

DCP Kinship Care Program: Targeted Support Approach Assessment Procedure

1. Purpose

The DCP Kinship Care Program: Targeted Support Approach Assessment Procedure assists Department for Child Protection (DCP) Kinship Care staff to assess a kinship carer's required level of support in accordance with the DCP Kinship Care Program Targeted Support Approach (TSA). The TSA considers the level and type of support kinship carers need at different stages of the care placement, noting the dynamic nature of placements and differing kinship carer needs and strengths that may change over time.

2. Scope

This procedure applies to all Kinship Care staff involved in the assessment and provision of supports to kinship care placements. The term kinship care staff in this document refers to all staff within the DCP Kinship Care Program working with kinship carers and is inclusive of kinship care workers, practitioners, supervisors and the clinical lead.

Please note that in this document, the term Aboriginal refers to all people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander. This term is used as the First Nations Peoples of South Australia are predominantly Aboriginal peoples and it is their preferred term. We acknowledge and respect that it is preferable to identify Aboriginal peoples, where possible, by their specific Language group or Nation.

3. Authority

3.1 Legislative context

Sections 10, 11 and 12 of the [Children and Young People \(Safety\) Act 2017](#)

3.2 Whole of Government requirements

- [Safe and Supported: National Framework for Protecting Australia's Children 2021-2031](#).

3.3 DCP requirements

- [Statement of Commitment](#) to foster and kinship carers.
- The [Supporting document to the Statement of Commitment](#)
- [An Outline of National Standards for Out of Home Care 2011](#)
- [DCP Strategic Plan 2022-2026](#) -Working alongside carers. We respect and value carers as vital partners in keeping children and young people safe and well.
- [Aboriginal Action Plan](#)
- [DCP Assessment framework](#)
- [Family led decision making for Aboriginal families Framework](#)
- [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#)

- [Carer Agreements for Family Based Carers Procedure](#)
- [Carer Reviews for Family Based Carers Procedure](#)
- [Working with Children Checks for family-based carers Procedure](#)
- [Consult or Decision Record Procedure](#)

3.4 DCP Kinship Care Program Core Practice Standards

The DCP Kinship Care Program Core Practice Standards complement the principles outlined in the *Children and Young People (Safety) Act 2017*, the Statement of Commitment, the [DCP Practice Approach](#), the [DCP Practice Principles](#) and the principles outlined in the DCP Manual of Practice section [Supporting children and young people in care](#).

The delivery of DCP Kinship Care Program services will be underpinned by the following principles:

- the safety of children and young people is the paramount consideration in all aspects of kinship care service provision
- the five key principles of the [Statement of Commitment](#) to ensure kinship carers are informed, supported, consulted, valued and respected
- the impact of intergenerational trauma on Aboriginal children and young people, families and communities is recognised and understood. The DCP Kinship Care Program is committed to making active efforts to implement the Aboriginal and Torres Strait Islander Child Placement Principle and its core elements
- kinship care practice is inclusive, compassionate and respectful of the culture, disability, language and beliefs of the child or young person, their family and their carers
- the role of kinship carers in supporting children and young people is deeply valued and carers are recognised and acknowledged as experts in their own lives, needs and culture
- kinship carers are valued as active partners in the care team and decision making processes
- kinship carers require proactive and targeted support based on the need to afford children and young people safe and high quality care
- reflective practice and regular supervision are embedded and valued at individual, team and program level
- collaboration across DCP, interagency practice and information sharing promotes the safety and wellbeing of children and young people.

4. Procedure requirements

4.1 DCP Kinship Care Program Targeted Support Approach

The DCP Kinship Care Program: Targeted Support Approach (TSA) outlines the criteria, support to be provided and outcomes expected across the three support levels: intensive, medium and low. The tables below provide detailed information in relation to each support level.

4.1.1 Intensive level support *(the term 'carers' throughout the following tables refers to kinship carers)*

Criteria	Support type
<p>Placements where:</p> <ul style="list-style-type: none"> carers are newly allocated to the DCP Kinship Care Program and/or have a new placement there are moderate or serious care concern(s) currently being investigated and/or there has been a serious or multiple care concern substantiated in the last twelve months child(ren)/young person(s) or carer(s) are receiving intensive support and interventions, including where a child or young person has complex needs in the placement a number of high-risk factors are evident (refer to risk factors outlined in Appendix B of the DCP Assessment framework) there is a risk of placement breakdown there are complex family dynamics there are Youth Court proceedings in progress and it is assessed that support is required. 	<p>Intensive level support will be provided for a minimum of six months in a culturally considerate manner and includes the following:</p> <ul style="list-style-type: none"> face to face contact within one week of allocation ongoing weekly contact with carer, as appropriate 24-hour support through the DCP After-hours service assisting the DCP case worker to complete Temporary Placement assessment providing the carer induction package (inclusive of mandatory, specific and general information) linking carers to financial, practical, peer and community supports connecting carers with specialist services assisting with access to, or providing, the required training supporting the carer to understand and participate as part of the care team so they can contribute to planning and decision making processes by: <ul style="list-style-type: none"> attending care team meetings and case conferences contributing to the child or young person's case plan, education plan, and NDIS plan communicating issues and successes as required contributing to family contact arrangements contributing to decision making processes about the health, safety, welfare or wellbeing of the child or young person completing and implementing an initial Action Plan with the carer completing the Carer Agreement completing the Carer Review advocating for respite (referred through the DCP case worker), as required invitations to carer groups and events full carer assessment (completed by the Kinship Assessment Team).

