# 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 |  |