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

# Welsh Early Permanence Matching Framework

This WEP matching framework document takes account of the fact that it will facilitate a short-term foster placement. However, it also acknowledges that the placement may become an adoptive placement. Therefore, the matching framework should include sufficiently detailed information and afford as much time as possible for all the practitioners involved and the proposed WEP carers to make the WEP placement matching decision.

This document should be completed by the ASW in consultation with CSW and FSW prior to a WEP Matching meeting. Information from the WEP Child Referral form and WEP Referral Planning meeting can be used when completing this document.

A WEP Matching meeting will be held to discuss information in this document about the proposed WEP match and add any further detail that might be available; this meeting will be facilitated by a manager within the Family Finding team in the adoption region and will include the ASW, CSW and FSW

Any updates should be clearly dated.

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| **Child’s details**  If siblings are to be placed together, please complete a separate referral for each child | |
| **Pre-birth** | |
| **Estimated date of delivery** **(EDD)** |  |
| **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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| **WEP Carers details**  This should include the details of the approved WEP carer with whom a match is being proposed with above child. **For the purposes of confidentiality, first names only should be used.** | | | |
| **First name of WEP carer/s** | |  | |
| **Date of approval (Adoption panel)** | |  | |
| **Date of approval (Fostering panel)** | |  | |
| **Information sharing about the child** | | | |
| Is the child’s social worker satisfied that there has been full disclosure of relevant information relating to the child’s background? | | | Y  N |
| If yes, indicate below the documents that have been disclosed |  | | |
| If not, please indicate where there might be potential gaps. What are the areas needing further clarification? |  | | |
| Is there specific health information that needs to be shared by a suitably qualified health practitioner who is involved in the care of the child e.g. paediatrician or G.P.? Please detail.  Please note, this is in addition to information shared by the Agency Medical Advisor if this has been arranged. |  | | |
| Name, designation and contact details of health practitioner with overall responsibility for child’s health care. |  | | |
| Details of any additional health practitioners involved. |  | | |
| Have the WEP carers signed an agreement stating that they will keep all information confidential in relation to any child considered, whether matched or not? | | | Y  N |

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| **The current legal process**  This information is to be obtained and shared on the basis that it cannot provide any certainty in respect of the outcome of the proceedings. | | |
| Has there been a family group conference/meeting? | | Y  N |
| If yes, please indicate any issues identified, including the possibility of family options. |  | |
| If not, please indicate any plans to hold one and date. |  | |
| Is the child’s father known to the local authority? | | Y  N |
| If yes, is he involved with the care proceedings? | | Y  N |
| If the father is not known, what plan are in place to establish his identity? What is the likelihood of him being identified? |  | |
| Are there any extended family members who are expressing interest in caring for the child? | | Y  N |
| If yes, please provide details of above. This will include details of the current stage of any assessment. |  | |
| Are there other siblings or half siblings (maternal and paternal) involved in the care proceedings or siblings in other placements? | | Y  N |
| If yes, please provide details of above including whether the carers/ adopters of older siblings have been contacted?  **NB: ensure confidential details are not included** |  | |
| Are there any identified risks in relation to this match that should be highlighted in addition to the original risk assessment in the WEP Child Referral form. | | Y  N |
| If yes, please provide details |  | |
| Can any support be offered to offset the risk and has this been agreed? | | Y  N |
| Please provide details of support required |  | |
| **Geographical proximity** | | |
| How far is the proposed placement from the parents’ home (both if relevant)? |  | |
| How far is the proposed placement from involved extended family members? |  | |
| Does the proximity of the placement to the parents’ home mean that there will be shared venues (eg shopping areas)? | | Y  N |
| If yes, please provide details and how this will be managed for the duration of the WEP placement. |  | |
| Are there any factors within the WEP carers’ family requiring consideration (e.g. work or professional links with an area) | | Y  N |
| If yes, please provide details  **NB: ensure confidential details are not included** |  | |
| **Other risk factors** | | |
| Are there any particular factors within the WEP carers family that require attention before agreeing to the placement? | | Y  N |
| If yes, please provide details  **NB: ensure confidential details are not included** |  | |
| Does the original risk assessment conclude that there is no, or very little, risk in the WEP carers having direct contact with parents in an early meeting and when facilitating contact? | | Y  N |
| If yes, please provide details and how this will be managed for the duration of the WEP placement. |  | |
| If there is a perceived risk, can that be overcome with support? | | Y  N |
| If yes, please detail support required and how this will be met |  | |
| If there is a perceived risk, will contact need to be facilitated by a third party (a consistent contact supervisor)? | | Y  N |
| If yes, is this arrangement in place? | | Y  N |

