**Privacy Notice and Disclosure Statement**

The Department of Child Safety, Seniors, and Disability Services (Child Safety) is collecting the personal information on this form for the purpose of assessing the carer/s for consideration to become approved foster 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 *Children’s 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.

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| **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 |

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| **Child Safety Service Centre / Foster and Kinship Care Service Details** | | | | | |
| Child Safety Service Centre | |  | | | |
| Foster and Kinship Care Service  *(if applicable)* | |  | | | |
| External assessor’s business name and contact details *(if applicable)* | |  | | | |
| Report compiled by |  | | Departmental / Agency position | |  |
| Signature |  | | | Date | Enter date |

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| **Sources of Information** | | |
| ***Mandatory Information:*** | | |
|  | Training Outcomes | |
|  | Contact with the foster carer | |
|  | Contact with CSO / review of the file | |
|  | Contact with children placed with foster carer | |
|  | Contact with household members | |
|  | Contact with foster carer’s children | |
|  | Carer Health and Wellbeing Questionnaire | |
|  | Household Safety Study | |
| ***Additional sources of information (discretionary):*** | | |
|  | Referee reports |  |
|  | GP Medical check |  |
|  | Other (please specify) |  |

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| 1. **Biographic Details** | |
| **1.1 Residential Address** | |
| Carer 1 |  |
| Carer 2 |  |

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| **1.2 Personal details and household members** | | |
| Have the carer/s personal details or household member/s details changed since their initial or previous assessment? | Yes | No |
| If yes, has a *Change in Carer Circumstances Form* been completed by the carer? If no, the carer must complete a *Change in Carer Circumstances Form*. | Yes | No |

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| **1.3 Family Genogram** (necessary only where there have been changes) |
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| 1. **Contact with Carers for Assessment Purposes** | |
| **Carer 1** | |
| Dates | Type of contact (verbal, face to face, other) |
| Enter date |  |
| Comments | |
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| **Carer 2** | |
| Dates | Type of contact (verbal, face to face, other) |
| Enter date |  |
| Comments | |
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| **Other individuals contacted**  Please provide information relating to contact made with other individuals, such as other household members, foster carer’s children or children placed with the foster carer. Include the rationale as to why the other individuals were contacted. Where there are more than four other individuals contacted, please complete and attach another page. | |
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| Name |  |
| Relationship to Carer |  |
| Interview date | Enter date |
| Duration |  |
| Comments | |
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| --- | --- |
| Name |  |
| Relationship to Carer |  |
| Interview date | Enter date |
| Duration |  |
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| Name |  |
| Relationship to Carer |  |
| Interview date | Enter date |
| Duration |  |
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| Name |  |
| Relationship to Carer |  |
| Interview date | Enter date |
| Duration |  |
| Comments | |
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| 1. **Care Arrangement details since previous assessment** | | |
| Name of children | Date of Birth | Length of Placement |
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| Departmental contact with the carer | |
| Frequency of contact |  |
| Type of contact |  |

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| Foster and Kinship Care Service contact with carer *(if applicable)* | |
| Frequency of contact |  |
| Type of contact |  |

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| 1. **Reviews** |
| * 1. **Standards of Care reviews and harm reports** *(if applicable)* |
| (Provide details of action arising from standard of care reviews and harm reports as recorded in the foster carer agreement, placement agreement or action plans including details of completion of agreed actions.) |
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| **4.2 Foster Care Agreement** |
| (Provide details of any conditions or comments made on the previous approval ‘Form 4 – Approval Decision’; the outcomes of any conditions/comments; the dates of any routine or additional reviews and any subsequent changes to the Foster Carer Agreement) |
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| * 1. **Appeals** |
| (Provide details of appeals made to the Queensland Civil and Administrative Tribunal) |
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| 1. **Training** | | | | | |
| **Starting out training (Mandatory):** *Complete this section if assessment relation to* ***initial renewal of approval****.* | | | | | |
| **Carer 1** | | | **Carer 2** | | |
| Has the carer completed required starting out training modules during the 12 month initial approval period? | Yes | No | Has the carer completed required starting out training modules during the 12 month initial approval period? | Yes | No |
| Has the carer met required competency? | Yes | No | Has the carer met required competency? | Yes | No |
| Details of starting out training | | | Details of starting out training: | | |
|  | | |  | | |
| Comments: | | | Comments: | | |
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| **Continuous learning:** *Complete this section if assessment is in relation to all subsequent renewals* | | | | | |
| **Carer 1** | | | **Carer 2** | | |
| Has the carer completed any continuous learning training in the past 3 years of their approval? | Yes | No | Has the carer completed any continuous learning training in the past 3 years of their approval? | Yes | No |
| Has the carer met required competency? | Yes | No | Has the carer met required competency? | Yes | No |
| Details of continuous learning training: | | | Details of continuous learning training: | | |
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| Comments: | | | Comments: | | |
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| 1. **Assessment Domains**   The information presented in this section should be a summary of all information gathered and should be brief (no more than a few paragraphs per topic). All reports and information gathered should be 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, see ‘Guidelines to completing Forms 3A & 3B’. Where there are two carers, information on both carers should be provided under each domain heading. |

