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| Legal Notice: Section 71 of the *Children and Young People (Safety) Act 2017* (the Act) states that a person may not provide out of home care unless the person is an approved carer. Approval to provide out of home care is dependent upon meeting the requirements of section 72 of the Act. The ongoing approval of a carer in South Australia is subject to review. This ensures that regular assessments are undertaken of the provision of care by the approved carer, in accordance with section 73 of the Act. Privacy Notice: By participating in the Carer Review process, I/we understand that the information collected by my/our support agency and by the Department for Child Protection will be used for the purpose of determining my/our current and ongoing suitability as a carer. I/we understand that the information disclosed during the Carer Review process may be used by my/our support agency and by the Department for Child Protection for related purposes. |

**Part One – Carer and care household information**

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| CARER AND SERVICE PROVIDER DETAILS |
| Carer details |
| Full name  | First name Last name | First name Last name |
| Date of birth |       /       /       |       /       /       |
| Aboriginal or Torres Strait Islander  | [ ]  Yes, Aboriginal [ ]  Yes, Torres Strait Islander [ ]  Yes, both [ ]  NoNation group:  | [ ]  Yes, Aboriginal [ ]  Yes, Torres Strait Islander [ ]  Yes, both[ ]  NoNation group:  |
| Household Address |       |
| Email |       |

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| Support worker details |
| Worker name |       | Agency |       |
| Email |       | Phone number |       |
| Worker completing review |
| Worker name |       | Agency |       |
| Email |       | Phone number |       |

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| CHILD/REN DETAILS *(if required, insert more columns and/or rows)* |
| Name of child/ren in placement  | First name Last name | First name Last name | First name Last name |
| DOB: |       /       /       |       /       /       |       /       /       |
| Aboriginal or Torres Strait Islander child in placement  | [ ]  Yes, Aboriginal [ ]  Yes, Torres Strait Islander [ ]  Yes, both [ ]  NoNation group:  | [ ]  Yes, Aboriginal [ ]  Yes, Torres Strait Islander [ ]  Yes, both[ ]  NoNation group:  | [ ]  Yes, Aboriginal [ ]  Yes, Torres Strait Islander [ ]  Yes, both[ ]  NoNation group:  |

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| CARER REVIEW DETAILS |
| Date of last review |       /       /      [ ]  N/A - First review  | Date of meeting/s with carer/s for review purposes |       /       /            /       /       |
| Reason for review |
| [ ]  | Review due  | [ ]  | Care concern/s |
| [ ]  | Long term placement breakdown | [ ]  | Significant changes to the carer household |
| [ ]  | Initiated by DCP *(please specify reason in ‘other’ below)* | [ ]  | Initiated by carer *(please specify reason in ‘other’ below)* |
| [ ]  | Other *(please specify)*:       |
| Sources of information for completing review |
| [ ]  | Contact with approved carer/s  | [ ]  | Contact with child/ren placed |
| [ ]  | Contact with household members | [ ]  | Contact with allocated DCP workers  |
| [ ]  | Health reports  | [ ]  | Contact with other Care Team professionals |
| [ ]  | Other *(please specify)*:       |

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| CARER HOUSEHOLD DETAILS  |
| Do all approved carers have a current WWCC screening clearance?  | [ ]  Yes [ ]  No |
| If the expiry of either screening clearance is within 6 months, have new screening applications been submitted? | [ ]  Yes [ ]  No |
| HOUSEHOLD MEMBERS AND REGULAR GUESTS*A household member is any adult, young person or child who either lives in or frequently stays overnight in the home. This includes any children being cared for by the carers who are not under DCP’s guardianship (e.g. biological children, informal care arrangement, children under the guardianship of other state/territory jurisdictions).**A regular guest is someone who is: Over 18 years of age, and a regular visitor to the home that would have the opportunity for unsupervised contact with a child placed in your care, and/or likely to provide regular babysitting or transport for a child placed in your care.*  |
| Does the household membership, reflected to you by the carer/s, match the list as provided in the most recent carer approval confirmation table?*If no, please proceed to the below two questions:* | [ ]  Yes [ ]  No  |
| Are there any household members and/or regular guests who are NOT reflected in the carer approval confirmation table?*If yes, complete and submit a Household Membership Advice Form with the review to add these individuals, plus consent to check child protection history and interstate consent, if relevant. CARU will conduct a child protection history check for the newly added individuals and provide an outcome with the review.* | [ ]  Yes [ ]  No  |
| Are there any household members and/or regular guests currently reflected in the carer approval confirmation table who are no longer living in the home/considered as regular guests to the carer household?*If yes, complete and submit a Household Membership Advice Form with the review to request these individuals be removed from the household membership.* | [ ]  Yes [ ]  No  |

