

Kinship Carer Initial Assessment Report

PRIVACY NOTICE

The Department of Children, Youth Justice and Multicultural Affairs (Child Safety) is collecting the personal information on this form for the purpose of assessing the carer applicant/s for consideration to become approved kinship carers. The collection of this information is authorised by the *Child Protection Act 1999* and the Child Protection Regulation 2011. Your personal information will be treated in accordance with the *Information Privacy Act 2009*.

Under the *Children's Court Rules 2016* and the *Director of Child Protection Litigation Act 2016*, the department 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 the department 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			
Applicant 1 (name)		Date of birth	
Applicant 2 (name)		Date of birth	
Date of application		Expiry date of application	ICMS ID Number
Has provisional approval been granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, PAC expiry date	
Assessment start date		Assessment completion date	

ASSESSOR DETAILS			
Report compiled by			
Position and contact details			
Signature		Date	

APPLICANT DETAILS <i>(Note: Refer to the 'Application for Initial approval – Form 3A'(APA Initial))</i>				
	Applicant 1		Applicant 2	
Relationship of the applicant to the children				
Is an interpreter required for the assessment interview/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, primary language:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, primary language:
Is the applicant a departmental employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>If yes, complete the Advice to regional director form and where applicable, the Conflict of interest declaration</i>		<i>If yes, complete the Advice to regional director form and where applicable, the Conflict of interest declaration</i>	
Email address				

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SUBJECT CHILDREN'S DETAILS (Refer to the APA Initial 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
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subject children's views about the care arrangement with the kinship carer applicant

VIEWS ABOUT THE CARE ARRANGEMENT WITH THE KINSHIP CARER APPLICANT (Note: Child Safety is responsible for obtaining the views of all relevant parties.)	
Parents	
Name (add an attachment if required)	Has the parent's views been sought? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Record the views of the parents about the care arrangement, or the reason as to why the views of the parents cannot be obtained:	
Other persons of significance to the children (if applicable)	
Name (add an attachment if required)	Relationship to subject child
Record the other person's views about the care arrangement:	

GENOGRAM, ECOMAP AND/OR ABORIGINAL FAMILY CIRCLE (Include genogram below or attach the genogram, ecomap and/or Aboriginal family circle, where available).

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CASE PLAN DETAILS

(Attach copies of current case plan and child strengths and needs assessment for each child. Where these are not attached, complete the following fields.)

Summary of current child protection concerns

Case plan goal

Strengths and needs of the children

Behaviour, social skills and emotional stability

Physical health and developmental issues *(including diagnosed medical and developmental conditions)*

Cultural identity

Education *(including early childhood education)*, vocation or employment

Service provider details

Contact details for persons/agencies currently providing services to the children

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

ASSESSMENT INTERVIEWS AND CONSULTATION

List all people interviewed for, or contacted about, this assessment.

(Note: At least one interview will occur with each kinship carer applicant, although this may be a joint interview. At least one assessment interview must be held within the applicant's home. Where practicable, other members of the household should be encouraged to participate in interview discussions.)

Name and relationship to child or carer <i>(add an attachment if required)</i>	Date	Location	Duration

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 Initial form. Household members may include adults visiting the household in specified circumstances.)

Record adult household members not included in the APA Initial form

Name (add an attachment if required)	Date of birth	Relationship to applicant

Record children *(excluding subject children)* not included in the APA Initial form.

Name (add an attachment if required)	Date of birth	Relationship to applicant

INTERVIEW/S WITH THE SUBJECT CHILDREN

(Note: While it is not a requirement to interview the subject children, it may be appropriate to do so in some circumstances, for example, where the applicant is a provisionally approved carer.)

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.

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OTHER INFORMATION ABOUT THE CHILDREN

Record details of any additional information obtained from the children's CSO, if applicable.

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INTERVIEWS WITH THE APPLICANT

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 applicants, information on both applicants should be provided under each domain heading.

Where practicable, other members of the household should be encouraged to participate in interview discussions. Supporting evidence about the applicant's suitability, provided by adult household members or other children in the applicant's household, 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 applicant's file.

For more detail as to the information to be included under each of the domain headings below, refer to the 'Kinship carer initial assessment report guidelines'.

(Note: The assessor is responsible for sharing observations and reflections with the applicant during assessment interviews and giving them feedback about the conclusions being reached and incorporating relevant comments and feedback from the applicant in the assessment report.)

1. Motivation to care for the children

Provide information about the applicant's reasons (reported and observed) for applying to become a kinship carer for the children.

2. Relationship with the children

Provide information about the nature and significance of the relationship between the applicant and the children.

3. Relationship with the children's family, family dynamics and family contact

Provide information about the applicant's 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 how significant aspects of the family's shared history (including the applicant's childhood history) may influence the care of the children and the proposed care arrangement.

5. Parenting style

Explore and provide information about the applicant's parenting style. Where the applicant has not previously parented a child, consider proposed approaches and attitudes towards parenting, including expectations regarding the behaviour of the children.

6. Applicants' spousal relationship

Explore the quality of the spousal relationship and the possible implications of the care arrangement for the relationship and provide information about identified strengths and any current and/or previous relationship difficulties or stressors.

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7. Understanding of, and attitude towards, the child protection issues and the need for an out-of-home care placement

Explore the child protection concerns for the children and provide details about the applicant's understanding of how the experience of abuse and trauma may impact on the children and their ability and willingness to ensure the safety of the children.

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8. Personal capacity to be a kinship carer and ability to meet the specific needs of the children

Consider the applicant's personal circumstances and characteristics and how these impact on their understanding of, and capacity to meet, the specific needs of the children (including physical, emotional, developmental and cultural needs).