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| **6.1 Motivation to foster** | | |
| Has the carer’s motivation to continue to foster changed during the approval period? | | |
| Yes | No | If yes, please provide details of changes below: |
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| **6.2 Household members** | | |
| Are the household members continuing to support the carer’s decision to provide foster care, including maintaining a willingness to contribute to or adapt to fostering? | | |
| Yes | No | If yes, please provide details of changes below: |
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| * 1. **Social Assessment** | | |
| Has there been changes to the carer’s:  Family structure  Social support  Time available to provide the level of care required | | |
| Yes | No | If yes, please provide details of changes below: |
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| **6.4 Relationships** | | |
| Has there been any changes to the carer’s:  Spousal relationship  Relationships with children (including adult children not living in the household) | | |
| Yes | No | If yes, please provide details of changes below: |
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| * 1. **Health and Wellbeing** | | |
| Has there been any changes to the carer’s health or wellbeing since their previous approval? | | |
| Yes | No | If yes, please provide details of changes below: |
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| Has the carer had any immunisations since their previous approval? | | |
| Yes | No | If yes, please provide details of changes below: |
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| Has the carer continued with the immunisation schedule for all children placed in their care (including their own children)? | | |
| Yes | No | If yes, please provide details of changes below: |
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| **6.6 Demonstrated Stress Management** | | |
| Have there been any issues or concerns regarding the carer’s ability to manage stress? Refer to any standard of care or harm reports where applicable. | | |
| Yes | No | If yes, please provide details of changes below: |
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| **6.7 Demonstrated capacity to provide quality care** | | |
| Parenting style  Providing care to children and young people in care  Developing and/or maintaining a positive sense of identity in a child or young person  Cultural awareness  Household safety | | |
| Have there been any issues or concerns regarding the carer’s capacity to provide quality care? Refer to specific standards of care reviews or harm reports where issues have been identified. | | |
| Yes | No | If yes, please provide details of changes below: |
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| **6.8 Demonstrated ability to work as part of a team** | | |
| Have there been any issues or concerns regarding the carer’s capacity to work as part of a team? | | |
| Yes | No | If yes, please provide details of changes below: |
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| **6.9 Other relevant issues** |
| Please provide details of any other relevant issues that have arisen in the previous approval period that may impact on the carer’s ability to continue to provide care. |
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| 1. **Evidence Based Rationale for Recommendations**   Reflecting on the Statement of Standards, summarise the information gathered during the assessment process, to validate your recommendation. This includes highlighting how the carer has demonstrated their capacity to meet the standards of care or the challenges that have impacted on the quality of care provided. Please provide evidence for conclusions made, in the form of quotes, observations, corroborations and relevant research.  **Statement of Standards** (Section 122 of *Child Protection Act 1999*)   1. The chief executive must take reasonable steps to ensure a child who, for the purposes of this Act, is placed in the care of an approved foster carer, licensed care service or departmental care service, is cared for in a way that meets the following standards (the “statement of standards”)    1. The child’s dignity and rights will be respected at all times;    2. The child’s needs for physical care will be met, including adequate food, clothing and shelter;    3. The child will receive emotional care that allows him or her to experience being cared about and valued and that contributes to the child’s positive self-regard;    4. The child’s needs relating to his or her culture and ethnic grouping will be met;    5. The child’s material needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met;    6. The child will receive education, training or employment opportunities relevant to the child’s age and ability;    7. The child will receive positive guidance when necessary to help him or her to change inappropriate behaviour;    8. The child will receive dental, medical and therapeutic services necessary to meet his or her needs;    9. The child will be given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age;    10. The child will be encouraged to maintain family and other significant personal relationships;    11. If the child has a disability – the child will receive care and help appropriate to the child’s special needs. 2. For subsection (1)(g), techniques for managing the child’s behaviour must not include corporal punishment or punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm. 3. For subsection (1)(j) , if the chief executive has custody or guardianship of the child, the child’s carer must act in accordance with the chief executive’s reasonable directions. 4. The application of the standards to the child’s care much take into account what is reasonable having regard to –    1. The length of time the child is in the care of the carer or the care service; and    2. The child’s age and development |

