|  |
| --- |
| PRIVACY NOTICE  The Department of Child Safety, Seniors and Disability Services (Child Safety) is collecting the personal information on this form for the purpose of assessing your application to become approved kinship carer/s. The collection of this information is authorised by the *Child Protection Act 1999* and the Child Protection Regulation 2023. Your personal information will be treated in accordance with the *Information Privacy Act 2009.*  Under the *Childrens Court Rules 2016* and the *Director of Child Protection Litigation Act 2016*, Child Safety is required to provide relevant information to the Director of Child Protection Litigation (DCPL) in relation to child protection proceedings, and the DCPL has a duty to disclose documents relevant to the proceeding to each other party. Therefore, any information provided to Child Safety that may be relevant to current or future court proceedings may be provided to the parties, including the parents.  This may include applications for future child protection orders for children already in your care as an approved foster or kinship carer, such as long-term child protection orders.  A copy of this report will be provided to the carer applicant/s prior to finalising the approval process and information will be provided to the foster and kinship care service. |

**PART 1 – PRELIMINARY INFORMATION** *(To be completed by Child Safety)*

|  |  |  |  |
| --- | --- | --- | --- |
| **ASSESSMENT DETAILS** | | | |
| Carer 1 Name |  | Date of Birth |  |
| Carer 2 Name |  | Date of Birth |  |
| Date of Application | Enter date | ICMS ID Number |  |
| Expiry Date of Application |  | Date of application for renewal | Enter date |

|  |  |  |  |
| --- | --- | --- | --- |
| **ASSESSOR DETAILS** | | | |
| Report compiled by |  | | |
| Position and contact details |  | | |
| Signature |  | Date | Enter date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CARER’S DETAILS** (*Note: Refer to the ‘Application for Renewal of Approval – Form 3B’ (APA Renewal))* | | | | |
|  | Carer 1 | | Carer 2 | |
| Relationship of the carer to the children |  | |  | |
| Is an interpreter required for the assessment interviews? | Yes  No | If yes, primary language: | Yes  No | If yes, primary language: |
|  |  |  |  |  |
| Is the carer a Child Safety employee? | Yes  No | | Yes  No | |
|  | *If yes, complete the Advice to regional director form and where applicable, the Conflict of interest declaration* | | *If yes, complete the Advice to regional director form and where applicable, the Conflict of interest declaration* | |
| Email address |  | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUBJECT CHILDREN’S DETAILS** *(Refer to the APA Renewal form)* | | | | | | |
| Name of child (add an attachment if required) | CSSC | CSO | Cultural identity | Current intervention type | Current case plan Y/N  *if Y attach* | Has the child’s views been sought Y/N |
|  |  |  |  |  | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No | Yes  No |
|  |  |  |  |  | Yes  No | Yes  No |
| **Subject children’s views about the care arrangement with the kinship carer applicant** | | | | | | |
|  | | | | | | |

|  |
| --- |
| **GENOGRAM, ECOMAP AND/OR ABORIGINAL FAMILY CIRCLE** *(If updated since the previous assessment, include or attach the subject children’s Genogram, ecomap and/or Aboriginal family circle.)* |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CHILD SAFETY’S CONTACT WITH THE CARER** | | | | | | |
| **Child Safety Service Centre (CSSC) contact since previous assessment**  *(Note: For the preceding one or two year period, one or more Child Safety officers, or a staff member from a foster and kinship care service, will have been in regular contact with the carer to provide support to the carer and undertake case work with any children placed with the carer.)* | | | | | | |
| CSSC name: |  | Frequency of contact: |  | | Type of contact: |  |
| **Placement Services Unit (PSU) contact since previous assessment (if applicable)** | | | | | | |
| PSU name: |  | Frequency of contact: |  | | Type of contact: |  |
| **Comments** *(Note: Only provide comments if information provided by either the CSSC or PSU is of direct relevance to the assessment.)* | | | | | | |
| STANDARD OF CARE REVIEWS OR HARM REPORTS SINCE PREVIOUS ASSESSMENT | | | | | | |
| **Date** *(add an attachment if required)* | **Brief summary of concerns** | | | **Outcome**  *(Note: Include brief information regarding how the concerns have been addressed.)* | | |
|  |  | | |  | | |
|  |  | | |  | | |
|  |  | | |  | | |

|  |  |  |
| --- | --- | --- |
| MANDATORY TRAINING REQUIREMENTS | | |
| Has the carer/s complete Water Safety Awareness training (at first renewal)? | Yes  No | N/A – not first renewal |

