# **Carer agreement - foster care Template**

This is an agreement between you and your support agency. The Department for Child Protection (DCP) Carer Review and Approval Unit (CARU) is responsible for the following approval decisions, prior to a carer agreement being made:

1. the kind of care you are approved to provide (foster, kinship or specific child only (SCO) care), noting some carers are approved to provide more than one kind of care
2. the number of children you are approved to provide care for
3. approval to provide general or specialist care
4. approval to provide care for Aboriginal children and young people.

This agreement is divided into two sections:

* **Section A:** outlines the carer conditions and carer’s preferences (including changes to approval conditions)
* **Section B:** focuses on the carer’s information, training and support needs and their understanding of the caring role.

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| 1. **Parties to the agreement** | | | | | | |
| Carer (1) name: | | |  | Support agency | |  |
| Carer (2) name: | | |  | Support worker name: | |  |
| 1. **Agreement phase** | | | | | | |
|  | Initial Carer Agreement | | |  | Carer review (2-yearly) | |
|  | Additional update/review (for example changed circumstances, carer request).  Please provide reasons for update: | | | | | |
| 1. **Case manager’s feedback** | | | | | | |
| Case manager’s name: Office:  Case managers will be asked to provide information about the care of children as part of the carer review.  This information will be used to assist to identify your information, support and training needs. | | | | | | |
| 1. **Connecting Foster and Kinship Carers - SA** | | | | | | |
| Connecting Foster and Kinship Carers - SA (CF&KC-SA) is the independent, peak representative body for foster and kinship carers across South Australia. | | | | | | |
| Y N | | I, carer (1) consent to my contact information (only) being shared with CF&KC-SA for the purpose of being contacted by CF&KC-SA regarding membership. | | | | |
| Y N | | I, carer (2) consent to my contact information (only) being shared with CF&KC-SA for the purpose of being contacted by CF&KC-SA regarding membership. | | | | |

**Section A**

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| 1. **Carer approval conditions (applied by the Department for Child Protection)** | | | |
| **Current** | | **Requested – *leave blank if no change requested*** | |
| Category of care: | Foster care | Category of care: | Foster care |
| Maximum number of children and young people approved to care for: |  | Maximum number of children and young people approved to care for: |  |
| Care for Aboriginal/Torres Strait Islander children: | Yes  No | Care for Aboriginal/Torres Strait Islander children: | Yes  No |
| Type of specialist care: | N/A  Specialist  Specialist respite | Type of specialist care: | N/A  Specialist  Specialist respite |
| Other approval conditions: |  | Other approval conditions: |  |
| ***Please note: If requesting a change to carer approval conditions as documented above, the service provider is to complete the form at the end of this document prior to submitting to DCP CARU.*** | | | |

During your assessment and following your approval and the development of the carer agreement, you will have the opportunity to have a number of discussions to identify the type of care that best meets you and your family capabilities, capacity and preferences. These decisions will be informed by your current circumstances and considerations. As part of these discussions, your support agency will meet with you after your approval to discuss:

* the **type of care** you wish to provide: respite care only, immediate short term care, long term care
* the **children and young people you wish to provide care for**. Noting that over time your perspective on who you are best matched to provide care for may change. This includes matching children taking into account their age, gender, disability, and opportunities for placing sibling groups together.

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| 1. **Placement preferences and considerations** | |
| Gender | Any gender **OR** Male only Female only |
| Age range (years) | All ages (0 – 17 years) **OR** Specified age range:       to |
| Type of general care | Immediate (Emergency) care (*while short or longer term carer is identified*)  Short term care  Long term care  Respite care  Respite only |
| *For carers who have been providing long term care for some time this may be an opportunity to discuss their interest in exploring long term guardianship or adoption from care.*  Comments: | |
| ***Please note: if seeking to provide care for children aged 0 – 2 years, it is mandatory to hold currency in Safe Infant Care training and for DCP/NGO service provider to have assessed the safety of the carer home to ensure infant safety.*** | |