Explore the immunisation status of the carer and their willingness to continue with the immunisation schedule for the child.

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9. Working with the department

Explore and provide information about the applicant's attitude towards working with Child Safety.

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10. Carer support and managing change and stress

Explore the applicant's current commitments, support systems and support needs and identify any changes the applicant may need to consider in becoming a kinship carer for the children.

(Note: Using an ecomap may assist the applicant to consider and discuss these issues.)

(Note: Attach the applicant's ecomap, if applicable.)

Resources required to support the care arrangement.

List the **short-term** resources required to support the appropriateness and ongoing stability of the care arrangement.

Children	
Applicant	
Who will provide resources/supports	

List the **long-term** resources required to support the appropriateness and ongoing stability of the care arrangement.

Children	
Applicant	
Who will provide resources/supports	

11. Training

Explore and where applicable, provide information about relevant training previously completed, or requested by, the applicant.

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OTHER ASSESSMENT INFORMATION (Record any other information of relevance to the assessment of the applicant, including the applicants ability to follow through with child immunisation requests).

STATEMENT OF STANDARDS (Provide the applicant with the 'Interview resource: Statement of Standards' and discuss examples of when the applicant has met the standards, or how the applicant would meet the standards for the children).

Were appropriate strategies for meeting the Statement of Standards identified by the applicant? Yes No

Comments:

Are there indications that the applicant may not be able to fully meet the Statement of Standards?
If yes, document any identified concerns and comment on whether additional supports and/or resources may assist in resolving or mitigating any identified concerns. Yes No

Comments:

REFEREE CHECKS (if requested)

Were discretionary referee checks requested? Yes No
If yes, record the concerns discussed with the applicant and the outcome of discussions.

Comments:

MEDICAL CHECKS (if requested)

Was a discretionary GP medical check requested? Yes No
If yes, record the concerns discussed with the applicant and the outcome of discussions.

Comments:

(Note: Additional information may also be recorded in the relevant assessment domain.)

SOURCES OF INFORMATION

Mandatory information	Completed	Comment
Interviews with applicant	<input type="checkbox"/>	
Personal history checks	<input type="checkbox"/>	
Household safety study	<input type="checkbox"/>	
Carer applicant health and wellbeing questionnaire	<input type="checkbox"/>	
Discretionary information	Completed	Comment
Medical checks	<input type="checkbox"/>	
Referee checks	<input type="checkbox"/>	
Training outcomes	<input type="checkbox"/>	
Your home safety study	<input type="checkbox"/>	

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

ANALYSIS OF STRENGTHS AND SUPPORT NEEDS
<p>What are the strengths/benefits of the placement for the children?</p> <p><i>(Note: Consider the applicant's responses to the assessment domains in the context of their ability to meet the Statement of standards.)</i></p>
<p>What are the vulnerabilities/risks of the placement for the children?</p> <p><i>(Note: Consider the applicant's responses to the assessment domains in the context of their ability to meet the statement of standards.)</i></p>
<p>What support/s could be implemented to resolve or mitigate identified vulnerabilities or risks, to make this care arrangement suitable?</p> <p><i>(Note: Include proposed short-term and long-term supports.)</i></p>

RECOMMENDATION AND REASONS	
<p>Are you satisfied that, in accordance with section 135 of the <i>Child Protection Act 1999</i> and section 23 of the <i>Child Protection Regulation 2011</i>, that the applicant:</p>	
1. is a suitable person to be an approved kinship carer, and all members' of the applicant's household are suitable persons to associate on a daily basis with children and	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. is kin to the child and	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. is able to meet the standards of care in the Statement of Standards and	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. is able to help in appropriate ways towards achieving plans for the child's protection and	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. the applicant and each adult member of the applicant's household have a current positive prescribed notice or current positive exemption notice and	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. does not pose a risk to the child's safety and	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. is able and willing to protect the child from harm and	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. is able and willing to care for the child in a way consistent with the principles for administering the Act and	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. has completed any training reasonably required by the chief executive to ensure the person is able to properly care for a child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you satisfied that the applicant has met the following criteria for suitability / approval:</p>	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ability to provide a safe and stable living environment that is free from harm or risk of harm.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ability to provide a nurturing environment that contributes to a child's positive self-regard.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Ability to work as part of a team that includes the child, their family, the department and other relevant service providers.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Do you recommend the applicant for approval? <i>(Note: You must make reference to the applicant's suitability to be approved as a kinship carer in accordance with section 135 of the Child Protection Act 1999 and section 23 of the Child Protection Regulation 2011)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for recommendation		
Are conditions considered necessary for inclusion on the certificate of approval? <i>(Note: Include rationale for proposed condition/s, if 'yes' is selected.)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments		
If approval is not recommended, are there steps (not previously identified) that could be taken to address concerns?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, what steps would need to be taken to address the vulnerabilities identified above?		

PART 4 – APPLICANT'S SIGNATURE AND COMMENTS *(To be completed by the applicant)*

APPLICANT'S SIGNATURE AND COMMENTS			
<i>(Note: Once the Kinship Carer Initial Assessment Report is finalised, the assessor is responsible for providing a copy of the final report to the applicant before the report is forwarded to the CSSC manager for an approval decision.)</i>			
Applicant 1 (name)			
<i>I have read the assessment report and recommendation and have had the opportunity to make additional comments below.</i>			
Comments (if applicable)			
Applicant signature		Date	
Applicant 2 (name)			
<i>I have read the assessment report and recommendation and have had the opportunity to make additional comments below.</i>			
Comments (if applicable)			
Applicant signature		Date	