**PART 2 – ASSESSMENT INFORMATION** *(To be completed by the assessor)*

|  |  |  |  |
| --- | --- | --- | --- |
| **ASSESSMENT INTERVIEWS AND CONSULTATION** | | | |
| List all people interviewed for, or contacted about, this assessment (for example, the subject children, carer, children’s CSO, the support worker for the carer).  *(Note: Each carer, if an approved couple, must be interviewed at least once).* | | | |
| **Name and relationship to child or carer (add an attachment if required)** | **Date** | **Location** | **Duration** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FOSTER AND KINSHIP CARE SERVICE (FKCS) CONTACT WITH THE CARER** | | | | | |
| **FKCS contact since previous assessment (if applicable)** | | | | | |
| FKCS name: |  | Frequency of contact: |  | Type of contact: |  |
| **Comments** *(Note: Only provide comments if information provided by the FKCS is of direct relevance to the assessment.)* | | | | | |

|  |  |  |
| --- | --- | --- |
| **HOUSEHOLD MEMBERS AT THE TIME OF THE ASSESSMENT INTERVIEWS**  *(Only complete this section if there are household members who are not included on the APA Renewal. Household members may include adults visiting the household in specified circumstances.)* | | |
| **Record adult household members not included in the APA Renewal.** | | |
| Name (add an attachment if required) | Date of birth | Relationship to carer |
|  |  |  |
|  |  |  |
| **Record children (excluding subject children) not included in the APA Renewal.** | | |
| Name (add an attachment if required) | Date of birth | Relationship to carer |
|  |  |  |
|  |  |  |

|  |
| --- |
| **INTERVIEWS WITH THE SUBJECT CHILDREN** |
| If age and developmentally appropriate, and where an interview of the subject children is undertaken, record the reported experiences of the children in the placement to date and/or any other information provided by the children. |

|  |
| --- |
| **OTHER INFORMATION ABOUT THE CHILDREN** |
| Record details of any additional information obtained from the children’s CSO, if applicable. |

|  |
| --- |
| **INTERVIEWS WITH THE CARER** |
| **ASSESSMENT DOMAINS**  The information presented in this section should be a summary of your assessment based on all information gathered and should be brief (no more than a few paragraphs per topic). Where there are two carers, information on both carers should be provided under each domain heading.  The focus of the assessment is to provide:   * information about changes since the previous assessment, where applicable (a copy of the previous assessment is to be attached as supporting information)   examples of how the carer has:   * demonstrated their ability to meet the statement of standards * provided for the safety, belonging and wellbeing of the children placed with them. * Supporting evidence about the carer’s suitability, provided by other persons or agencies, is also summarised and recorded under the relevant assessment domain.   All reports and interview questionnaires should be scanned and attached to ICMS and placed on the hard copy of the carer’s file.  For more detail as to the information to be included under each of the domain headings below, refer to the ‘Kinship carer renewal assessment report guidelines.’  *(Note: The assessor is responsible for sharing observations and reflections with the carer during assessment interviews and giving them feedback about the conclusions being reached and incorporating relevant comments and feedback from the carer in the assessment report.)* |

|  |
| --- |
| **1. Motivation to care for the children**  Provide information about the carer’s current motivation (reported and observed) to care for the children. |
|  |

|  |
| --- |
| **2. Relationship with the children**  Provide information about the relationship between the carer and the children. |
|  |

|  |
| --- |
| **3. Relationship with the children’s family, family dynamics and family contact**  Provide information about the carer’s ongoing relationship with, and expectations of, the parents and their ability to support family contact and relationships and manage family dynamics. Identify possible conflicts and stressors and include information about what supports may be required. |
|  |

|  |
| --- |
| **4. Family history**  Explore whether significant aspects of the family’s shared history (including the carer’s childhood history) are influencing the care of the children and the placement. |
|  |

|  |
| --- |
| **5. Parenting style**  Provide information about the carer’s parenting style, including their compliance with the legal requirement under the *Child Protection Act 1999* that techniques for managing a child’s behaviour must not include corporal punishment or punishment that humiliates, frightens or threatens a child. |
|  |

|  |
| --- |
| **6. Carers’ spousal relationship**  Explore the implications of the placement for the spousal relationship and provide information about identified strengths and any relationship difficulties or stressors since the previous assessment. |
|  |