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| **5. Provision of care** | | |
| **Are you able to:** |  | **Comments** |
| Care for siblings (two or more) | Yes  No |  |
| Respond to children’s complex behavioural needs | Yes  No |  |
| Respond to children’s complex medical, health or physical needs | Yes  No |  |
| Respond to needs of children with disabilities | Yes  No |  |
| Provide immediate care for children in an emergency during the day | Yes  No |  |
| Provide after-hours emergency care | Yes  No |  |
| What may affect placement decisions (for example car capacity, work commitments, etc.)? | Yes  No |  |
| **Language / Culture** | | |
| Do you speak a language other than English? | Yes  No |  |
| Do you identify with a particular culture? | Yes  No |  |

**Section B**

The development of a new carer agreement provides an opportunity for approved carers to reflect on their training and support with their support worker and identify the information, training and support that will best enable them to provide stable and nurturing care into the future.

The carer agreement is guided by the principles of the [Statement of Commitment - South Australian Foster and Kinship Carers](https://www.childprotection.sa.gov.au/__data/assets/pdf_file/0010/209287/statement-of-commitment.pdf) – *informed, supported, consulted, valued and respected.* The Statement of Commitment was developed by the Department for Child Protection (DCP), Connecting Foster and Kinship Carers SA (CF&KC-SA) and Child and Family Focus SA (CAFFSA) and commits the sector to work in partnership and value carers as an essential and respected member of the care team for children and young people. The Statement of Commitment can be found on the DCP website at [www.childprotection.sa.gov.au/soc](http://www.childprotection.sa.gov.au/soc).

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| **Informed** |
| When you develop a carer agreement with your support agency, it provides you with an opportunity to be **informed** about your roles and responsibilities and those of DCP and your support agency.   * I understand my roles and responsibilities as a carer, as outlined in the Statement of Commitment supporting document (please refer to the supporting document at appendix A of this document). * I understand that I will be provided with the information I need about the children in my care.   *For carer reviews only*   * Are you confident in your roles and responsibilities as a carer?   Yes  No   * Have you been given the information that you require in order to provide safe and nurturing care?   Yes ☐ No   * What other information do you require?   Use the table below to record your information needs and how information will be shared.  **My information needs:**   |  |  |  |  | | --- | --- | --- | --- | | **Information required** | **How this will occur?** | **Who will assist?** | **When?** | |  |  |  |  | |

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| **Supported** |
| This agreement also encourages you to share how you would like to be **supported** as a carer and what support you require in your caring role. Support can include activities such as training, other learning opportunities referrals for assistance, individualised support and self-care.   * I understand that I will be provided with support, guidance and training in order to meet the needs of the children in my care.   *For carer reviews only*   * I have been provided with the training and support I require to meet the needs of the children in my care.   Yes ☐ No  Use the table below to record your current learning and support needs (note, if requesting a modification to care approval, take into consideration what training will be required to meet new approval conditions).  **My support needs:**   |  |  |  |  | | --- | --- | --- | --- | | **Learning or support required** | **How this will occur?** | **Who will assist?** | **When?** | |  |  |  |  | |

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| **Consulted** |
| As a carer, you can expect to be communicated with openly and honestly and involved in decisions about the children in your care.   * I understand that I will be communicated with openly and honestly in my role as a carer. * I understand that decision-making guidelines about children in my care are set out in [*Who can say OK?*](https://www.childprotection.sa.gov.au/carers/who-can-say-ok)and I know how to access the guidelines.   *For carer reviews only*   * Do you feel that you have been involved in decisions about the children in your care?   Yes ☐ No   * Do you feel that you are communicated with openly and honestly? Discuss how communication could be improved and record below.   **My communication needs:**   |  |  |  |  | | --- | --- | --- | --- | | **Communication needs** | **How this will occur?** | **Who will assist?** | **When?** | |  |  |  |  | |

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| **Valued** |
| DCP recognises carers as an integral part of the care team and values their expertise and experience.   * I understand that I will be included as part of the child or young person’s care team.   *For carer reviews only*   * Do you feel that you are valued as an integral member of the care team?   Yes ☐ No   * What barriers are there to your participation in the care team? Record them, along with possible solutions below.   **Participation barriers and solutions:**   |  |  |  |  | | --- | --- | --- | --- | | **Barriers and solutions required** | **How this will occur?** | **Who will assist?** | **When?** | |  |  |  |  | |

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| **Respected** |
| DCP and support agencies respect that carers are individuals beyond their caring role, and have significant relationships with the children in their care.   * I understand that I will be respected as an individual and worked with in a culturally safe way. * What do you want us to know about you beyond your caring role (for example cultural identity, disability, family, motivations)?   *For carer reviews only*   * What makes you feel respected in your caring role (as an individual and as a carer)? |

Support agencies are accountable to carers for understanding and responding to carers’ information, training and support needs. The carer agreement is a transparent document signed by all parties that articulates information sharing, training and support.

