# Carer supervision and support

This list has been designed by the sector to guide sector practice regarding carer checks ins, supervision, and support. It is not a prescribed document but can be adapted as per designated agency requirements.

The systems and processes that guide the approach to carer supervision and support:

* is consistent, meaningful and reviewed (quality assurance)
* is carer focused, outside of the needs of the child
* is informed by the authorisation conditions and recommendations
* enables identified actions to be tracked and monitored
* includes a mechanism to document the carer journey
* encourages and hears the carer voice
* is designed to identity additional support or risk and monitor this.

| Carer supervision / support /check ins / home visits |
| --- |
| **Date of last supervision / check in - supervision check in schedule** |       |
| **Action plan – completed / pending actions**  |       |

| Home environment safety |
| --- |
| **Physical environment of the home:*** home safety, pool compliance certificate, firearm licence
* any changes to the physical environment since last quarterly visit?
* Are there any risks identified in the home that need urgent or prompt remedy
* Photos
 |
| **Changes to the household*** i.e new HHM’s, frequent visitors, HHM turning 18 years, C/YP in care turning 18 and continue to reside in the home, anyone moved out
* Have the changes recorded on the Carers Register?
 |
| **Actions** |       |

| Children and young people / placement update |
| --- |
| **Carer’s views / update on current or recent placements:*** Challenges and achievements
* Education
* Cultural plans
* Family contact - carer facilitated family contact
* Life story work
* Behaviour and medication management
* Therapeutic support plan
 |
| **C/YP case plan** * On track?
* Your views in case planning and review, case management and service delivery planning have been heard?
 |
| **Supports to meet the needs of C/YP in care*** Transport support
* Practical support
 |
| Do you need any additional information about the child or young person in your care to help you understand their needs? |
| **Actions** |       |

| Carer support feedback |  |
| --- | --- |
| * How is the carer feeling about the current level of support provided?
* What would they like more or less of
* Additional supports
* How does the carer rate their experience:
* A – b – c - d
* General update:
* About their health or wellbeing, or the health or wellbeing of any other household member
* Work and life commitments i.e. employment, volunteering, birth and extended family
* Impact of caring, on own family
* Supports, concerns for carers own children and young people
* Travel or moving plans
* Changes to carer relationship status
* Future - carer’s thoughts, what is needed to successfully move forward as a carer
* Issues or concerns about safety - physical, social, psychological, cultural, moral
* Any other changes, concerns or worries
 |
| **Actions** |       |

| Current Assessments |  |
| --- | --- |
| * Annual carer review: *last completed and next due date*
* Risk assessment/s: details/update
* Legal matters: details/update
* Reportable allegation/s: details/update
* ROSH: details/update
 |
| **Actions** |       |

| Respite |
| --- |
| **Respite schedule**  |       |
| **Do you require respite or additional respite?** |       |
| **Respite feedback**  |       |
| **Actions** |       |

| Training |
| --- |
| * Training:
	+ List all training completed with date of training and copy of any certificate (supported by agency or completed independently):
	+ Consider - carer authorisation, carer review, supervision training recommendations
	+ Interested in:
	+ Planned:
	+ Booked:
	+ Completed:
* Does the carer have current First Aid and CPR certificates? Expiry date(s)?
 |
| **Actions** |       |

| Resources |
| --- |
| * Resources provided to carer:
	+ Carer handbook - theme of the month discussed
	+ Carer Code of Conduct - theme of the month discussed
* EAPs or clinical support provided / discussed
* Carer advocates provided / discussed
* Agency policy information provided / discussed
* Are any additional resources needed
 |
| **Actions:** |       |

| Networks / connections / advocates / services |
| --- |
| Social support networks:* Who is in your support network?
* Have you taken opportunity to meet and socialise with other carers at carer events, eg. Carer lunches, dinners, training, support groups or Christmas functions.
 |
| Are you aware or need referral to EAPs or any other service for personal support? |
| Cultural supports / networks  |
| Do you have information about foster, relative and kinship carer support networks, including 24 hour support numbers, which can support you in your role as an authorised carer? |
| Are there any services the carer would like to be referred to for assistance or support? |
| **Actions** |       |

| Self-care wellbeing events |
| --- |
| * How is the carer feeling, energy levels
* What have they done to care for themselves since the last carer team visit or phone call
* What kinds of self-care do you find helpful?
* Time out / respite
* Upcoming events: Birthdays, celebrations, activities, holidays, cultural events etc
* How are you going as a carer, do you feel you need any supports?
 |
| Actions |       |

| Carer reflection/ feedback |
| --- |
| * What are my strengths and what can I build on
* Do I feel like a valued team member
* Do I need or know how to give and receive feedback
* Do I feel informed about organisation changes
* What experience do I want to unpack and reflect on
* Are the expectations of me as a carer clear
* Carer voice – agency takes on carer feedback to improve carer experience
* Do you feel valued for what you bring to your role as a carer (eg language, cultural heritage, religious beliefs and life experience?)
* Do you feel respected for your opinion and consulted on decisions about the care of a child or young person?
 |
| Actions |       |

| Carer allowance / financial support |
| --- |
| Carer payments |       |
| Additional payments / reimbursements |       |
| Financial support |       |
| Actions |       |

| ACCO transfer (where applicable) |
| --- |
| Information provided to carers |       |
| Information offered / to be provided / information sessions |       |
| Transfer plan |       |

| Agency |
| --- |
| Feedback from case worker /carer support worker |       |
| Actions |       |

| Actions / needs / follow ups / tasks |
| --- |
| Actions agreed for next supervision (when, by who) |       |
| Outstanding needs/concerns |       |
| Date of next supervision |       |
| Actions |       |

| Sign off |
| --- |
| Case worker / carer support worker sign off |       |
| Case Manager sign off |       |
| PSP Manager sign off |       |
| Carers received copy of supervision (date, name of worker who provided) |       |
| Carer sign off |       |