Date \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_

Caregiver Support Plan

Name **(s):**

## My/Our tamariki who live in the home:

## Whānau /Household Members:

## Support Contact Details:

|  |  |
| --- | --- |
| Support  | Contact Details  |
| My Caregiver Social Worker  | *012 3456789**Jane@doe.govt.nz* |
| Caregiver Supervisor (s)  | *02123456789**Jane@doe.govt.nz* |
| Social worker(s) for tamaiti/tamariki in my care )  | *012 3456789**Jane@doe.govt.nz* |
| Supervisor(S)  | *02123456789**Jane@doe.govt.nz* |
| Emergency Support  | *0508 xxx*  |

|  |
| --- |
| FORMAL/PERSONAL SUPPORT/SELF CARE |
| What do I do to take care of myself and my tamariki now?And what support do I get from my family and friends | **Support I need to maintain this if I had a tamaiti placed in my care and how I will do this,** *Conversation – thinking about the things you do, that keeps you mentally and physically well, and maintains your support for your family. What would change with a tamaiti placed in your family?* | **Support from Oranga Tamariki** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| SUPPORT TO BUILD MY CAPABILITY AS A CAREGIVER |

**Area for development**

***This should be informed by the caregiver assessment. Give particular consideration to cultural competence needs***

1. *Responding to the cultural needs of tamariki*
	1. *Need*
	2. *Support*
	3. *Caregiver Role*
	4. *Oranga Tamariki*
	5. *When*
2. *Understanding trauma*
	1. *Need*
	2. *Support*
	3. *Caregiver Role*
	4. *Oranga Tamariki*
	5. *When*
3. *Understanding of high and complex needs*
	1. *Need*
	2. *Support*
	3. *Caregiver Role*
	4. *Oranga Tamariki*
	5. *When*
4. *Understanding disability needs*
	1. *Need*
	2. *Support*
	3. *Caregiver Role*
	4. *Oranga Tamariki*
	5. *When*

1. *Understanding Harmful Sexual Behaviour*
	1. *Need*
	2. *Support*
	3. *Caregiver Role*
	4. *Oranga Tamariki*
	5. *When*

|  |
| --- |
| LEARNING |
| Training: I/We have booked or are planning to complete |
| Course  | Date of Course  |
| *Understanding trauma* |  |
|  |  |

|  |
| --- |
| SUPPORT FOR MEETING THE NEEDS OF TE TAMAITI *This section of the plan is to be informed by the All About Me Plan and needs to be replicated and completed individually for each tamaiti in the caregiver’s care. Only bring across actions in the By Whom column of the All About Me Plan if the caregiver has an identified responsibility.* |

1. *Identity & cultural*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Connections with family/whānau /hapū/Iwi*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Connections with my siblings*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Safety*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *How often will te tamaiti be visited*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Health*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Oranga*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Emotional Needs*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Behavioural Development Needs*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Disability Needs*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Education/Training/Mahi*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Play, Recreation and Community activity*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Peer relationships*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Transition between placement*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Transition to independence*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

1. *Youth Justice*
	1. *Needs and enhancing strengths*
	2. *What [tamaiti] needs*
	3. *What is my responsibility*
	4. *What support do I need*
	5. *Caregiver social worker/Oranga Tamariki responsibility*

*When*

*Completion date/by whom*

##

|  |
| --- |
| VISITING  |
| How often will I be visited by my caregiver social worker  | The reason we have agreed this frequency  |
|  |  |

|  |
| --- |
| REVIEWS  |
| How often will the support plan be reviewed  | The reason you have agreed this frequency  |
| *Every two weeks*  | *Provisionally Approved*  |

*I have read and agreed to the content and actions in this support plan.*

Caregiver Signature

Date \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver Social Worker Signature

Date \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_