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| DETAILS OF CARE PROVISION/ STABILITY OF CARE |
| Is Long Term Guardianship Specific person being considered for this carer?  | [ ]  Yes [ ]  No |
| If Long Term Guardianship Specific person is being considered, has an application been lodged? *If yes, please provide an update on the status of this application.* | [ ]  Yes [ ]  No |
|       |
| Have there been any placement breakdowns since the previous review? *Please note, a placement breakdown is a placement that ended prior to the expected end date, other than a planned placement move. If yes, provide detail below:* | [ ]  Yes [ ]  No |
|       |
| Have any care concerns been recorded since the previous review?*If yes, provide detail below of the current status of the care concern and how have they been addressed, including how any carer competency issues associated with the care concern have been addressed and how the carer is being supported? Please attach any supporting documentation, as relevant.*  | [ ]  Yes [ ]  No |
| Include: Open/closed, substantiation details, identified supports/actions.      |
| Have all recommendations from previous review/approval/modification been reviewed and addressed with the carer/s and are they outlined within this review?  | [ ]  Yes [ ]  No |

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| TRAINING AND DEVELOPMENT  |
| MANDATORY TRAINING  | **Carer 1** | **Carer 2** |
| **Date Completed** | **Date Completed** |
| Safe Environments for Children and Young People |       |       |
| Safe Infant Care - *If approved, or seeking approval to provide care for children under two years* |       |       |
| Cultural Awareness - *If approved, or seeking approval to provide care for Aboriginal and Torres Strait Islander children* |       |       |
| ADVANCED/SPECIALIST TRAINING  | **Date Completed** | **Date Completed** |
| Provide First Aid |       |       |
| Other *(please specify)*:       |       |       |
| Training Certificates Attached *Please note: certificates are required* *if training has been updated since last review and not previously provided to CARU.* | [ ]  Yes [ ]  No |
| Is the carer/s required to attend or have they attended additional training and development within the review period?*If yes, provide detail below.* | [ ]  Yes [ ]  No |
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| VIEWS OF CASE MANAGER/S |
| What is the case manager saying about the care of the children?Relevant feedback could include:* Care team collaboration/engagement
* Quality of the care
* Carer strengths
* Carer concerns/vulnerabilities
* Cultural considerations
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| VIEWS OF THE CHILD/REN |
| What do the children say about their care? Relevant feedback could include:* The relationship between carer and child
* What is their understanding of the household rules

*Please note: The ‘About Me’ questionnaire is a tool available to explore and gain the views of children about their placement. However, it is not the only format in which children’s views can be obtained. Children’s views about their placement should be obtained from children directly; the person best placed to do this will be identified through discussions within the care team.* |
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| CARE DOMAINS |
| *The information below should be reflective of the views of the carer/s, support worker, child/ren in placement, as well as any third party contacted as part of the review process. Where there are two carers, information reflective of each carer should be provided within each of the care domains below.*  |
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| Motivation to care*Include detail about: The carer/s motivation to continue to provide care and whether this has changed during the review period.*  |
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| Household dynamics/relationships*Include detail about any changes to relationship, any changes to household, views and impact on other children within the household.* |
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| Personal resilience Has the carer household experienced a significant event within the review period that has impacted on the provision of care to children (e.g. relationship breakdown/separation, loss and grief, household relocation, financial hardship)? *If yes, provide detail below.* | [ ]  Yes [ ]  No |
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|  |
| Birth family connection*Include detail about the carer/s attitude and ability to support appropriate family contact arrangements, any related stressors and related supports or interventions required.* *For Kinship/SCO, include detail about the carer/s ongoing relationship with the child’s parent/s and wider family.*  |
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| Carer health and wellbeing*Include detail about the carer/s stress and coping capacity/management, physical health and emotional health, as well as the impact of any health and wellbeing issues faced by members of the household.* |
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| Have there been any health concerns affecting the carer/s or members of the carer household? *If yes, provide detail below about how this has been managed and/or attach completed Health Reports.*  | [ ]  Yes [ ]  No |
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| Capacity to provide appropriate care*Include detail about the carer/s caring style, trauma-informed/child-focused care and behaviour management strategies.* |
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| Capacity to meet the cultural needs of Aboriginal Infants, children and young people*Include details about how the carer/s support the child to develop and/or maintain a positive sense of identity and emotional wellbeing and establish/maintain cultural connections to their community and Country.* |
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| Capacity to meet the needs and developing personality of the child/ren*Include details about how the carer/s support the child to develop and/or maintain a positive sense of identity and emotional wellbeing, establish/maintain cultural connections and community engagement, and support/promote the child’s educational and health needs.*  |
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| Working as part of a team*Include details about how the carer/s work with and communicate as part of the care team, and advocate appropriately for the child.* |
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| CARER AGREEMENT |
| Have the carer/s information, placement preferences, training and support needs been identified and recorded in a new Carer Agreement or a plan made to update the Carer Agreement?  | [ ] Yes [ ]  No |
| Is a modification to the carer/s current approval conditions requested/required*?* | [ ]  Yes [ ]  No |
| *Please note: If seeking to make a change to approval conditions (capacity, specialist care, approval to care for Aboriginal children, and other conditions) or placement preferences (age range, gender and placement type excluding specialist care), please detail these within the Carer Agreement and modification completed as part of the review.* *For foster carers seeking approval to care for Aboriginal and Torres Strait Islander children, Competency B5 training and assessment is required to have been completed. For Kinship/SCO, please ensure that the Carer Agreement and modification is completed as part of the review, requesting and evidencing the relevant changes to the carer/s approval.* |

