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**Kent Fostering Service**

**CARER TO CARER - CHILD / YOUNG PERSON RESPITE PROFILE**

**Document 2**

* **To be completed by the child’s main Foster Carer/s at least four weeks prior to holiday leave commencing or as soon as possible once the need for Respite is identified.**
* **Separate individualised form to be completed for each child.**
* **Completed form to be emailed by foster carer/s securely to the area Fostering Support Team DUTY mailbox, copying their allocated Fostering Social Worker and child’s Social Worker.**

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| **Details of Child Needing Respite Care (name, DOB)**  |  |
| **Details of Main Carer/s**(Address & mobile & home Telephone - to include any holiday emergency contact numbers/addresses) |  |
| **Physical description of child** (height, weight, build, hair colour, any distinguishing characteristics e.g. birth marks, piercings, tattoos)**Please insert an up-to-date photo of the child here** (especially important if the child has ever gone missing, or is likely to abscond) |  |
| **Child’s ethnic origin & religion** (religious/cultural beliefs) |  |
| **Any dietary requirements to be aware of in relation to Religion?**  |  |
| **Child Social Worker’s Details** (name, telephone, team)  |  |
| **Pen Picture of Child**  |  |
| **What is the child like to care for and live with?**Please provide a detailed and balanced picture. |  |
| **Health** |  |
| **Any medication requirements or health matters the Respite Carer/s need to be aware of?**  |  |
| **Any known or suspected allergies medication, food or other substances?** |  |
| **Any physical impairment?** |  |
| **Any medical appointments to be attended during the Respite period** (when, where, with whom, should parents/child’s SW be invited to attend)? |  |
| **Child’s GP details** (name, address & phone number) |  |
| **Details of other key health professionals** (name, address & phone number) |  |
| **Delegated consent - who has parental responsibility and gives medical consent?**  |  |
| **Behaviour & Social Development**  |  |
| **Any specific behaviours the Respite Carer/s need to be aware of** (particularly those that may cause a risk to other people, property or the child themselves) Has the child shown any dislike / anger / risk to other children or adults? |  |
| **How do you deal with any unwanted behaviours?** Practical advice for the Respite Carer. |  |
| **How do you praise / reward the child?** Practical advice for the Respite Carer. |  |
| **Any issues regarding other children, i.e. younger/same age/older which need to be taken into account?** In terms of a risk assessment by main carer. |  |
| **Any issues regarding pets/animals which need to be taken into account?** |  |
| **Are there any areas to which the child cannot travel to?** (e.g. an area where parents or relatives live, risky hotspot related to associates, drug use, criminal exploitation, gangs etc). |  |
| **Does the child have any particular dislikes?** (e.g. food, activity) |  |
| **Does the child smoke?** If yes, what are the rules around this?  |  |
| **Significant friends?** Name, address & contact details. |  |
| **Hobbies and activities?** What does the child like or enjoy doing?  |  |
| **How do you engage the child within your family?** Give examples of what Respite Carers could do together with the child. |  |
| **Clubs & activities during Respite period** – within school or external to school, who provides the equipment, costs, dates, times, place and transport requirement |  |
| **Use of Mobile Phones, Social Media & Internet** |  |
| **Does the child/young person have a mobile phone?** If yes, what are the agreed rules around this? |  |
| **Young Person’s mobile number:** |  |
| **Does the child have internet access?** If yes, what are the agreed parameters/rules?  |  |
| **Does the child have a console or other screen device (i.e. laptop, tablet, hand-held device)?** If yes, what are the agreed rules around the use of this?  |  |
| **Education**  |  |
| **Details of child’s school or education provider** (name, address, contact details, class/form tutor, head, SENCO or LAC Co-ordinator)  |  |
| **Are there any practical issues regarding school/education?**e.g. transport, bus passes, can the child travel alone, or is there a need of supervision/transport  |  |
| **Contact Arrangements** |  |
| **With whom** (include name, address & contact details)**When, where, supervised or not?** **Any practical advice** **for Respite Carer/s?** (e.g. transport, food, nappies, costs etc? |  |
| **Is there anyone the child should not have contact with (direct/indirect) and why?**  |  |
| **Pocket Money & Savings**  |  |
| **Agreed weekly amount of pocket money & how is this given to the child?** I.e. given to child all at once or portioned or used to buy magazine etc.?Refer to Policy |  |
| **Weekly amount of savings and details of how this will be managed** e.g. given to main carer/s at end of Respite period or deposited in an account |  |
| **Transition**  |  |
| **Child’s routines?** What does a typical day look like during weekdays/weekends/holidays? |  |
| **Any special or transitional objects the child will bring?** (e.g. toy, comforter, item from parents’ home)  |  |
| **Any specific information from the current safe care plan that should be bought to the respite carer’s attention.** |  |
| **Any other information you think the Respite Carer should know?**  |  |

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| **Respite Carer to Carer Profile completed by:** |
| **Foster Carers:** |  |
| **Date:** |  |