4.1.2 Medium level support

Criteria	Support type
<p>Placements where:</p> <ul style="list-style-type: none"> carers have been fully assessed and approved carers have demonstrated caring capacity for the children and young people in their care and/or their support needs have lessened carers are able to demonstrate awareness about supports and services available carers have had their initial training and resource needs identified and met carers are an integral part of the child or young person's care team and regularly contribute to planning and decision making processes carers report being well informed and have increased knowledge, skill and confidence in their caring role and dealing with complex issues placement vulnerabilities have been identified and actions are documented in the Carer Agreement the required range of financial, practical, specialist and community supports are in place. 	<p>Medium level support will be provided in a culturally considerate manner and includes the following:</p> <ul style="list-style-type: none"> ongoing support to the carer as identified through a care team approach assisting carers to work with and contribute to care team processes face to face visits with carer every eight weeks at minimum monthly phone contact at minimum 24-hour support available through the DCP After-hours service ongoing training and resource provision, as identified in the Carer Agreement completing the Carer Agreement completing the Carer Review every two years advocating for respite care (referred through the DCP case worker), as required invitations to carer groups and events.



4.1.3 Low level support

Criteria	Support type
<p>Placements where:</p> <ul style="list-style-type: none"> • carers are providing a stable placement and the children and young people’s needs are being met in the placement • permanency options are being explored by the DCP case worker, such as Long-term guardianship to a specified person (LTGSP) • carers do not require regular support • carers have capacity to undertake their carer role independently • carers no longer wish to receive regular support from the DCP Kinship Care Program and meet the criteria for LTGSP but prefer to remain with the DCP Kinship Care Program support • carers have skills to manage stress associated with the caring role • carers are able to access support when required • carers demonstrate increased confidence when dealing with complex issues • carers have no issues identified as part of the carer review process • carers attend services and meetings on their own. 	<p>Low level support will be provided in a culturally considerate manner and include the following:</p> <ul style="list-style-type: none"> • support and training provided when required • 24-hour support through the DCP After-hours service • access to increased support by the kinship care team, when required • invitations to carer groups and events • completing the Carer Agreement • completing the Carer Review every two years • advocating for respite (referred through the DCP case worker), as required.

4.2 TSA assessment process

Assessment of carers is a continuous process due to the changing needs of children and young people in care and the changing circumstances of carers. Kinship care staff continually make assessments of a carer's capacity and the placement when they have contact with the carer or other members of the care team. Given this information is not always readily available at the commencement of the placement, new carers will be supported at the intensive level for a minimum period of six months. By such time, the kinship care worker will have a greater understanding of the carer's needs and strengths to conduct a reassessment of their future support needs.

Assessing a carer's support needs is based on obtaining and collating information and views from all relevant parties, (inclusive of DCP staff and other services) and observation of interactions between carers and children and young people. For example, kinship care staff will regularly consider:

- What is needed by the carer?
- What kinship care staff can do to help?
- Is engagement between the carer, care team and other services positive and supporting good outcomes for the child or young person and the carer?

The kinship care worker's assessment will become more comprehensive as they learn more about the carer, the child or young person, the household and the interplay with their environment.

Changing a carer's support level will typically involve a cyclical pattern of identification (trigger), consultation, gather information and views, approval and review. For further guidance on triggers, refer to section 4.2.2. Triggers for support level assessment.

4.2.1 Assessment process summary

The table below provides a summary of the processes and roles and responsibilities in the completion of the TSA assessment, quality assurance and approval processes.

Summary of TSA assessment and approval tasks	Responsibility
Identify the trigger for reassessment of a carer's support needs (for example, new carer, Carer Review) and subsequent TSA level.	kinship care worker
Consult with the kinship care practitioner or supervisor to discuss the assessment trigger, explore its impact on the carer's needs and any changes to the carer's support level.	kinship care worker
Gather and consider detailed information (for example, carer assessment and review, reports and case notes).	kinship care worker
Seek views from the carer, DCP case worker and other relevant care team members.	kinship care worker
Apply a cultural lens to the views and information received and consider consultation with a Principal Aboriginal Consultant.	kinship care worker
Where appropriate, review the information in relation to the culturally and linguistically diverse backgrounds of kinship carers or children and seek input from DCP Multicultural Services as required.	kinship care worker
Complete the TSA support level assessment using the considerations against the criteria for each support level outlined in section 4.2.5 using the DCP Kinship Care Program: Targeted Support Approach assessment template .	kinship care worker
Complete the TSA support level assessment and determine recommendation in C3MS and workflow to the kinship care practitioner / clinical lead for quality assurance.	kinship care worker
Complete quality assurance review of the support level recommendation and workflow to kinship care supervisor for approval.	kinship care practitioner / clinical lead
Review TSA support level recommendation in C3MS and approve.	kinship care supervisor
Notify the carer of their approved support level via one of the following TSA letter templates: <ul style="list-style-type: none"> DCP Kinship Care Program TSA letter - intensive support (new carer) DCP Kinship Care Program TSA letter - intensive support (existing carer) DCP Kinship Care Program TSA letter - medium level support DCP Kinship Care Program TSA letter - low level support. 	kinship care worker

4.2.2 Triggers for support level assessment

DCP Kinship Care Program staff are responsible for undertaking a support level assessment when any of the below requirements for assessment are met. Kinship care staff should use the [DCP Kinship Care Program: Targeted Support Approach assessment template](#) to conduct their assessment.

Triggers	Requirement for assessment	Purpose of assessment
New carer	Nil required Automatic assignment to intensive level for six months.	
New placement	Nil required. Automatic assignment to intensive level for six months.	
Six months from placement start	Required	To assess how the carer and placement are progressing to meet the outcomes of the intensive support level. To ensure actions identified in the initial plan (Temporary Placement) have been completed. To ensure the Carer Agreement has been completed.