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| **Agreement between parties** | | |
| This agreement requires the signatures of the carer(s) and DCP/NGO worker. By signing this agreement, the parties agree to the decisions and actions documented in this agreement. | | |
| **Carer (1) name:** | **Signature:** | **Date**:    /    / |
| **Carer (2) name:** | **Signature:** | **Date**:    /    / |
| **NGO assessor/carer support worker name:** | **Signature:** | **Date**:    /    / |
| **NGO supervisor/manager name:** | **Signature:** | **Date**:    /    / |
| **Service provider endorsement** | | |
| This agreement must be approved by the relevant DCP/NGO supervisor/manager. | | |
| **NGO manager name:** | **Signature**: | **Date**:    /    / |

Please forward to CARU to enable the carer’s preferences to be updated in the departmental case management system.

**Modification Form**

***Service provider section only***

For use when a modification of the carer’s approval conditions is being requested following the updating of a carer agreement.

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| **Rationale for requested change to approval conditions** | | | | | |
| **Please outline the reasons for the requested change/s to approval conditions, as documented in section 5 above.** | | | | | |
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| **Please outline the agency’s assessment of carer capacity to accommodate the requested change/s to approval conditions.**  *Please consider the following:*   * *a summary of carer capacity, skills and experience relevant to the requested change/s* * *proposed agency supports relevant to the requested change/s* * *capacity of the home environment and household composition* * *cultural considerations (if applicable).*   ***If you are seeking approval to add specialist care to the carer’s conditions, refer to Step by Step Assessment Checklist, Specialist Foster Care*** | | | | | |
| **Carer/s demonstrated capacity, skills and experience to provide the requested care:** if this is an ongoing change to the carer’s approval, provide evidence gained through your assessment of the carer/s capacity (for example time, resources, supports), skills and experience to provide care required for the requested approval change/s.    **Supports:** proposed agency supports relevant to the requested change/s. **Supports** to enable the carer to respond the child or young person’s identified needs and behaviours.    **Capacity of the home environment:** for example how is there space in the house and car and how has this been created, age and gender of any children needing to share a bedroom.    **Impact on others in the household:** how will others in the household be impacted by the change, do they support the change (please include views of biological children and household members).    **Have there been any care concerns over the past 12 months:** status of care concerns (open/ closed), how have they been addressed/resolved, supports in place as a result.    **Cultural considerations (if applicable):** | | | | | |
| **If seeking approval to care for Aboriginal/Torres Strait Islander children, cultural awareness training and cultural competency assessment details:**  *Please note, both are pre-requisites to be approved to care for Aboriginal/Torres Strait Islander children* | | | | | |
| Cultural Awareness training completed: | | Yes  No  N/A | If yes, date training completed: | | /       / |
| Cultural competency assessment completed: | | Yes  No  N/A | | | |
| **For any children currently in placement, please outline the views of the DCP case worker/s regarding the requested change/s to approval conditions.** | | | | | |
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| **Service provider endorsement** | | | | | |
| The request to modify approval conditions must be endorsed by the DCP/NGO supervisor/ manager. | | | | | |
| **Supervisor/manager name:** | **Signature**: | | | **Date**:    /    / | |

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| Carer agreement documentation must be submitted to the DCP Carer Approval and Review Unit (CARU) via the general inbox, [DCPCarerRegistrationGeneral@sa.gov.au](mailto:DCPCarerRegistrationGeneral@sa.gov.au), to enable the carer/s approval conditions and placement preferences to be updated in the department case management system.  For any queries regarding the carer agreement process or requirements, please refer to the Carer agreement Procedure or contact CARU via the aforementioned general email inbox or via 1800 065 246. |