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| CARER ENDORSEMENT |
| In signing the carer review report, the approved carer/s and support agency are stating that the following requirements and conditions have been discussed and agreed: |
| [ ]  | I/we have received/understood and agreed to adhere to the principles outlined in the Charter of Rights for Children and Young People in Care, and the Statement of Commitment  |
| [ ]  | I/we will ensure that any changes to our household are communicated to our support agency and DCP in a timely manner |
| [ ]  | I/we will maintain a current DHS Working with Children Check |
| [ ]  | I/we will maintain currency in mandatory training expectations (Safe Environments, Safe Infant Care) |
| [ ]  | I/we will participate in regular home visits with the Service Provider and DCP, ensuring that these regularly occur at a time when the child/ren in our care are present in the home. |
| [ ]  | I/we will continue to provide safe care, in a secure nurturing family environment  |
| [ ] [ ] [ ]  | I/we will continue to develop meaningful relationships with the child/ren in our care and with members of the care team I/we will continue to maintain the child/ren in our care’s health and wellbeing, connection to culture and relationships with significant othersI/we will support the young people in our care to develop independent living skills and transition to adult life  |

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| Additional feedback provided by the approved carer/s *Please document below or attach* | [ ]  Yes [ ]  No |
|        |
| Carer 1 name |       | Signature |  | Date |       /       /       |
| Carer 2 name |       | Signature |  | Date |       /       /       |

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| SERVICE PROVIDER COMMITMENT TO CARERS |
| In alignment to the Statement of Commitment, in providing support to the carer/s, the service provider will: |
| [ ]  seek to understand and obtain/provide the information required to support you to provide care[ ]  provide support, guidance and training to you to assist you to provide care [ ]  acknowledge your skills expertise and knowledge[ ]  recognise the significant relationships you form with the children in your care  |

**Part Two – Service Provider commitment, recommendation and endorsement**

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| REVIEW RECOMMENDATIONS |
| Are there any outstanding/significant issues or concerns relating to the carer/s provision of care identified by the agency or any source? *If yes, outline the concerns and detailed support plans that may be additional to that which is documented within the Carer Agreement.* | [ ]  Yes [ ]  No |
|       |
| In accordance with section 72 of the *Children and Young Person (Safety) Act 2017*, I am satisfied that the carer/s:  |
| 1. Are not a prohibited person under the *Child Safety (Prohibited Persons) Act 2016*
 | [ ]  Yes [ ]  No |
| 1. Are willing and able to care for each child or young person placed in their care in a manner consistent with Chapter 2 and the *Children and Young Person (Safety) Act 2017* generally
 | [ ]  Yes [ ]  No |
| 1. Where appropriate, provide opportunities for the child or young person to maintain or recover their identity as a member of their own family and allow the child reasonable access to their own family; and assist the child to return to their own family
 | [ ]  Yes [ ]  No |
| Continuation of the carer/s approval is recommended - *Note relevant comments/rationale below* | [ ]  Yes [ ]  No |
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| REVIEW ATTACHMENTS  |
| Please ensure all required documentation is attached: |
| [ ]  | **Carer Agreement - *Mandatory as part of every review.***  *If requesting a change to approval conditions, please ensure the modification section of this document is also completed.* |
| [ ]  | **Current DHS WWCC clearances** *for the carer/s and all household members/regular guests over the age of 18 years (if not already provided to DCP CARU)* |
| [ ]  | **Home Safety Checklist** – *Mandatory as part of every review.*  |
| [ ]  | **About Me questionnaires** *(if completed).* |
| [ ]  | **Reflective Questionnaire for Carers** *–*  |
| [ ]  | **Training certificates –** *to evidence attendance at mandatory /additional training completed within the review period.* |
| [ ]  | **House plan** indicating the current sleeping arrangements within the carer household – *Required* *if this has changed since the previous carer review, or not previously provided to DCP CARU.* |
| [ ]  | **‘Carer advice – change of address’ form sent to Carer Payments** – *Required**if the carer is moving/has moved house.*  |

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| SERVICE PROVIDER ENDORSEMENT |
| Support worker name |       | Signature |  | Date |       /       /       |
| Manager name |       | Signature |  | Date |       /       /       |

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| Completed Carer Review documentation should be emailed to CARU’s general email inbox DCPCarerRegistrationGeneral@sa.gov.au. For any queries regarding the carer review process or requirements, please refer to the Carer Annual Review practice guidance, CARU FAQ documentation, or contact CARU via the CARU general email inbox DCPCarerRegistrationGeneral@sa.gov.au.  |