Triggers	Requirement for assessment	Purpose of assessment
Carer Review	Required	To ensure any required changes to the carer support level are identified at the Carer Review and reflected in a new Carer Agreement. The Carer Review process (completed every two years following carer approval) will provide the required information and views to complete an assessment for the carers future support needs.
Moderate or serious care concern being investigated	Required	To identify the carer support level required to reduce placement risk.
Significant change in circumstance – child or young person, carer, household	Required	To identify the impact of significant changes (such as bereavement, sickness, or escalation of child or young person’s needs) on the placement and carer family and determine if a higher/lower level of support is required for a specified period.
Nominated reassessment date	Required	To reassess a carer’s support needs following a specified period when a carer has received a higher/lower level of support. For example, a carer requires a higher level of support for a period of three months due to a significant change in circumstances. In this case, a three month expiry date should be added to the support level assessment in C3MS to trigger a reassessment of the carer’s support level.
Recommendations from full carer assessment and/or Carer Approval and Review Unit (CARU) approval	Dependent on recommendations	To ensure recommendations from the full carer assessment are considered and incorporated in the <i>Six month from placement start</i> reassessment of support needs (see above). Recommendations should be available within the first six months of placement. For carers initially assessed to provide care in a temporary placement, if the full carer assessment is completed later than the initial six months of placement, it is recommended the carer’s support level be reassessed once the recommendations from the Kinship Assessment Team/CARU are known.
DCP Kinship Care Program staff recommendation	Dependent on recommendations	To ensure a recommendation from DCP Kinship Care Program staff is considered via a reassessment of the carer’s support needs and a rationale for any change recorded in C3MS. The kinship care worker may already have the required information and views to complete the assessment for the carers future support needs.
Carer request for more/less support	Dependent on recommendations	To ensure a carer’s request is considered via a reassessment of the carer’s support needs and a rationale for any change recorded in C3MS. The outcome will largely depend on the reason for the request. To further identify any specific training and support requirements for the carer relating to the specific needs of the child or young person (for example adolescence, behavioural etc).
Care team recommendation for more/less support	Required	To ensure recommendations from other care team members are considered via a reassessment of the carer’s support needs and a rationale for any change recorded in C3MS. This will largely depend on the reason for the request. To further identify any specific training and support requirements for the carer relating to the specific needs of the child or young person (for example, adolescence, disability needs, high risk and complex behaviour).



4.2.3 Consult with kinship care practitioner or supervisor

Kinship care staff should consult with the kinship care practitioner or supervisor for all reassessments of a carer’s support level to discuss the assessment trigger, explore its impact on the carer’s needs and any proposed changes to the carer’s support level.

Considerations for the consultation may include:

- What information is required to make an assessment? Who can provide that information?
- Will this impact the carer’s training needs? How?
- What changes, if any, need to be put in place to address the carers immediate support needs (such as funding, transport, or respite care for the child or young person)?

All consultations must be recorded as a Consult or decision record on the kinship case. Refer to the [Consult or Decision Record Procedure](#) for more information.

4.2.4 Gather information and views from relevant sources and parties

In order to conduct a thorough assessment of carer and placement support needs, kinship care staff should consider multiple sources of information and the views of all relevant members of the care team. At a minimum, this should include the kinship carer and DCP case worker. For further guidance on identifying placement supports in collaboration with the DCP case worker, refer to [Support the placement](#) in the Supporting children and young people in care chapter of the Manual of Practice.

Information and views to be considered when undertaking a thorough assessment of the carer’s support needs are included below.

What	How	Why
Identify the trigger for (re)assessment of support level		
Is this a formal trigger, such as a Carer Review? Does the trigger relate to change of circumstance or a care concern?	How did you identify the trigger? For example: <ul style="list-style-type: none"> • was it a request or recommendation? • is it a formal review process? 	Specific triggers will inform both the critical information to consider in the support level assessment and the key people to consult.
Gather and consider detailed information		
Consult with kinship care practitioner or supervisor.	Discuss the assessment trigger and any recommendation to change a carer’s support level.	For kinship care workers to test the validity of their recommendation prior to discussion with the carer.
Review carer assessment, approval and review records in C3MS (inclusive of Temporary Placement assessment , full assessment, Carer Review, relevant case notes).	Review how long the carer has been caring. What is their history of caring? Are they providing care in a temporary placement? Has a full carer assessment been completed? Do any recommendations from the full assessment impact the carer’s support level? Does the Carer Review provide any recommendations for ongoing support?	To identify the carer’s current approval status. To ensure any recommendations from carer assessment processes are incorporated into the Carer Agreement. <i>All new carers will receive intensive support for a minimum of six months from placement start.</i>

What	How	Why
Identify and review information relating to carer's current support level.	<p>Review current Carer Agreement.</p> <p>Review previous support level assessment and rationale in C3MS.</p>	To identify current level of support and determine if amendments are required.
Identify and review any key documents that provide information about the child or young person's placement needs (such as the placement request).	<p>Request information from the DCP case worker in relation to the key documents to review and consider.</p> <p>Consider the child or young person's case plan and specialist reports.</p>	To ensure the support level provided to the carer also meets the placement needs of the child or young person and any placement complexities.
Seek information relating to the status of current and previous care concerns .	Seek care concern information from the kinship care supervisor.	To ensure a carer's support level is sufficient to address issues relating to carer capacity and placement risks.
Seek views from all relevant parties		
Engage with the DCP case worker.	To gather views on changing a carer's support level and seek documented evidence to support those views.	<p>The DCP case worker can offer critical information in relation to the child or young person and placement needs that directly relates to the support a carer requires.</p> <p>The DCP case worker may have differing views regarding the support needs of the carer and this should be clearly documented and escalated as required (<i>see 4.2.9 Escalation process</i>).</p>
Engage with the carer(s).	<p>Seek to understand the carer's views regarding their support needs.</p> <p>Discuss consideration of increasing/ decreasing support level and provide a rationale.</p> <p>Clearly outline placement strengths and/or risks.</p> <p>Develop an ecomap with the carer to identify family and community supports (refer to the Systems theory Practice Paper for further guidance on ecomaps).</p> <p>Document carer's views in C3MS.</p>	<p>Carers must be considered the experts in their own lives who know what support they need.</p> <p>Engaging with carers is important to support a deeper understanding of the current situation, presenting issues and capacity of the carer to understand and respond to the needs of the child or young person, including a commitment to engage with services and the care team.</p> <p>Engaging with carers also supports development of relationships with carers and contributes to partnership and collaboration. Carers may have differing views from the DCP Kinship Care Program regarding their support needs and these views must be clearly considered and documented (<i>see 4.2.9 Escalation process</i>).</p>