|  |
| --- |
| **7. Understanding of, and attitude towards, the child protection issues and the need for the child to be placed in a care arrangement**  Discuss and provide information about the carer’s current understanding of how the experience of abuse and trauma has impacted, or is impacting, the children and their demonstrated ability and willingness to ensure the safety of the children since the previous assessment. |
|  |

|  |
| --- |
| **8. Carer’s personal circumstances and ability to meet the specific needs of the children**  Discuss and provide information about the carer’s understanding of, and demonstrated capacity to meet, the specific needs of the children (including physical, emotional, developmental and cultural needs) since the previous assessment. Where applicable, include any change in personal circumstances (since the previous assessment) and whether the change has impacted on, or is likely to impact, the children and/or the care arrangement.  Explore any changes in the immunisation status of the carer and the children in their care – including their children.  If there has been a standard of care review or harm report since the previous assessment, provide the carer with an opportunity to discuss the process. |
|  |
|  |
| **9. Provision of regulated care services from the home.**  Provide details about other regulated care services you provide from your home eg. family day care or stand-alone services.  Please provide details of the possible impacts of the provision of this service on your ability to provide quality care to children placed with you. |
|  |

|  |
| --- |
| **10. Working with Child Safety**  Explore and provide information about the carer’s demonstrated attitude towards working with Child Safety since the previous assessment. |
|  |

|  |  |
| --- | --- |
| **11. Managing change, stress and carer support**  Discuss and document how the carer has managed changes, stress and carer support issues associated with their role as a kinship carer since the previous assessment. Consider the carer’s current commitments, support systems and support needs and identify current support needs associated with the care arrangement.  *(Note: Using an ecomap may assist the carer to consider and discuss these issues, particularly if an ecomap has not previously been developed with the carer)* | |
| *(Note: Attach the carer’s ecomap, if applicable.)* | |
| **Resources required to support the care arrangement** | |
| **List the resources required to support the appropriateness and ongoing stability of the care arrangement.** *(Note: Pending the outcome of the application, this information will be further explored during the development of the Placement agreement between Child Safety and the carer).* | |
| Children |  |
| Carer |  |
| Who will provide resources/supports |  |

|  |
| --- |
| **12. Training and education**  Explore and where applicable, provide information about relevant training completed since the previous assessment, or requested by, the carer, and/or information currently requested or required by the carer in order to effectively respond to the children’s specific care needs. |
|  |

|  |
| --- |
| **OTHER ASSESSMENT INFORMATION**  *(Record any other information of relevance to the assessment of the carer, if applicable).* |
|  |

|  |  |
| --- | --- |
| **STATEMENT OF STANDARDS**  *(Provide the carer with the ‘Interview resource: Statement of Standards’ and discuss examples of how they have met the Statement of Standards for the children since the previous assessment).* | |
| Were appropriate strategies for meeting the Statement of Standards implemented by the carer? | Yes  No |
| **Comments** | |
| Were any challenges identified in relation to the carer’s ability to fully meet the Statement of Standards?  *If yes, document the identified issues and comment on whether additional supports and/or resources may assist in resolving or mitigating any identified challenges.* | Yes  No |
|  | |

|  |
| --- |
| **CHANGE IN CARER CIRCUMSTANCES**  *(Provide the carer with copies of the ‘Change in carer circumstances – Form 39’ and ensure that the carer understands their* ***ongoing*** *legal obligation to report the specified changes to Child Safety (as soon as possible), by completing and returning the form to the Child Safety Service Centre.)* |
| Discuss and document whether any of the specified changes have occurred since the previous assessment and if so, whether the change/s have been reported to the CSSC through the completion of the Form 39. Provide details of any change in carer circumstances since the previous assessment and the implications of the change, if applicable, for their role as a carer.  *(Note: The carer must complete the Form 39, if applicable. It is not sufficient for the carer or the assessor to verbally inform the CSSC of the specified change/s. Additional information regarding changes in carer circumstances may also be recorded in the relevant assessment domain).* |
|  |
| List any actions required by the assessor as a result of the change in carer circumstances, for example, new Household safety study or the completion of a Carer applicant health and wellbeing questionnaire. |
|  |

|  |  |
| --- | --- |
| **REFEREE CHECKS** *(if requested)* | |
| Were discretionary referee checks requested?  *If yes, record the concerns discussed with the applicant and the outcome of discussions.* | Yes  No |
|  | |

|  |  |
| --- | --- |
| **MEDICAL CHECKS** *(if requested)* | |
| **Was a discretionary GP medical check requested?**  *If yes, record the concerns discussed with the carer and the outcome of discussions.* | Yes  No |
| *(Note: Additional information may also be recorded in the relevant assessment domain.)* | |

|  |  |  |
| --- | --- | --- |
| **SOURCES OF INFORMATION** | | |
| **Mandatory information** | **Completed** | **Comment** |
| Interviews with carer |  |  |
| Personal history checks |  |  |
| Household safety study |  |  |
| Carer applicant health and wellbeing questionnaire |  |  |
| **Discretionary information** | **Completed** | **Comment** |
| Medical checks |  |  |
| Referee Checks |  |  |
| Training outcomes |  |  |
| Other (please specify) |  |  |

