Hampshire County Council

Fostering Service

# Assessment for a friend or family member of a registered foster carer to be a 'back up' carer

## 1.0 Introduction

1.1 This guidance is to be used when assessing a friend or family member of a registered foster carer to care for the children in placement with the foster carer for a short period of time. This document contains guidance and the assessment form itself.

1.2 Please note, this assessment is not used to assess applicants who wish to become registered foster carers.

## 2.0 Guidance

2.1 This assessment follows the guidance within Volume 4 Guidance for Fostering services (2011) within which it states:

*3.23 There is no requirement that where a looked after child visits or spends a holiday with their foster carer's friends or relative that the individual must be approved as a local authority foster carer, as the child will remain formally placed with their usual foster carers.*

2.2 The aim is to ensure that an appropriate assessment is carried out to consider the suitability of the proposed arrangement and identifies any risks.

2.3 This assessment must be carried out prior to a child/children being cared for overnight outside of the babysitting and respite policy.

2.4 Usually this form will be used when foster carers are going on holiday or away for a short break and a member of the household or family takes over the care of the child for a short period of time. The family placement social worker should discuss and agree the proposed arrangements with the child's social worker as part of a joint visit before starting the assessment.

2.5 Agreement must be sought from the respective child/ren's and family placement Team Managers. This assessment is not presented to foster panel.

2.6 Details for placement planning should be included as well as a safer caring plan being completed for each child as part of the process.

2.7 The completed assessment should be sent to the Fostering Team Manager for agreement who will then send to the child's social worker and team manager. (NB The 2018 Scheme of Delegation section 5:21.7 removed the need for agreement at DM level ).

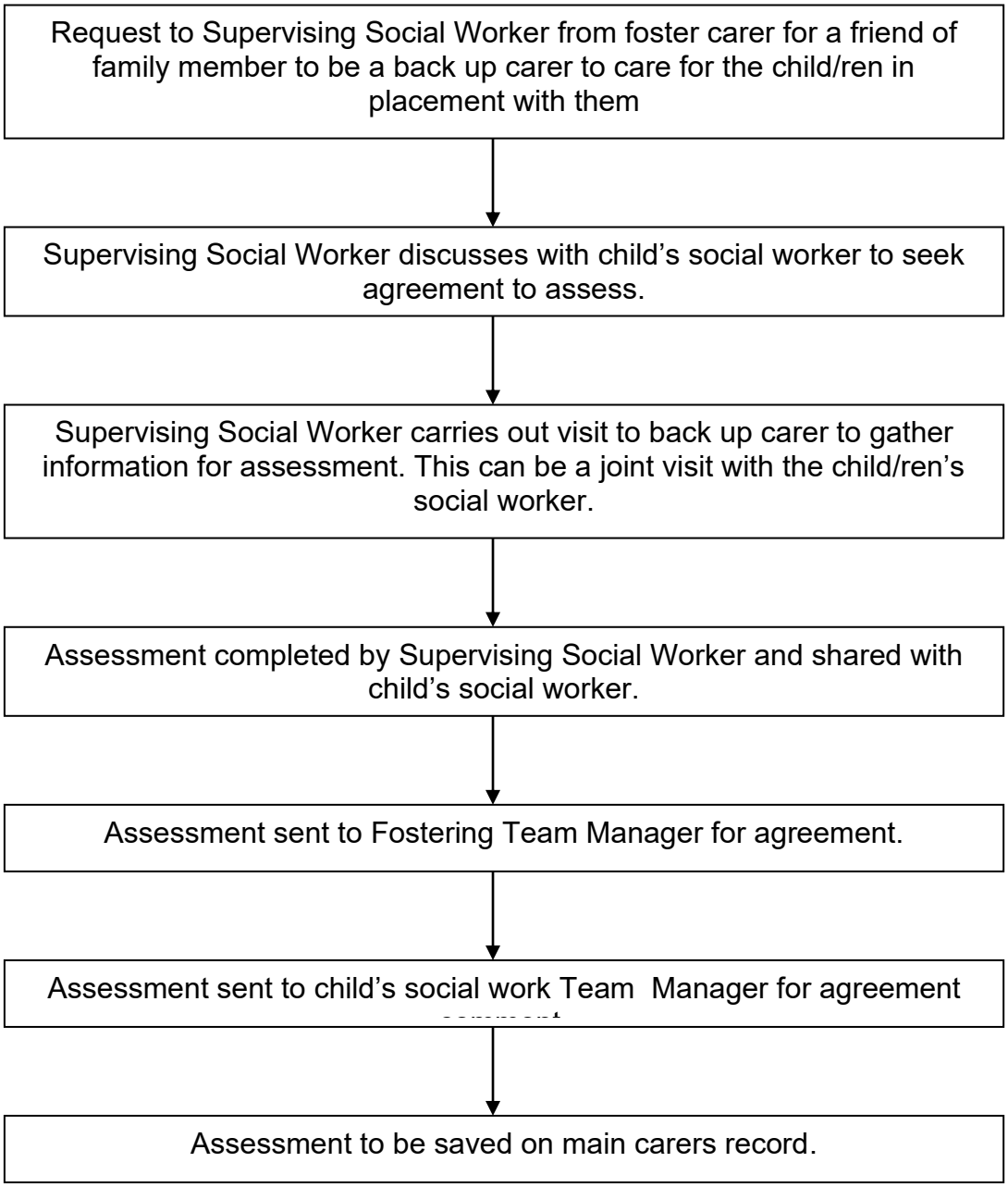
2.8 Once this has been agreed, the Back up carer agreement must be completed as below.