What	How	Why
Engage with other relevant care team members.	<p>If required, request additional reports or gather verbal information from other parties involved with the child or young person or carer regarding the carer's support needs.</p> <p>Consider the need to consult internally with practice leaders, psychologists, DCP Disability and Development Program.</p> <p>Document evidence to support their views in C3MS in the TSA tab.</p>	<p>Gathering information from other professionals and services strengthens the quality of assessment and assists in identifying gaps, consistencies or inconsistencies in information.</p> <p>Other care team members may have differing views regarding the support needs of the carer and this should be clearly documented and escalated as required (see 4.2.9 <i>Escalation process</i>).</p>
Observe		
Observe the interactions between the carer(s) and the child or young person.	<p>Consider how the carer and the child or young person speak to and respond to each other. For example:</p> <ul style="list-style-type: none"> Does the child or young person seek out the carer? Is the child or young person spontaneously affectionate with the carer? Does the child or young person seem comfortable with the carer? <p>OR</p> <ul style="list-style-type: none"> Does the child or young person avoid the carer? Does the child or young person seem fearful of the carer or others in the household? Does the child or young person ignore the carer's direction? 	<p>Observation of the child or young person with their carer can offer rich information about the quality of attachment relationships, relationships with other members of the household and the carer's parenting capacity.</p> <p>(It is imperative that any cultural impacts on attachment are considered.)</p>
Apply a cultural lens to the views and information received		
Consider the impact of Aboriginal culture on the carer's support needs.	<p>Consider the impact of the following:</p> <ul style="list-style-type: none"> the cultural background (for Aboriginal families, community, clan, language group, nation) kinship relationships cultural and community connections and supports spiritual beliefs and religion community protocol barriers to connection to culture, family and community cultural dispossession and intergenerational trauma consider the need to consult internally with Principal Aboriginal Consultants to assist describing the information in the context of culture. 	<p>To ensure that the family or carer's culture is appropriately considered and documented when determining the level of support required.</p>



What	How	Why
<p>Consider the impact of cultural and linguistic diversity on the carer’s support needs.</p>	<p>Consider the impact of the following:</p> <ul style="list-style-type: none"> • the cultural background • kinship relationships • cultural and community connections and supports • spiritual beliefs and religion • community protocols • barriers to connection to culture, family and community • trauma for families who have migrated or are refugees • Visa status for refugee and migrant families • consider the need to consult internally with DCP Multicultural Services to assist in describing the information in the context of culture. 	<p>To ensure that the family or carer’s culture is appropriately considered and documented when determining the level of support required.</p>
<p>Apply other considerations</p>		
<p>Consider any other considerations that may impact the supports a carer requires.</p>	<p>Consider:</p> <ul style="list-style-type: none"> • if the carer lives in a regional or remote location with limited support services • if the carer lives interstate • any other relevant considerations. 	<p>Additional considerations may not necessarily affect the carer’s support level but may affect the type of support provided directly by the DCP Kinship Care Program and outlined in the Carer Agreement. For example, how learning and development opportunities will be delivered to the carer, how contact with the carer will occur, whether other agencies (for example interstate) have been engaged to provide support etc.</p>

4.2.5 Complete TSA support level assessment

The below table provides kinship care staff with a range of considerations against the criteria of each support level. The considerations are to be used as a guide to determining the extent or potential impact on a carer's support needs and are by no means an exhaustive list.

Kinship care staff should use the [DCP Kinship Care Program: Targeted Support Approach assessment template](#) to complete a summary of the assessment considerations. This will provide information to support the recommendation and rationale and the development of a new Carer Agreement.

An essential step in assessing support levels is to discuss with the kinship carer the supports they identify as important to them. In addition, consider the unique characteristics and strengths of each kinship carer, child and household, with a view to strengthen and build upon these where possible. In discussion with the DCP case worker, the support needs of the kinship carer are to be reviewed against the key criteria for each support level (listed below) and aligned to the specific circumstance of the placement.

Intensive level support	
Criteria	Considerations
There are moderate or serious care concern(s) currently being investigated and/or there has been a serious or multiple care concerns substantiated in the last twelve months.	<p>Care concerns alone do not necessarily warrant intensive support from the DCP Kinship Care Program. Staff should assess the need for intensive support based on risk factors outlined in Appendix B in the DCP Assessment framework, and placement strengths outlined in Appendix A. In addition, consider:</p> <ul style="list-style-type: none"> • the circumstances or risk factors that led to the care concern • the link between previous concerns and current concerns • current and historical risk factors and whether they are static (cannot change – for example, intellectual disability, trauma history) or dynamic (can change – for example, mental health, alcohol and other drug use) • other possible types of harm beyond the incident that prompted the care concern (i.e. exposure to domestic and family violence, mental health difficulties etc.) • whether the concerns are frequent and long standing (for example, repeat care concerns of a similar nature) or recent and single incident.

Intensive level support (cont.)

Criteria	Considerations
Child or young person or carer(s) are receiving intensive support and interventions, including caring for a child or young person with complex needs.	<p>Child or young person requires intensive interventions due to:</p> <ul style="list-style-type: none"> • vulnerability related to age, trauma history, disability or medical conditions • physical, cognitive, learning or developmental disabilities (including diagnoses of autism spectrum disorder, global developmental delay and learning disorders) • physical and emotional impact of trauma and harm • mental health difficulties, including (but not limited to) emotional and behavioural difficulties, mood instability, internalising behaviours (for example withdrawn or depressed behaviour), externalising behaviours (for example aggression), dissociation, and diagnoses of Reactive Attachment Disorder (RAD), Disinhibited Social Engagement Disorder or Attention-Deficit Hyperactivity Disorder (ADHD) • child or young person's behaviour and its impact on relationships with others and community engagement • at-risk behaviours including alcohol and other drug use, self-harm, suicidal ideation or attempts, offending, harmful sexual behaviour and absconding. <p>The support level assessment has to be focused on the capacity of the carer to safely care for the child or young person based on their identified needs. Children or young people with more significant needs (for example, trauma history and attachment disturbance, disability or mental health difficulties) will require a higher quality of parenting to meet their needs. The assessment must also focus on the support a carer requires from the DCP Kinship Care Program to safely care for the child or young person.</p> <ul style="list-style-type: none"> • What supports are required and how frequently?
A number of high risk factors are evident (carer/household/child or young person).	<p>Research indicates that harm to a child or young person occurs more often where certain factors exist. The presence of multiple risk factors heightens the risk of a child or young person experiencing harm. Some factors may not greatly increase the risk of harm in and of themselves, but when combined with other risk factors, risk can significantly intensify.</p> <p>Refer to Appendix B in the DCP Assessment framework for a detailed list of child or young person, parent/carer related, family/household and environmental risk factors, noting that parent related factors in the table are relevant for carers, and consider:</p> <ul style="list-style-type: none"> • What are the challenges, concerns or risks in the placement? • In placements where there is high risk, also consider: <ul style="list-style-type: none"> ○ carers' engagement with programs or services. Are they engaged? Is it meaningful engagement? ○ carers who have been unable and/or unwilling to implement change ○ carers who do not demonstrate willingness or commitment to reduce risks to the child or young person ○ carers who do not demonstrate willingness to actively participate in care team meetings or with other services ○ what supports or actions can DCP Kinship Care Program put in place to reduce any identified risks? ○ what additional information, training and support is required?

