# 

# Appendix 2

# Back up carer assessment

**Section 1**

Details of the child, child’s social worker, main foster carer and fostering social worker.

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| **Child’s details** | | | |
| Surname: |  | Forename(s): |  |
| Gender: |  | D.o.B: |  |
| Address:  (main foster placement) |  | PARIS ID: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Main foster carer details** | | | |
| Foster carer/s’ name: |  | PARIS ID: |  |
| Relationship to child/ren placed: |  | Date placed: |  |

**Section 2**

Details of the back up carers and family/household members.

|  |  |  |  |
| --- | --- | --- | --- |
| **Back up carer details** | | | |
| Surname: |  | Forename(s): |  |
| Gender: |  | D.o.B.: |  |
| Relationship to child/ren : |  | PARIS ID.: |  |
| Surname: |  | Forename(s): |  |
| Gender: |  | D.o.B.: |  |
| Relationship to child/ren : |  | PARIS ID.: |  |
| Current contact level with child/ren: |  | | |
| Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Back up carer family/household member details** | | | |
| Surname: |  | Forename(s): |  |
| Gender: |  | D.o.B.: |  |
| Relationship to child/ren : |  | PARIS ID.: |  |
| Surname: |  | Forename(s): |  |
| Gender: |  | D.o.B.: |  |
| Relationship to child/ren : |  | PARIS ID.: |  |
| Current contact level with child/ren: |  | | |
| Relationship to back up carers: |  | | |

**Section 3**

Assessment of back up carers

|  |  |  |
| --- | --- | --- |
| **Checks** | **Back up carer 1** | **Back up carer 2** |
| **DBS**  Date and outcome |  |  |
| **Children’s Services**  Date and outcome |  |  |

|  |
| --- |
| **Brief description of care arrangements**  Please include where the care will be provided, who will be in the house at the time |
|  |

|  |
| --- |
| **Capacity to care**  Consider the skills, competence and potential relevant to their capacity to care effectively for this child/children alongside any other caring responsibilities. |
|  |

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| **Safeguarding**  Can the back up carer/s adequately protect the child/ren from harm or danger, including from any person who presents a risk of harm to the child?  Does the back up carer/s understand any child protection issues there may be?  How will the carer/s work with the Department to safeguard the welfare of the child? |
|  |
| **Please note:** Safer caring policy to be completed. Tick once completed. |

|  |  |
| --- | --- |
| **Description of accommodation where children will be cared for:** Please include number of bedrooms and sleeping arrangements. | |
|  | |
| **Comments:** Include any health and safety issues and suitability for children |  |

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| --- |
| **Support:** Please outline support arranged for this period.  Please include social work visits, family support, other carers available to support e.g. level 3 carer. |
|  |

**Section 4**

Fostering Social Worker’s analysis.

Using the information gathered analyse whether the proposed arrangement will safeguard and promote the child/ren’s welfare and meet the child/ren’s needs as set out in the care plan.

Identify the benefits and any risks to the child/ren from this arrangement.

Identify supports/services which need to be provided in order to overcome any risks.

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| --- | --- | --- | --- |
| **Benefits** | | | |
|  | | | |
| **Risks** | | | |
|  | | | |
| **Identify actions regarding the risks** | | | |
|  | | | |
| **Fostering Social Worker’s Recommendation** | | | |
|  | | | |
| **Signed:** |  | | |
| **Name:** |  | **Date:** |  |

**Section 5**

**Agreements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/ren’s Social Worker analysis and recommendation:** | | | |
|  | | | |
| **Summary of children’s views** | | | |
|  | | | |
| **Summary of views of children’s birth family** | | | |
|  | | | |
| **Signed:** |  | | |
| **Name:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fostering Team Manager’s analysis and recommendation:** | | | |
|  | | | |
| **Signed:** |  | | |
| **Name:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/ren’s Team Manager’s analysis and recommendation:** | | | |
|  | | | |
| **Signed:** |  | | |
| **Name:** |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Head of Service comments and recommendation:** | | | | |
|  | | | | |
| Agreed | | Not Agreed | | |
| **Signed:** |  | | | |
| **Name:** |  | | **Date:** |  |



**Appendix 3**

**Back up carer Agreement**

|  |  |
| --- | --- |
| Main foster carers name |  |
| Main placement address |  |
| Back up carer name |  |
| Telephone contacts |  |
| Back up carer address |  |
| Children to be cared for |  |
| Dates of care |  |
| Address where care will be given |  |

**Agreement:**

**Main foster carers**

Overall responsibility for the children remains with the main foster carers. I/we have discussed fostering service expectations and policies with the back up carers.

We have provided them with a ‘details for respite carers’ form which details all emergency contacts and day to day arrangements.

|  |  |
| --- | --- |
| Signature/s: |  |
| Name/s: |  |
| Date: |  |

**Back up carers**

Any issues, concerns or queries, the back up carer is to contact Fostering Social Worker in the first instance. I/We agree to abide by expectations of Torbay Fostering Service while we are acting as back up carers including:

* Not using corporal punishment
* Not withholding pocket money
* Not depriving of food
* Not changing agreed contact with relatives.

We have received a ‘details for respite carers’ form with all the necessary details. We have completed a safer caring policy and will follow it.

|  |  |
| --- | --- |
| Signature/s: |  |
| Name/s: |  |
| Date: |  |

**Children’s services representative:**

|  |  |
| --- | --- |
| Signature: |  |
| Name/s: |  |
| Date: |  |