2.9 The SSW is responsible for ensuring payments to the Back Up carer are set up.

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**Appendix 1**

## Flow chart for back up carer assessment



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**Appendix 2**

## Back up carer assessment

**Section 1**

Details of the child, child's case holder, main foster carer and Supervising social worker.

| **Child's details** | | | |
|---|---|---|---|
| Surname: | | Forename(s): | |
| Gender: | | D.o.B: | |
| Address: (main foster placement) | | SWIFT/ICS no.: | |

| **Main foster carer details** | | | |
|---|---|---|---|
| Foster carer/s' name: | | ICS/SWIFT no.: (joint if a couple) | |
| 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 : | | SWIFT/ICS no.: | |
| Surname: | | Forename(s): | |
| Gender: | | D.o.B.: | |
| Relationship to child/ren : | | SWIFT/ICS no.: | |
| 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 : | | SWIFT/ICS no.: | |
| Surname: | | Forename(s): | |
| Gender: | | D.o.B.: | |
| Relationship to child/ren : | | SWIFT/ICS no.: | |
| 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** | | |
| **SWIFT/ICS check Date and outcome** | | |

| **Brief description of care arrangements**<br>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. |
|---|
| |

| **Safeguarding**<br>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?<br>Does the back up carer/s understand any child protection issues there may be?<br>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:**<br>Include any health and safety issues and suitability for children | |

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

**Section 4**

Supervising 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.

| **Benefits** |
| --- |
| |
| **Risks** |
| |
| **Identify actions regarding the risks** |
| |
| **Supervising Social Worker's Recommendation** |

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

**Section 5**

Agreements

| **Child/ren's case holder comments:** | | | |
|---|---|---|---|
| | | | |
| Summary of children's views | | | |
| | | | |
| Summary of views of children's birth family | | | |
| | | | |
| **Signed:** | | | |
| **Name:** | | **Date:** | |

| **Fostering Team Manager's comments:** | | | |
|---|---|---|---|
| | | | |
| **Signed:** | | | |
| **Name:** | | **Date:** | |

| Child/ren's Team Manager's comments: | | | |
|---|---|---|---|
| | | | |
| **Signed:** | | | |
| **Name:** | | **Date:** | |

**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 from the modular file 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 Supervising Social Worker in the first instance. I/We agree to abide by expectations of Hampshire 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: | |