Intensive level support (cont.)

Criteria	Considerations
There is a risk of placement breakdown.	<ul style="list-style-type: none"> • What are the reasons the placement is at risk of breaking down? • Has the child or young person experienced placement breakdowns or significant placement instability previously? What was the impact on the child or young person? • Why did previous placements end? Are there any lessons about the required supports? • Are there additional supports or training that may prevent placement breakdown? What are they? • What are the current views of all parties regarding the placement, its risks and strengths? • Are there current life stressors experienced by the carer and/or household (such as health or other personal difficulties) that may be impacting on their ability to currently care for the child or young person? What supports are required? • What is the frequency of any required supports? • Are there specialist supports that may assist, for example DCP Disability and Development Program?
There are complex family dynamics.	<ul style="list-style-type: none"> • There are child protection concerns in the extended family or community. • There is domestic and family violence occurring which affects the carer's ability to protect and meet the child or young person's needs. • The family is experiencing a high degree of stress and requires intensive support for a period of time. Stressors may include separation/divorce, financial and accommodation issues, physical or emotional isolation, health issues and grief and loss. • There is extensive conflict across the family network both maternal and paternal. • The carer requires intensive support with family contact. • The carer is supporting unauthorised family contact. • The carer is disconnected from family and community.
There are Court related matters and support is assessed as required.	The carer requires additional support from the DCP Kinship Care Program until the Court process has been finalised.

Medium level support

Criteria	Considerations
Carers have demonstrated caring capacity, especially for a child or young person with complex needs, and their support needs have lessened.	<p>See Appendix A for a detailed list of child, carer related, family/household and environmental strengths</p> <p>The support level assessment needs to focus on the capacity of the carer to safely care for the child or young person based on their identified needs. Children or young people with more significant needs (for example trauma history and attachment disturbance, disability or mental health difficulties) will require the carer to:</p> <ul style="list-style-type: none"> • understand and meet the child or young person's physical, emotional, psychological and developmental needs • understand, acknowledge and resolve any placement risks • demonstrate an understanding of age and developmentally appropriate expectations. <p>Consider whether the carer no longer requires weekly support from the DCP Kinship Care Program but still requires some support as identified in the Carer Agreement.</p>
Carers are able to demonstrate awareness about supports and services available.	<ul style="list-style-type: none"> • The carer is able to articulate the financial and practical supports required to support the placement. • The carer has an awareness about the supports available but still requires some support in accessing such supports. • The regularity of support the carer requires from the DCP Kinship Care Program.

Medium level support (cont.)

Criteria	Considerations
Carers have had their initial training and resource needs identified and met.	<ul style="list-style-type: none"> The carer has received and understood the information provided through the DCP Kinship Care Program: New employee induction checklist. The carer has received information about the child or young person's care needs (for further guidance, refer to the Information checklist for family based carers and Support the placement in the Supporting children and young people in care chapter of the Manual of Practice). The carer has received specialist information and resources identified through their induction process. The carer is able to navigate the Carer Platform on the DCP internet to seek additional information and resources, as required. The carer has completed orientation training and has an understanding of DCP processes, roles and responsibilities as well as a carer's roles and responsibilities in providing safe care. The carer has completed specific training modules identified for the safe care of the child or young person, such as cultural awareness and safe infant sleeping. The carer has been consulted about their learning and development needs and a plan has been developed to meet those needs. The carer has demonstrated emerging confidence in navigating the child protection system and its processes.
Carers are an integral part of the child or young person's care team and regularly contribute to planning and decision making processes.	<ul style="list-style-type: none"> The carer works in partnership with DCP and other care team members but still requires some support in understanding the processes involved and support in meetings. The carer supports the child or young person to engage positively with school or employment. The carer seeks and supports interventions for the child or young person, including therapy and recreational activities. The carer advocates for the child or young person when needed. The carer understands and accepts the involvement of DCP. The carer contributes positively to planning and decision making processes. <p>For further guidance on working with a care team, refer to Support the placement in the Supporting children and young people in care chapter of the Manual of Practice.</p>
Carers have been fully assessed and approved.	<ul style="list-style-type: none"> The full carer assessment has been completed. The carer is approved. Recommendations from the carer assessment and approval process have been considered in the provision of DCP Kinship Care Program support. Recommendations from the carer assessment and approval process have been incorporated into the new Carer Agreement.
Carers report being well informed and have increased knowledge, skill and confidence in their caring role and dealing with complex issues.	<ul style="list-style-type: none"> The carer has insight into their own childhood experiences, including their how they were parented and any experiences of childhood trauma, and how this impacts their parenting and wellbeing. The carer has demonstrated some recognition of the child of young person's needs (historical, present and future) and have empathy for the child or young person's experiences. The carer has age and developmentally appropriate expectations of the child young person. The carer has committed to protecting the child or young person from harm by others including siblings, other family members and those outside of the family. The carer has an understanding and ability to prioritise the child or young person's needs above their own. The carer supports the child or young person to have positive contact with their family or significant others (including any siblings not placed with them). The carer supports the child or young person to be culturally connected to their family and community.

