YES – include date information provided below | NO – please indicate plans to do so below |
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| **Is the court aware of the plan for a WEP placement?** | YES – include date information provided below | NO – please indicate plans to do so below |
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| **Are the children’s guardian and IRO aware of the plan for a WEP placement?** | YES – include date information provided below | NO – please indicate plans to do so below |
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| **Has there been a FGC / meeting or is there one planned?** | YES – include date of meeting and relevant details | NO – please indicate plans to do so below |
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| **Have there been, is there currently or is it planned to undertake any viability assessments?** | YES – with whom, stage of assessment and expected date of conclusion | NO – please indicate plans to do so below |
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| **Does the child have older siblings (maternal or paternal) living elsewhere?** | YES – provide details below including whether the carers/ adopters of older siblings have been contacted? | NO – please indicate plans to do so below |
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| **If no care proceedings** |
| **If proceedings have concluded, was there a contingency plan for adoption?**If yes, include date this contingency plan was confirmed (date Care Order made) |  |
| **If the child is being relinquished, please detail below where the process has got to with reference to the Good Practice Guidance for Adoption Agencies and Cafcass Cymru: Children Relinquished for Adoption** and WEP framework document (link to guidance on NAS website and 6) |
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| **If the child is coming from another placement** |
| **If the child is to be placed in a WEP placement following the disruption of a residential assessment, kinship placement or placement with parents’ placement, give brief details on the precipitating events leading to the disruption** |
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| **Contact plan** |
| **What is the plan for contact?** (With whom, how often, for what length, where the contact will take place) |
| **Name and relationship to child** | **Frequency and length of contact** | **Venue** (include relevant specifics eg who will supervise the session, planning and transport arrangements) |
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| **Name and relationship to child** | **Frequency and length of contact** | **Venue** (include relevant specifics eg who will supervise the session, planning and transport arrangements) |
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| **Name and relationship to child** | **Frequency and length of contact** | **Venue?** (Include relevant specifics e.g. who will supervise the session, planning and transport arrangements) |
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| **Name and relationship to child** | **Frequency and length of contact** | **Venue?** (Include relevant specifics eg who will supervise the session, planning and transport arrangements) |
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| **Outline any risk there may be in one or both parents or other family members in meeting the WEP carer at contact handovers** |
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| **Background and history** |
| **Family background** Include a brief history of social work involvement with the family and the concerns for this particular child.This should include any knowns but also any “grey areas” - what is currently unknown.For example: is paternity not confirmed? Is there uncertainty about baby’s future development if parents both have mental health issues, drug and alcohol use, exposure to DV and/or learning difficulties? |
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| **Is paternity confirmed?** If not, what is being done to identify birth father |  |
| If a **relinquished baby**, is a Part 19 application planned? |  |
| **Current circumstances of parents** (including their relationship, their wishes and feelings, any current drug or alcohol; use, any domestic violence, unmet mental health needs, housing or immigration problems) |
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| **Details of any older siblings** (including ages, any health or development issues, where they are placed now, legal status) |
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| **Geographical locality of parents and other close family members.** Outline where each relevant family member lives (and works) including any siblings where there is a plan for contact |
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| **Any risk that birth parents or wider family members may pose to the WEP placement if the child is placed in the same geographical area.** An individual risk assessment will need to be completed and the decision made should be proportionate to any risk identified, and whether any support can be provided to mitigate/ minimise this risk. |
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| **Current health and development needs of the child** |
| **If child is unborn, are there any issues during pregnancy that may have affected the child in utero** Please include: exposure to domestic violence / abuse, exposure to drugs and /or alcohol, lack of engagement with health, unmet mental health needs  |
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| **If alcohol misuse has been identified, has there been an alcohol history taken by the health visitor or social worker?** If yes, please summarise key details |
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| **Has permission been obtained to access medical information of parents?** If yes, please summarise key details |
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| **If the child is born, include comments / reports of the medical adviser and any GP, treating paediatrician or other specialist.** Please confirm that the Medical Advisor has been informed that the child may go onto a WEP placement, and therefore an early meeting with the prospective WEP carers will be required.  |
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| **Details of any information on the child’s general developmental progress and the outline of any concerns** |
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| **Has there been / is it planned for the completion of a Trauma Nurture Timeline and an Understanding the Child Day?** Please detail.  |
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| **Referral Summary** |
| **Adoption Region** |  |
| **Preferred area of placement within region.**  |  |
| **Please indicate any specific geographical areas that need to be avoided.**  |  |
| **Key Characteristics of family needed, including whether a single carer could be considered** |  |

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| **To be completed by child’s social worker prior to sending the completedWEP Child Referral form** |
| **Name and contact details of child’s social worker completing referral** |  |
| **Signature**  |  | **Date referral form completed** |  |
| **Name and contact details of Team Manager** (Childcare) |  |
| **Signature** |  | **Date referral form agreed** |  |
| **Is the Head of Service/ DM for the child aware of the child’s referral for a WEP placement** | [ ]  Yes [ ]  No |
| **Name and contact details of Family Finding Manager, or equivalent, in Adoption region** (please include details of senior point of contact this form is sent to) |  |
| **Date WEP Child Referral form sent to Adoption Region** |  |

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| **On receipt of WEP Child Referral form, the Family Finding Managerin Adoption region will complete the information below.** |
| **Date WEP Child Referral form received** |  |
| **Name and contact details of allocated Family Finding adoption social worker**  |  |
| **Date of allocation** |  |
| **Name and contact details of agreed point of contact in nominated Fostering Service** (please include details of senior point of contact this form is sent to) |  |
| **Date form sent to Fostering Service (see above) by Family Finding adoption social worker** |  |
| **Name and contact details of allocated Fostering social worker** |  |