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| **7.1 Rationale for recommendations** |
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| 1. **Legislative Requirements** | | | | |
| Are you satisfied that the applicant meets the below **legislative requirements for approval**:  **Section 135(1)(a) of the *Child Protection Act 1999***   1. is a suitable person to be approved as a foster carer, *and* 2. all members of the applicant’s household are suitable persons to associate on a daily basis with children; *and* 3. each adult member of the applicant’s household hold a working with children authority; *and* 4. is able to meet the standards of care in the Statement of Standards; *and* 5. is able to help in appropriate ways towards achieving plans for the protection of a child placed in their care;   and  **Part 8 s23 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 a 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 care properly for a child. | | | | |
|  | Yes |  | No |  |
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| **7.2 Policy Requirements** | | | | |
| Are you satisfied that the Carer/s 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, the department and other relevant service providers. | | | | |
|  | Yes |  | No |  |
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| **7.3 Recommendation** | | | | | |
| **Carer 1** | | | | | |
| Renewal of Approval Recommended |  | | Renewal of Approval **not** Recommended | |  |
| If the renewal of approval is recommended, is the renewal subject to any reasonable conditions? | | | | Yes | No |
| If yes, outline the recommended conditions | |  | | | |

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| **Carer 2** | | | | | |
| Renewal of **Approval Recommended** |  | | Renewal of **Approval not Recommended** | |  |
| If the renewal of approval is recommended, is the renewal subject to any reasonable conditions? | | | | Yes | No |
| If yes, outline the recommended conditions | |  | | | |

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| 1. **Foster and Kinship Care Manager - Endorsement of Assessment** *(if applicable)* | | | | | | | | |
| Has this assessment been completed by a Foster and Kinship Care agency or outsourced to an external assessor by a Foster and Kinship Care agency for completion? | | | | | Yes | | No | |
| *If yes*, the Foster and Kinship Care Manager is required to provide their endorsement and recommendation for this assessment to progress to the required Child Safety Service Centre (CSSC) Manager for approval: | | | | | | | | |
| Has the Foster and Kinship care manager read, and quality assured this assessment? | | | | Yes | | No | |  |
| Is the Foster and Kinship care manager supportive of this assessment being sent through to the CSSC Manager for approval | | | | Yes | | No | |  |
| Manager Name |  | |  | | | | | |
| Date endorsed | Enter date |  | | | | | | |

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| 1. **Care Arrangement Considerations** |
| Detail the carer’s views on the care arrangements made to date and identify the care arrangements that the carers believe best match their strengths. |
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| Recommendations regarding appropriate care arrangements during the next approval period. |
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| Recommendations for meeting the Carer’s support and development needs during the next approval period. |
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| 1. **Foster Carer’s Signature and Comments** | | | | | |
| A copy of the *Foster Carer Applicant and Recommendation Form – Renewal of Approval Only* has been provided to the carer/s. | | | | Yes | No |
| The carer/s has read the assessment and recommendation and has had the opportunity to make additional comments below. | | | | | |
| **Carer 1** | | **Carer 2** | | | |
| I have read and understood the privacy notice and confirm that the information is correct. | | I have read and understood the privacy notice and confirm that the information is correct. | | | |
| Signature |  | Signature |  | | |
| Name |  | Name |  | | |
| Date | Enter date | Date | Enter date | | |
| Additional comments by foster carer | | Additional comments by foster carer | | | |
|  | |  | | | |