**Purpose of Relief Carer Viability Assessment:**

Where a relative or friend has been identified by the main foster carer as suitable to provide regular overnight stays or short breaks to the children in placement, a proportionate assessment of the relative or friends’ suitability as a Relief Carer will be undertaken by a Fostering Social Worker.

Relief Carers are not Foster Carers. The child/young person’s Foster Carer(s) remains responsible for them at all times.

The assessment and approval process for Relief Care can be found here



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| **PART 1 *(To be completed by the Relief Carer)******BASIC INFORMATION / APPLICATION*** |
| **1. Foster Carer(s) whose children / young people will be cared for:** |
| **Full Name(s):** |  |
| **Address:** |  |
| **2. Relief Carer(s):** |
|  **Full Name** | **Date of Birth** | **Gender** | **Ethnicity** | **Relationship to Foster Carer** |
|  |  |  |  |  |
|  |  |  |  |  |
| **3. Relief Carer(s) household:** |
| **Full Name** | **Date of Birth** | **Gender** | **Ethnicity** | **Relationship to Relief Carer** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **4. Accommodation (only complete if child/young person is likely to be cared for in your own home)** |
| **Is there a suitable bedroom / bedroom space available for the child(ren)?** |  |
| **Brief description of accommodation (including outside space):** |
|  |
| **5. Pets** **(only complete if child/young person is likely to be cared for in your own home)** |
| **Brief description of pets *(Name(s), breed, age, health, identified risks / action to mitigate risks):*** |
|  |
| **6. Personal Referees (Two written references, not including the Foster Carer)** |
| **Personal Referee 1** |  |
| **Name** |  |
| **Address** |  |
| **Telephone Number(s)** |  |
| **Relationship to Relief Carer(s)** |  |
| **Number of years known** |  |
| **Personal Referee 2** |  |
| **Name** |  |
| **Address** |  |
| **Telephone Number(s)** |  |
| **Relationship to Relief Carer(s)** |  |
| **Number of years known** |  |

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| **PART 2 *(To be completed by the Fostering Team)******CHECKS & CONFIDENTIAL REFERENCES***  |
| **Enquiries Checklist:** **This is a basic checklist to ensure that there are no significant known issues about the Relief Carers that could place child(ren) at risk.**  |
| **Checks** | **Relief Carer 1** | **Relief Carer 2** |
| **DBS** |  |  |
| ***Any additional information including a summary of all convictions and cautions that show up on the DBS certificate, however minor or dated, and senior management decision.*** |
|  |
| **HEALTH** | **Relief Carer 1** | **Relief Carer 2** |
|  |  |  |
| **LIBERI** |  |  |
| **LADO** |  |  |
| **Other Local Authority or Code of Conduct Check (where Relief Carer has lived in another county / country within last 10 years)** |  |  |
| **If the child(ren) will be looked after by the Relief Carer in the Relief Carers home, a health and safety assessment and pet assessment must be completed and the above checks for all young people / adults (over 16) in the household must be completed. Include details of checks here:**  |
|  |
| **Date of Health & Safety Assessment:** |  |
| **Date of Pet Assessment:** |  |
| **Summary of Interview Personal Referee 1** |
|  |
| **Summary or Interview Personal Referee 2** |
|  |

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| **PART 3 *(To be completed by the Fostering Social Worker)******Relief Carers***  |
| 1. **Summary of Relief Carers and their household (include personalities, identities, interests, and quality of relationships / dynamics within the household)**
 |
|  |
| 1. **Summary of relationship with Foster Carer(s) (include nature of the relationship / how met, how long known, level of contact, motivation to provide short periods of care to children)**
 |
|  |
| 1. **Summary of Relief Carers experience of caring for their own or any other children (include parenting strategies, times of stress / challenge, and managing childrens behaviour)**
 |
|  |
| 1. **Summary of Relief Carers experience of working with others / communicating effectively / maintaining confidentiality**
 |
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| **PART 4 *(To be completed by the Fostering Social Worker)******CHILD / YOUNG PERSON*** |
| **Name of child/young person** |  |
| **D.O.B. of child / young person** |  |
| **Liberi Number of child / young person** |  |
| **a) Pen picture of child/young person & why relief care is being sought for them (include personality/character, likes/dislikes, interests)** |
|  |
| **b) Child / young person’s relationship with prospective Relief Carer(s) and their household (including how long known, level of contact/time spent together, activities shared, challenges and if/how resolved)** |
|  |
| **c) Child/young person’s views and feelings about Relief Carer(s) and being looked after by them.** |
|  |
| **d) Child / young person’s Social Workers views (or any other person considered relevant by the child’s Social Worker) about the Relief Care arrangement.** |
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| **PART 5 *(To be completed by the Fostering Social Worker)******ANALYSIS & RECOMMENDATION***  |
| **1. Social Worker Analysis of the Suitability of the Relief Carer to look after named child / young person (include analysis of the Relief Carers):** * **Motivation to look after child/young person / support Foster Carers**
* **Understanding the role of a Relief Carer and ability to maintain routines, confidentiality, work with others and share concerns**
* **Whether & how arrangement is in the best interests of the child / young person**
* **Understanding and ability to meet child / young person’s physical and emotional health, learning and development needs for short period of time**
* **Understanding and ability to care safely for child / young person & protect them from harm**
* **Any risks or vulnerabilities of the proposed arrangement and whether / how these can be managed**
 |
|  |
| **2. Social Workers Recommendation** |
|  |
| **Nominated Carer 1**  | **Name**  |
| **Signature** |
| **Date:**  |
| **Nominated Carer 2**  | **Name** |
| **Signature** |
| **Date:** |
| **Fostering Social Worker** | **Name** |
| **Signature** |
| **Date:** |
| **Fostering Team Manager** | **Name** |
| **Signature** |
| **Date:** |

**Head of Fostering Agreement for Relief Carers**

I agree / do not agree to the above relative / friend of Kent County Council Foster Carers providing Relief Care to the child/young person names above. This is subject to:

* a Carer to Carer Respite Profile being completed by the main Foster Carer regarding the child / young person and shared with the Relief Carer(s).
* The child / young person’s Safe Care Plan being shared with the Relief Carers.
* The arrangement being reviewed annually as part of the Foster Carers Annual Review or at any other time if concerns arise as to the suitability of the Relief Carers.

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| --- | --- |
| **Comments:** |  |
| **Signed:** |  |
| **Name:** |   |
| **Date:** |  |