Medium level support (cont.)

Criteria	Considerations
Placement vulnerabilities have been identified and actions are documented in the Carer Agreement.	Recommendations from the carer assessment and approval process and the support level assessment have been/will be incorporated into the new Carer Agreement, including: <ul style="list-style-type: none"> • information and resources to be provided • training • support type • frequency and format of DCP Kinship Care Program contact • roles and responsibilities • timeframes for completion/frequency.
The required range of financial, practical, specialist and community supports are in place.	<ul style="list-style-type: none"> • Financial, practical supports, and/or specialist supports are in place or in development. • Informal and formal support services are in place and the carer has demonstrated meaningful engagement with these supports. • All the required supports are outlined in the Carer Agreement.

Low level support

Criteria	Considerations
Carers are providing a stable placement and child or young person is doing well.	See Appendix A Placement strengths for further information <ul style="list-style-type: none"> • The safety, quality, stability and consistency of care is meeting the child or young person's physical, emotional, psychological and developmental needs. • The child or young person is settled and stable in the current placement. • The carer has age and developmentally appropriate expectations of the child or young person. • The child or young person has established a positive connection or attachment relationship with their carers. • The carer is assisting the child or young person to recover from their experiences of trauma. • The carer has a positive perception of their relationship with the child or young person (consider different perceptions in the family). • The carer displays emotional warmth and responsiveness towards the child or young person and others in the family. • The carer has the willingness and ability to support the child or young person's education and learning. • The carer has knowledge of therapeutic parenting and demonstrated skills.
Permanency options are being considered or pursued by the DCP case worker (such as LTGSP).	<ul style="list-style-type: none"> • Is there a documented agreement to pursue LTGSP? • Has this plan been reflected in the Carer Agreement? • Has a referral been submitted to the LTGSP team?
Carers do not require regular support.	<ul style="list-style-type: none"> • The carer works in partnership with DCP and other care team members and requires no additional support. • The carer has an awareness about the supports available and requires limited assistance in accessing such support. • The carer has accessed all the required information necessary to provide safe care and is able to navigate the Carer Platform on the DCP internet to seek additional information and resources, as required. • The carer's learning needs have been met. • Financial, practical, and/or specialist supports are in place. • Informal and formal support services are in place and the carer feels well supported.

Low level support (cont.)

Criteria	Considerations
Carers have capacity to undertake their carer role.	<ul style="list-style-type: none"> The safety, quality, stability and consistency of care is meeting the child or young person's physical, emotional, psychological and developmental needs. The carer has demonstrated an understanding of the child or young person's needs and has the capacity to provide empathetic and child focussed parenting. The carer can actively maintain regular family contact without support. The carer has knowledge, awareness and an understanding of Aboriginal kinship systems and supports the child to maintain connection to their family, community and culture.
Carers no longer wish to receive regular support from DCP Kinship Care Program and meet the criteria for LTGSP but prefer to remain with DCP Kinship Care Program support.	<p>The carer's ongoing support needs from the DCP Kinship Care Program are to be reflected in the Carer Agreement, including:</p> <ul style="list-style-type: none"> information and resources to be provided training support type frequency and format of kinship care contact roles and responsibilities timeframes for completion/frequency.
Carers have skills to manage stress associated with the caring role.	<ul style="list-style-type: none"> The carer is aware of the impact of their own stress on the child or young person and the placement. The carer has a range of positive strategies in place to manage their own stress. The carer has range of informal and formal supports in place.
Carers access support when required.	<ul style="list-style-type: none"> The carer demonstrates confidence in navigating the child protection system and its processes. The carer has an awareness about the supports available and requires limited support in accessing.
Carers demonstrate increased confidence when dealing with complex issues.	<ul style="list-style-type: none"> The carer demonstrates confidence in navigating the child protection system and its processes. The carer is confident in dealing with complex issues and has increased knowledge and awareness developed through the provision of information, training and support. The carer is confident in navigating the Carer Platform on the DCP internet, as required, to seek additional information and resources. The carer feels confident in supporting the individual child or young person's physical, emotional, psychological and developmental needs. The carer can actively maintain regular family contact without support. The carer is confident in requesting the required supports when required.
Carers have no issues identified as part of the review process.	<ul style="list-style-type: none"> The routines, structures, rules and boundaries in this placement are age appropriate or consistent with the child or young person's trauma history. There are no critical risks identified in the placement. The carer, child or young person and household reflects a number of key strengths to support the safety and stability of the placement (see Appendix A – Placement strengths).
Carers attend services and meetings on their own.	<ul style="list-style-type: none"> The carer demonstrates confidence in navigating the child protection system and its processes. The carer has an awareness about the supports available and requires limited support in accessing. The carer works in partnership with DCP and other care team members and requires no additional support. Informal and formal support services are in place and the carer feels well supported.

4.2.6 Determine TSA support level recommendation and seek approval

Consider information gaps and inconsistencies

When undertaking an assessment, conclusions must be drawn about what the information obtained means. This is referred to as case conceptualisation; the process of reviewing, organising and interpreting information to develop a view about what it means for children and young people, their carers and families. Refer to the [DCP Assessment framework](#) for further information about case conceptualisation.

Prior to finalising the support level recommendation in C3MS, the kinship care worker is to consider the information in the following table.

