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**Kent Fostering Service**

**RESPITE PLACEMENT MATCHING FORM**

**Document 3**

* **To be completed by the Fostering Duty Worker.**
* **Separate individualised form to be completed for each child.**

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| **Child Name:** |  | | | | | | |
| **DOB:** |  | | | | | | |
| **Liberi ID:** |  | | | | | | |
| **Main Carers Name:** |  | | | | | | |
| **Child’s SW and Team:** |  | | | | | | |
| **Proposed Start Date of Respite** | | |  | | | | |
| **Proposed End Date of Respite** | | |  | | | | |
| **Full Names of Respite Foster Carers** | | | | | | **Date of Birth** | **Liberi Number** |
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|  | | | | | |  |  |
| **Other Household Members** | | | **Relationship** | | |  |  |
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| **All children living in the foster home, including children of the family:** | | | | | | | |
| **Name** | | **D.O.B** | **Gender** | **Ethnicity** | **Relationship** | | **CYP Social Worker** |
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| **Has the Child’s Carer to Carer Respite Profile been shared with the Respite Carer?** | | | | | | |  |
| **Has the latest CLA Part 1 and 2 been shared with the Respite Carer?** Copy available to be sent once match agree? | | | | | | |  |
| **Has the latest Safe Care Plan been shared with the Respite Carer?** Does this need updating for respite period? | | | | | | |  |
| **Delegated Authority sent to the Respite Carer?** Does this need updating for respite period? | | | | | | |  |
| **If Placement requires an Exemption or is Out of Terms of Approval, has agreement been sought by Head of Fostering?** To be completed by Fostering Duty Worker jointly with allocated FSW? | | | | | | |  |
| **If additional Respite to support the placement, has funding been agreed? What date was this agreed?** | | | | | | |  |
| **Brief outline of each child in placements legal status, care plan and likely length of placement, including child to be placed.** To include details of reasons for care (including date placed) | | | | | | | |
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| **Matching Considerations:** | | | | | | | |
| 1. **On what basis is this respite placement suitable.** Please provide a summary of the foster carers capacity to care, safeguard and promote the welfare of all the children in the household and why this placement is appropriate. | | | | | | | |
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| 1. **Brief outline of any exceptional behavioural or emotional needs and the support provided or required.** Are there any needs the respite carers are not able to meet? | | | | | | | |
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| 1. **Specify the practical arrangements for each child. Individual care, sleeping and travel arrangements to school, contact etc. How are these managed and who by?** | | | | | | | |
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| 1. **If the child/children is/are already known to the foster carers please give details of their relationship:** | | | | | | | |
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| 1. **Are there any other children cared for or visit the household regularly?**   e.g. childcare activities, day care, grandchildren. | | | | | | | |
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| 1. **Views of the children in placement and social worker(s) and fostering social worker for children already placed.** | | | | | | | |
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| 1. **Any safeguarding and / or risk factors identified? What is the Safe Care Plan for this respite period?** What are strengths and vulnerabilities with this placement? What will be put in place to manage identified risks? | | | | | | | |
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| **Date Form Completed:** | | |  | | | | |
| **Name of Duty Worker Completing the form:** | | |  | | | | |
| **Name of Qualified FSW, Senior Prac, or Team Manager signing off the match.** | | |  | | | | |
| **FSW, Senior Practitioner or Team Manager Comments if required.** | | | | | | | |
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| **Decision Date:** | | |  | | | | |
| **Management Oversight - Team Manager Name:** | | |  | | | | |

**Upon Completion of this form:**

* Respite Placement Matching Form to be copied into Liberi Temporary Placement Plan for the Child.
* Duty worker to email securely the Respite Matching form to the Respite Foster Carers with the Foster Carers Child’s Respite Profile.
* Duty Worker to upload the Respite Matching form onto Liberi and send a case note alert to the Child’s Social Worker who is being placed in Respite and the Fostering Social Worker.