**APPLICATION FOR APPROVAL OF NON-WHĀNAU PERMANENT CARE**

***Date:***

***Social worker:***

***Supervisor:***

***Site:***

***Te tamaiti/tamariki:***

***BACKGROUND:*** *Current situation including details of proposed permanent caregiver (consider attaching the Tuituia report)*

*XX*

***PART ONE:*** *Before proposing non-whānau permanent care, we must be able to demonstrate the following.*

***Describe how we have worked extensively in partnership to find a home within the family, whānau, hapū, iwi or family group of te tamaiti that can meet their oranga (wellbeing) needs.***

*XX*

***Describe how we have ensured te tamaiti and their family, whānau, hapū, iwi and family group have been part of planning and decision-making.***

*XX*

***Describe how we have used appropriate whānau decision-making processes such as a family group conference, hui ā-whānau, or family meeting.***

*XX*

***Describe the views of te tamaiti and how we have taken account of these views.***

*XX*

***Describe the views of the family, whānau, hapū, iwi and family group and how we have taken account of these views.***

*XX*

***Describe how the proposed non-whānau caregiver is able to meet the specific needs of te tamaiti.***

*XX*

***Describe how we have worked in partnership to ensure arrangements are in place to support and strengthen connections between te tamaiti and their family, whānau, hapū, iwi and family group.***

*XX*

***Describe the views and support needs of the proposed non-whānau caregiver relating to their role in supporting the ongoing connection of te tamaiti to their family, whānau, hapū, iwi and family group.***

*XX*

***For tamariki Māori, describe how we have consulted and worked alongside a Kairaranga ā-whānau or, if not available, a senior Māori practitioner or a competent bicultural practitioner.***

*XX*

***For tamariki Māori, describe how we have consulted and worked alongside iwi, mana whenua, or Māori organisations as appropriate.***

*XX*

***For tamariki of Pacific descent, describe how we have consulted with and worked alongside Pacific and other cultural advisors as appropriate.***

*XX*

***PART TWO:*** *We must take the following steps when completing an application for non-whānau permanent care. If any of these steps have been covered in Part One, there is no need to repeat them.*

***Have you held a family meeting, hui ā-whānau, or FGC specifically for the purpose of proposing non-whānau permanent care for te tamaiti?***

*Yes*

*No – please outline reasons why*

***Has the proposed non-whānau caregiver been fully engaged in the process leading to this proposal? Were they involved in the family, meeting, hui ā-whānau, or FGC?***

*Yes*

*No – please outline reasons why*

***Does the permanent care support plan include the support needs of the proposed non-whānau caregiver that relate to their role in supporting the ongoing connection of te tamaiti to their family, whānau, hapū, iwi and family group?***

*Yes*

*No – please outline reasons why*

***Does your supervisor support this application?***

*Yes*

*No – please outline reasons why*

***Is the regional manager Caregiver Recruitment and Support in support of this application?***

*Yes*

*No – please outline reasons why*

***Does your site solicitor support this application?***

*Yes*

*No – please outline reasons why*

***Have you held a case consult?***

*Yes*

*No – please outline reasons why*

***What are the views of te tamaiti and how does the decision reflect these?***

*XX*

***What are the views of their family, whānau, hapū, iwi or family group and how does the decision reflect these?***

*XX*

***Record a detailed rationale for the decision – this must include the rationale for a decision that does not align with the views of te tamaiti or their family, whānau, hapū, iwi or family group.***

*XX*

***PART THREE:*** *Before submitting this application to your site manager, you must seek and consider the views of the following.*

***I have sought the views of my practice leader and regional litigation manager and their views are:***

***Practice Leader:*** *(outline or**attach evidence of their views)*

***Regional Litigation Manager:*** *(outline or**attach evidence of their views)*

***DECISION OF SITE MANAGER*** *(save completed template into CYRAS)*

***Name:***

***Approved/Not approved***

***Reasons given:***

*XX*

***Signature:*** *(electronic signature)*