**PART 3 – RECOMMENDATION AND RATIONALE** *(To be completed by the assessor)*

|  |
| --- |
| **ANALYSIS OF STRENGTHS AND SUPPORT NEEDS** |
| **What are the strengths/benefits of the care arrangement for the children?**  *(Note: Consider the carer’s responses to the assessment domains in the context of their demonstrated ability to meet the Statement of standards since the previous assessment).* |
|  |
| **What are the vulnerabilities/risks of the care arrangement for the children?**  *(Note: Consider the carer’s responses to the assessment domains in the context of their demonstrated ability to meet the Statement of standards since the previous assessment)* |
|  |
| **What support/s could be implemented to resolve or mitigate identified vulnerabilities or risks?** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RECOMMENDATION AND REASONS** | | | | |
| Are you satisfied that the applicant meets the below **legislative requirements for approval:**  **Section 135(1)(b) of the *Child Protection Act 1999***   1. the applicant is kin to the child to whom the approval relates; *and* 2. the applicant is a suitable person to be an approved kinship carer for the child; *and* 3. all members of the applicant’s household are suitable persons to associate on a daily basis with the child; *and* 4. the applicant and each adult household member of the applicant’s household hold a working with children authority; *and* 5. the applicant is able to meet the standards of care in the statement of standards; *and* 6. the applicant is able to help in appropriate ways towards achieving plans for the child’s protection.   and  **Part 8 section 24 of the Child Protection Regulation 2023**   1. does not pose a risk to the child’s safety; *and* 2. is able and willing to protect the child from harm; *and* 3. understands and is committed to the relevant principles; *and* 4. has completed any training reasonably required by the chief executive to ensure the person is able to properly care for a child. | | | | |
|  | | Yes No | |  |
| **Are you satisfied that the carer has met the following criteria for suitability/approval?**   1. Ability to identify personal experiences, background, current family dynamics and lifestyle, and reflect on how these are relevant to caring for a child in care. 2. Ability to provide a safe and stable living environment that is free from harm or risk of harm. 3. Ability to provide a nurturing environment that contributes to a child’s positive self-regard. 4. Ability to work as part of a team that includes the child, their family, Child Safety and other relevant service providers. | | | | |
|  | | Yes No | |  |
|  | | | | |
|  | | |  | |
| **Do you recommend the carer for approval?**  *(Note: You must make reference to the carer’s suitability to be approved as a kinship carer in accordance with section 135 of the Child Protection Act 1999 and section 24 of the Child Protection Regulation 2023.)* | | | YesNo | |
| **Reasons for recommendation** | | | | |
| **Are conditions considered necessary for inclusion on the certificate of approval?** | | | Yes  No | |
| **Comments**    *(Note: Include rationale for proposed conditions, if ‘yes’ is selected.)* | | | | |
| **If approval is not recommended, are there steps (not previously identified) that could be taken to address concerns?**  *If yes, what steps would need to be taken to address the vulnerabilities identified above?* | Yes  No  N/A | | | |
|  | | | | |

**PART 4 – CARER’S SIGNATURE AND COMMENTS** *(To be completed by the carer)*

|  |  |  |  |
| --- | --- | --- | --- |
| **CARER’S SIGNATURE AND COMMENTS**  *(Note: Once the Kinship Carer Renewal Assessment Report is finalised, the assessor is responsible for providing a copy of the final report to the carer before the report is forwarded to the CSSC manager for an approval decision.)* | | | |
| **Carer 1 (name)** |  | | |
| I have read the assessment report and recommendation and have had the opportunity to make additional comments below.  **Comments** **(if applicable)** | | | |
| **Carer signature** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Carer 2 (name)** |  | | |
| I have read the assessment report and recommendation and have had the opportunity to make additional comments below.  **Comments (if applicable)** | | | |
| **Carer signature** |  | **Date** |  |