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| **The proposed WEP carers’ particular circumstances** | | |
| Are there any new or additional work or family commitments which may be relevant to the proposed WEP carers’ capacity to be matched with this particular child? | | Y  N |
| If yes, please provide details |  | |
| Does the timing of this placement affect any children in the family (for example transitions to nursery or primary school)? | | Y  N |
| If yes, please provide details  **NB: ensure confidential details are not included** |  | |
| Does the anticipated length of proceedings affect any long-term plans within the family (e.g. a planned house move/large extension) and how would the WEP carers manage the uncertainty over a longer period? | | Y  N |
| If so, please provide details and consideration of whether these plans can be delayed and if additional support might be needed. Please provide details |  | |
| What is the understanding of any child within the family of the proposed WEP placement? Have their parents discussed the placement, with its uncertainties, with the child/children in an age-appropriate way? Has advice been given/work been undertaken with the child/ children concerned? |  | |
| Are you content that the child/ren in the family will take the lead on the placement from the WEP carers? | | Y  N |
| If not, please provide details of support needs identified and how these will be met |  | |
| **Older adopted siblings** | | |
| What is the older child’s understanding of their family (both adoptive and birth)? |  | |
| Has information about the proposed placement been shared with the child and do they understand that, though this is a sibling, the child may not remain with them and may return to family? | | Y  N |
| Please indicate if any support needs have been identified and how these will be met. |  | |
| Has the issue of contact with birth family been considered from the older sibling’s perspective? | | Y  N |

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| **Trauma nurture timeline / Understanding the Child Day** | | |
| Has there been a discussion about the child’s experiences, both pre and post-natal? | | Y  N |
| If not so far, is there a plan to share the relevant information about the child and birth family in a trauma informed way? | | Y  N |
| Please provide details |  | |

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| **Facilitating contact** | | | |
| Does the WEP carer have the capacity to facilitate the level of contact proposed/agreed by the court during proceedings? | | | Y  N |
| If no, please indicate reasons for this and what arrangements / support will need to be offered | |  | |
| Where is the proposed contact venue? | |  | |
| What is the average drive time between WEP carers’ home and contact venue? | |  | |
| Is this a reasonable plan for the child in terms of travel time per week? | | | Y  N |
| Please provide details | |  | |
| Is the WEP carer who will be responsible for contact feeling confident in meeting and exchanging information with the parent(s)? | | | Y  N |
| Is any additional support required and how will this be provided? | |  | |
| If face to face discussions with parents are not possible, is there a handover / contact book so that the WEP carer can provide information to the parent(s) | | | Y  N |
| Do the WEP carers understand the potential differences in contact arrangements during proceeding, following a Placement Order should one be made, and subsequently following an Adoption Order? | | | Y  N |
| Do the WEP carers have the capacity to facilitate the level of long-term contact being proposed/agreed? | | | Y  N |
| Please detail any predicted support needs in relation to contact should a Placement Order / Adoption Order be granted | |  | |
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| **Health and development** | | | |
| **Babies placed directly from hospital** | | | |
| Have the WEP carers been able to draw upon their knowledge of uncertainty learned from their preparation and training? | | | Y  N |
| Please detail any additional identified information/support to be provided |  | | |
| Will the WEP carers be able to respond within the child’s timeframe to any practical considerations?  This might include leave from work at short notice, attending hospital on a regular basis if there is a need for the child to remain in hospital following birth.  Are they open to accessing support from experienced foster carers for children with specific needs e.g. drug withdrawal? Please detail below | | | |
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| Has all the information that is available (including information on older siblings (maternal and paternal) if relevant) been shared with the WEP carers? | | | Y  N |
| If not, please detail when this will be done |  | | |
| Have the WEP carers been able to discuss the baby’s health and possible concerns for development with the medical adviser / other health practitioner? Have the WEP carers discussed all relevant issues surrounding the child and their family? | | | Y  N |
| Please detail any issues arising from this, and any further discussion/support arising from this and how this will be provided |  | | |
| Within the short timescale available, have the WEP carers had the time to properly consider this as a match, not only as a foster placement but as a possible adoptive placement? | | | Y  N |
| Please identify if further support is required and how this will be provided |  | | |
| If no, please indicate when a meeting will take place? |  | | |
| **Babies and children placed at a later date** | | | |
| Have the WEP carers been provided with all the available information about the child’s health and development and any relevant information about siblings? | | | Y  N |
| Please identify if further information / support is needed and how this will be provided |  | | |
| Have the WEP carers had the opportunity to discuss the child with the medical adviser / other relevant medical practitioner? | | | Y  N |
| If yes, please detail date of discission and any issues arising from this |  | | |
| If no, please indicate when this meeting will take place? |  | | |
| With an older child, have the WEP carers been able to meet with nursery /school? | | | Y  N |
| Please detail date and any issues arising from this |  | | |
| Within the short timescale available, have the WEP carers had the time to properly consider this as a match, not only as a foster placement but as a possible adoptive placement? | | | Y  N |
| Please identify if further support is required and how this will be provided |  | | |
| **Ethnicity, culture and religion** | | | |
| If there is uncertainty as to the child’s ethnic, cultural or religious background, has this been discussed with the WEP carers? | | | Y  N |
| If yes, please provide details |  | | |
| Has all the information that is available about the child’s identity, culture and religion been shared with the WEP carers? | | | Y  N |
| If not, please provided details of how this will be addressed |  | | |
| Has there been a discussion on the WEP carers commitment and capacity to support the child throughout their childhood in understanding and maintaining their heritage? | | | Y  N |
| Please identify any current and predicted support needs that arise from this |  | | |
| **Support needs** | | | |
| Are there any additional support needs identified as a result of this match (e.g. child’s medical needs/ caring for vulnerable babies / work with existing children in the family)? | | | Y  N |
| Please provide details, and indicate how these will be addressed in immediate and potentially long term. This should include details of the foster carer buddy that has been allocated. |  | | |