Consider	Action	
	Yes	No
Are there any information gaps? If so, what other information is needed? Who can provide the information?	Seek further information prior to finalising recommendation.	Proceed to support level recommendation in C3MS.
Do inconsistencies need clarification?	Clarify information and/or views with relevant parties.	Proceed to support level recommendation in C3MS.
Has any further information emerged that impacts the support level assessment?	Determine the impact. Consult with the kinship care practitioner or supervisor as required.	Proceed to support level recommendation in C3MS.
Are there additional Aboriginal cultural considerations that have not been taken into account?	Identify the considerations. Consult with a Principal Aboriginal Consultant if required. Consider involving the DCP case worker in the consultation.	Proceed to support level recommendation in C3MS.
Are there additional considerations relating to cultural and linguistic diversity that have not been taken into account?	Identify the considerations. Consult with DCP Multicultural Services if required. Consider involving the DCP case worker in the consultation.	Proceed to support level recommendation in C3MS.
Can a clear rationale for recommending changing a carer's support level be provided?	Proceed to support level recommendation in C3MS.	Analyse the information and views and what they mean in relation to carer and placement supports. Consider the need to consult with relevant parties to assist.
Can a clear plan for the Carer Agreement be developed from the assessment?	Proceed to support level recommendation in C3MS.	What other information is required? Consult with the kinship care practitioner or supervisor as required.

Record carer's support level recommendation

Kinship care workers will be required to record a recommendation for a kinship carers support level and complete the required fields under the targeted support tab in the kinship case, including:

- selecting a review date for reassessment of the TSA level
- selecting the support level (intensive, medium, low)
- selecting the primary reason for the support level recommendation (for example new carer)
- selecting secondary reason(s) for the support level recommendation
- completing the free text fields relating to:
 - placement strengths
 - placement risks
 - rationale for support level recommendation.

Kinship care workers will be required to send a worklist request to the kinship care practitioner and/or supervisor/clinical lead to provide a quality assurance review of the support level recommendation.

Kinship care staff should refer to the [C3MS -Targeted Support Approach instruction video](#) for detailed information relating to recording for the carer's support level. Refer to 'Assessment process summary' for a summary of the approval process.

For general recording, all kinship care staff must also follow the [Case recording Procedure](#) and ensure case records are completed and recorded in C3MS as soon as possible, preferably within 24 hours.

4.2.7 Approval process for a kinship carer's support level

Following the quality assurance review, the reviewer will either support the recommendation and workflow to the kinship care supervisor for approval or workflow back to the kinship care worker for further detail.

The kinship care supervisor will Review TSA support level recommendation in C3MS and approve.

Once approved, the TSA level will be visible on the kinship case and will remain current until reassessed.

Kinship care staff should refer to the [C3MS -Targeted Support Approach instruction video](#) for detailed information relating to seeking approval for the carer's support level. Refer to 'Assessment process summary' for a summary of the approval process.

4.2.8 Notify carer of changes to support level decision

To ensure carers are aware of the level of support they have been assigned and the supports they will receive through DCP Kinship Care Program, the following letter templates are available:

- DCP Kinship Care Program TSA letter - intensive support (new carer)
- DCP Kinship Care Program TSA letter - intensive support (existing carer)
- DCP Kinship Care Program TSA letter - medium level support
- DCP Kinship Care Program TSA letter - low level support.

Once a carer's support level has been approved, the kinship care worker will be required to send the carer the relevant letter outlining the support level the care has been assigned following as soon as possible.

As there is a requirement to consult with the carer regarding their support needs prior to making a recommendation, this process should be a formality in advising the carer the support level they have been assigned. If the carer disagrees with the support level assigned, refer to 4.2.9 Escalation process.

4.2.9 Develop or review Carer Agreement

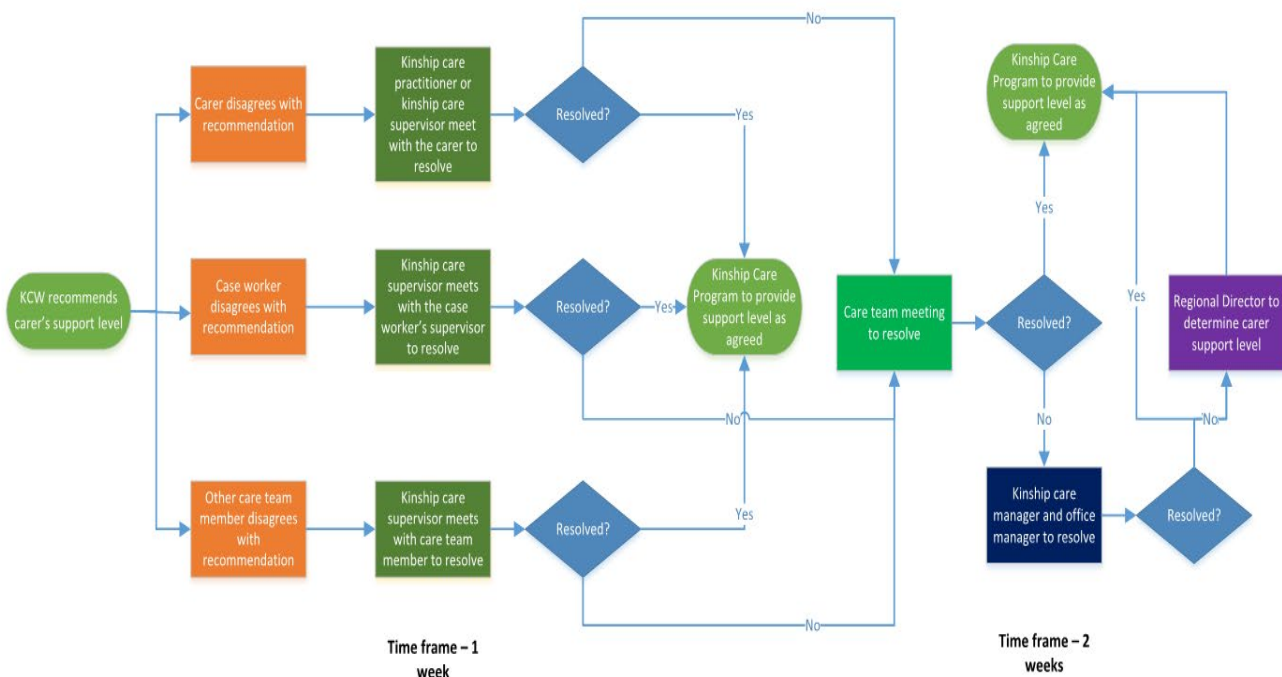
Any changes to a carer’s support level will need to be reflected in a new Carer Agreement. Kinship care workers are required to follow the [Carer approvals, agreements and cancellations for family based carers Procedure](#) in developing a new agreement.

