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

# Welsh Early Permanence Placement Plan

**(Includes signed statements for the child to be looked after by WEP carer/s and Parental Consent to Medical Treatment)**

To be completed by the Child’s social worker on placement of the child

A copy should be given to the WEP carer/s, and a copy held on WEP carer/s file in the Adoption service (this should also be accessible to FSW)

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| **Child’s details** | | | | |
| Surname |  | First name/s |  | |
| D.O.B. |  | Gender |  | |
| Current legal status |  | WCCIS Number |  | |
| Does the child have any allergies/ dietary requirements? | | | | Y  N |
| If yes, provide details | | | | |
|  | | | | |
| Does the child have any current medication or is undergoing any medical treatment? | | | | Y  N |
| If yes, provide details | | | | |
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| Does the child receive Personal Independence Payment (PIP) or is an application pending | | | | Y  N |
| Does the child have a statement of Special Education needs, or equivalent? | | | | Y  N |

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| **Social worker’s details** | | | |
| **Child’s social worker** | | | |
| Name | Address | Telephone number | Email |
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| **Adoption Social worker** | | | |
| Name | Address | Telephone number | email |
|  |  |  |  |
| **Fostering Social worker** | | | |
| Name | Address | Telephone number | Email |
|  |  |  |  |
| **Other LA professional involved eg support worker, Contact worker** | | | |
| Name | Address | Telephone number | Email |
|  |  |  |  |
| **Out of Hours Telephone Support ie EDT, LA fostering out of hours support** | | | |
| Name |  | Telephone number |  |
| Name |  | Telephone number |  |
| **From beginning of placement to either the end of placement** **or the making of the placement order / authority to place:** the Care Planning, Placement and Case Review (Wales) Regulations 2015 apply:   * **Reviews**: within 20 days of placement, no more than three months and thereafter no more than six monthly intervals (reg 39) * **Visits**: within one week of the placement and thereafter at intervals of not more than six weeks (reg 31)   **Good practice in terms of minimum frequency for both ASW and CSW visiting in the early weeks of a WEP placement would be for this to mirror the post adoption placement weekly visits. This is particularly relevant for a child with additional needs and where minimal information might have been available pre-placement.** | | | |

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| **WEP Placement details (anonymised)**  Use first names only. The child’s parents and wider family should not be given any identifying/ contact information about the WEP carers. | | |
| **First name/s of WEP carer/s** |  | |
| **Date WEP Placement started** |  | |
| **Likely duration of WEP placement**  This will be an estimated timeframe only based on estimate length of court proceedings/ any assessments being undertaken.  If decision is made for reunification, this will include estimated timeframe for child’s transition. |  | |
| **Are the WEP carer/s aware of financial support and leave they are entitled to?** This includes fostering payment, and adoption payments and leave. | | Y  N |

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| **Other professionals involved with the child**  This must include (if the child has one): G.P; Consultants eg paediatrician; SALT; CAMHS; Dentist; Health Visitor; School; Designated Teacher; IRO; Cafcass Cymru officer. | | |
| **Name** | **Role** | **Contact tel no & email** |
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| **Who will be responsible for notifying key professionals of child becoming looked after and any change of placement?** This will usually be the child’s social worker | | |
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| **Family Relationships and Contact** | | | | |
| What arrangements for contact have been made? All members of the child’s family and any other significant people must be listed even where contact arrangements are not yet in place. Please consider any sibling keeping in touch arrangements. | | | | |
| **Name** | **Relationship to child** | **Type of contact** | **Frequency** | **Arrangements** |
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| **What support needs to be provided to enable parents/ wider family to engage in contact?** Provide detail. | | | | |
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| **How will the WEP carer/s be involved in contact?** This should include details of transport and handover / settling at contact session; transfer of relevant information etc | | | | |
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| **Is there anyone with whom contact with the child is restricted or forbidden?** If yes, provide detail | | | | |
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| **Information sharing and support** |
| **Provide a summary of what led to the child becoming looked after, their cultural and linguistic background, religion, and racial origin. This should include any pre-birth exposures e.g. to drugs, alcohol, domestic violence**  **Include details of how the child’s expresses their needs, any known triggers and soothers, the child’s routine, likes/ dislikes.**  Has sufficient information been provided to the WEP carer/s about the child’s background and heritage; the child’s experiences and impact of these; the child’s routines and presenting behaviours? Have the WEP carer/s been supported to understand the impact of these from a trauma informed perspective?  Include whether a TNTL has been compiled and whether a UTCD or equivalent has been held or planned. |
|  |
| **Does the child have any needs arising from their religious or cultural heritage?** Provide detail. |
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| **Does the child attend school/ nursery and will they continue to attend the same provision?** Provide detail |
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| **Note: the WEP Delegated Authority Agreement must be completed at the WEP Placement Planning meeting indicating the persons responsible for making decisions regarding the child** |