# Summary and Agreements

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| 1. **To be completed by Adoption Manager in the WEP Matching meeting as appropriate.** | | | |
| Summarise issues that have been discussed in the WEP Matching Meeting that have led to the decision making regarding this child and the prospective WEP carer/s.  **N.B: ensure confidential details are not included** | | | |
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| **Recommendation in respect of the WEP match.** This should include whether the decision is unanimous. | | | |
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| Date of WEP Matching meeting | |  | |
| Adoption region | |  | |
| Name and contact details of Family Finding social worker completing Matching framework | |  | |
| Signature | |  | |
| Date Matching framework initially completed |  | Dates Matching Framework updated |  |
| Name and contact details of Team Manager (Family finding) | |  | |
| Signature |  | Date Matching framework agreed |  |
| Name and contact details of Child’s social worker | |  | |
| Signature |  | Date Matching framework agreed |  |
| Name and contact details of Team Manager (Childcare) | |  | |
| Signature |  | Date Matching framework agreed |  |
| Name and contact details of allocated Fostering social worker | |  | |
| Signature |  | Date Matching framework agreed |  |

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| 1. **Following the WEP Matching meeting, ASW to share information with prospective WEP carer/s.** To be completed by ASW and prospective WEP carers as appropriate. | | | | | |
| Has the prospective WEP carer/s been provided with the Matching framework document and any other relevant information? | | | | | Y  N |
| Detail information provided | |  | | | |
| Date information provided | |  | | | |
| Have the prospective WEP carer/s had sufficient opportunity to read and understand the information? | | | | | Y  N |
| If no, what further information and support might be needed? | |  | | | |
| Do the prospective WEP carer/s understand and accept the inherent uncertainties that might be present? | | | | | Y  N |
| Detail any additional support that might be needed at this stage | |  | | | |
| I/we have read the WEP Matching framework document and have the following observations / additional comments to make: | | | | | |
|  | | | | | |
| First name and signature of WEP carer |  | | Date |  | |
| First name and signature of WEP carer |  | | Date |  | |

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| 1. **Following the WEP Matching meeting and Information sharing with prospective WEP carer/s, information should be sent to the Head of Service/ DM in child’s Local Authority as soon as possible.** | |
| Detail information sent |  |
| Date information sent |  |

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| 1. **To be completed by Head of Service/ DM for the child’s Local Authority following the WEP Matching meeting** | | | |
| Date of WEP Matching meeting |  | | |
| Name of child |  | | |
| First name/s of prospective WEP carers |  | | |
| Recommendation in respect of a WEP match |  | | |
| In making the agency decision, I have read the information in the WEP Matching framework document including the issues that led to the recommendation, and have read the following documents | | | |
|  | | | |
| Date of receipt of reports |  | | |
| Does the WEP information and process comply with Regulations and are all documents signed off correctly? | | | Y  N |
| Have all necessary investigations and enquiries been made as far as possible at this stage? | | | Y  N |
| Is there any additional information now available that was not considered at Adoption and Fostering panels when approving WEP carer? | | | Y  N |
| If yes, what is the nature of this information and outline whether this has had an impact on the decision of DM? |  | | |
| **In reaching my decision, I have considered:**   * WEP Child Referral form * WEP Matching framework document * Adoption Panel Minutes (Approval of prospective adopters) * Fostering panel minutes (Approval of WEP carer) * Any other documents requested (**please detail**)   I agree with the process and approach of the relevant panels and am satisfied as to its fairness and that the panels have properly addressed arguments.  I am satisfied that the WEP referral and matching process has been robust and addressed issues as appropriate.  I am aware that the WEP framework will be updated when new information becomes available and shared with the WEP carers as appropriate. | | | |
| Key reasons supporting recommendation of WEP placement | |  | |
| Any challenges identified/ additional support or services that may need to be considered to support the WEP match | |  | |
| WEP Matching meeting recommendation agreed | |  | |
| Name and contact details of Heads of Service/ DM for the child’s LA with responsibility for signing off the proposed match of child with WEP carer/s | |  | |
| Signature | |  | |
| Date agreed by Head of Service/ DM | |  | |