4.2.10 Escalation process

There may be instances when a carer, DCP case worker or other member of the care team disagrees with the support level recommendation from the DCP Kinship Care Program. It is critical these differences are resolved as quickly as possible to ensure the carer receives the support they require in the shortest timeframe. There are multiple opportunities to reach a mutually acceptable solution for the kinship carer.

The below diagram depicts the processes to be followed.

Escalation pathway



Every opportunity should be taken to reach a mutually acceptable solution but if a carer is not satisfied with the support level decision, they can contact the Complaints and Feedback Management Unit who will take further steps to resolve the matter. Carers can:

- complete the [online complaints form](#)
- print and complete the complaints form and send it to:

Complaints and Feedback Management Unit
 Department for Child Protection
 GPO Box 1072
 Adelaide SA 5001

- telephone the Complaints and Feedback Management Unit on **1800 003 305**.

5. Compliance, monitoring and evaluation

This procedure will be monitored in accordance with the policy review cycle, or if changes are required earlier, as required.

6. Related documents

Related documents, forms and templates
An Outline of National Standards for Out of Home Care 2011
DCP Strategic Plan 2022-2026
Aboriginal Action Plan
DCP Assessment framework
Family led decision making for Aboriginal families Framework
Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper
DCP Kinship Care Program: Targeted Support Approach fact sheet for kinship carers
C3MS -Targeted Support Approach instruction video
TSA letter templates: <ul style="list-style-type: none"> • Intensive level support – new carer • Intensive level support – existing carer • Medium level support • Low level support
DCP Kinship Care Program Guidelines
Carer approvals, agreements and cancellations for family based carers Procedure
Carer reviews for family based carers Procedure
Working with Children Checks for family-based carers Procedure
Case recording Procedure
Consult or Decision Record Procedure
Safe infant sleeping

[Safe infant sleeping policy](#)
[Strengths based Practice Paper](#)

7. Glossary

Term	Meaning
Kinship care staff	Refers to all practice staff in the DCP Kinship Care Program responsible for supporting kinship carers, inclusive of kinship care workers, practitioners, supervisors and the clinical lead.
KCW	Kinship care worker
KP	Kinship practitioner
LTG-SP	Long-Term Guardianship-Specified Person
TSA	DCP Kinship Care Program Targeted Support Approach – the carer support model that considers the level and type of support kinship carers need at different stages of the care placement

Document control

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Risk Assessment Matrix	Moderate	Possible	Moderate

REVISION RECORD		
Approval Date	Version	Revision description
14 April 2023	1.0	New procedure

Appendix A: Placement strengths

A strengths based approach is focused on working in positive partnership with children, young people, families and carers and recognises the individual as an expert and in charge of their own life. Strengths based practice is collaborative and involves services that will best meet the individual and family's needs. Strengths hold a critical role in case planning, in particular in safety planning, identifying case plan goals and self-determination (see [Strengths Based Practice Paper](#)).

Placement strengths can be identified through a range of sources including, but not limited to:

- observations by the kinship care worker, caseworker and/or other members of the care team
- views of children and young people and their carers – obtained through assessment processes, home visits, reviews and *Survey for children and young people*
- documented assessments, reviews, reports and case notes.

Considerations when assessing placement strengths

Child related factors

Child or young person related strengths may include, but not be limited to the following.

The child or young person:

- has their physical, emotional, psychological, developmental and cultural needs met, including:
 - they report feeling safe in their placement
 - they are engaged in education
 - they are engaged in extra-curricular activities
 - they report having friends
 - they report they have the capacity for good self-care and are learning life skills
 - their medical needs are met
 - their disability needs are met
 - they feel connected to family, culture and community and report they have as much contact as they require
- reports and demonstrates a strong and healthy relationship with the carer
- has remained in a long-term and stable placement with the carer
- has made developmental improvements since being placed with the carer
- has expressed their wish to remain with the carer long-term (and this view is consistent with their behavioural cues).

Carer related factors

Carer related strengths may include, but not be limited to the following.

The carer:

- is committed to providing safe and stable care that meets the physical, emotional, psychological, developmental and cultural needs of the child or young person
- responds positively to the child or young person and provides emotional warmth
- is committed to offering the child or young person long-term care
- sets routines, structures, rules and boundaries for the child that are age appropriate or consistent with the child or young person's trauma history
- is supportive of the child or young person maintaining contact with family and significant others
- is supportive of the child or young person maintaining cultural connections with family and community
- supports the child or young person to engage positively with school or employment
- seeks and supports interventions for the child or young person, including therapy and recreational activities
- has demonstrated an understanding of the child or young person's needs and advocates for the child or young person when needed
- where there are concerns about the level of care and/or formal care concerns have been raised:
 - acknowledges and understands the impact their behaviours have on the child or young person and/or household

Carer related factors (cont.)

- has expressed they are motivated to change inappropriate behaviours and some progress has been demonstrated
 - has made adequate changes to address any identified safety issues
- is able to demonstrate awareness about supports and services available
- works in partnership and is an integral part of the child or young person's care team
- engages meaningfully with the supports and services in place
- has received and participated in their identified training
- reports being well informed and having increased knowledge, skill and confidence in their caring role
- understands the impact of trauma on a child or young person's behaviour and development and responds accordingly
- has skills to manage change and stress associated with the caring role
- needs little support but can access support when required
- has no placement safety issues identified as part of the review process.

Family/household or environmental related factors

Family/household or environmental strengths may include, but not be limited to the following:

- all household members are committed to providing a safe environment for the child or young person, including completing Working with Children Checks
- the carers and family have a broad range of informal supports, including safe people within their family and community who can provide support when required
- the carers and family have strong connections to community and culture
- the carers and family positively engage with community supports
- the carers and family positively engage with formal supports
- the carers and family have housing stability
- the carers and family have employment and/or financial stability.