# Signed statements for the child being looked after by a WEP carer

To be signed and scanned to the child record

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| **Child’s social worker** | |
| The above information is correct to the best of my knowledge and belief | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

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| **Approved WEP Carer** | |
| I/we agree to look after **(insert child’s name)** at our home address given and comply with all aspects of the WEP foster care agreement as set out in the Fostering Panels (Establishment and Functions) (Wales) Regulations 2018, Schedule 3.  I/we agree to co-operate with all arrangements made by **(insert child’s Local Authority)** and **(insert nominated fostering agency)** | |
| **First name (WEP carer 1)** |  |
| **Signature** |  |
| **Date** |  |
| **First name (WEP carer 2)** |  |
| **Signature** |  |
| **Date** |  |

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| **Parent / person with parental responsibility** | |
| I understand that **(insert child’s name)** will be looked after by **(insert child’s LA)** with WEP carer/s whilst decisions are being made about their future. | |
| **Name** |  |
| **Signature** |  |
| **Date** |  |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

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| **Service Manager / Principal Officer Authorisation** | | | |
| **Name** |  | **Team** |  |
| **Signature** |  | **Date** |  |

Parental Consent to Medical Treatment/ Interventions and Health Assessments

This information will be based on discussions between the child’s social worker and parents and will inform the WEP Delegated Authority Agreement made with the WEP carer/s.

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| I/we **(insert parents name/s),** who have parental responsibilities for **(insert child’s name)** D.O.B. **(insert)** agree to **(insert child’s Local Authority)** arranging surgical, medical and dental procedures, treatments and health assessments, and immunisations for the above-named child whilst they are looked after. | | |
| **Type of treatment** | **Yes / No** | **Name and position of the person the authority has delegated the responsibility for giving consent to medical treatment (even if parental agreement is withheld or absent)** |
| Emergency surgical, medical and dental examinations and intervention (including anaesthetics) |  |  |
| Routine medical and dental intervention / treatment deemed by an appropriate medical practitioner to be in the best interests of the child (including immunisations) |  |  |
| Planned intervention / treatment including surgery and / or investigations \* deemed by an appropriately qualified medical practitioner to be in the best interests of the child |  |  |
| The issue of consent to medical / health treatment has been explained to me and I have received written information in relation to my/ our consent being given | | |

\*Consent for investigations in relation to genetic tests or blood borne infections are not included

**Additional agreements and consents might be required for children with complex health needs. For example, consent to use and provision of specialist equipment such as tube feeding**

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| **Additional agreement- please specify** | **Parental Consent**  **Yes / No** | **Name and position of the person the authority has delegated the responsibility for giving consent to medical treatment** |
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| **Parent/s or people with parental responsibility may wish to give their views about any of the above treatments.** Please include below |
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| **Parent/ person with Parental Responsibility** | | | |
| **Name** |  | **Name** |  |
| **Relationship** |  | **Relationship** |  |
| **Signature** |  | **Signature** |  |
| **Date** |  | **Date** |  |