**Submission to the Inquiry into Foster and Kinship Care**

Prepared by: [Give your name if you want to. It is fine to leave this blank] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: 24.2.22

**About me**

[Give the Inquiry a bit of information about yourself and your family]

*Example text:*

My wife and I are kinship carers in regional SA, and have been caring for our nephew for the past 8 years. He was 5 years old when he came to live with us in 2014 and is now 13. We love our nephew. We love watching him grow. We love helping him overcome the obstacles this life has given him.

**Why I am writing this submission**

[Give the Inquiry some context for why you are writing your submission]

*Example text:*

I would like the Inquiry to understand why carer payments should be increased. Before our nephew was removed from his bio-family, he suffered from serious neglect. Every day, he carries with him trauma. In 2014, it was extremely challenging when we first took him in. My wife and I both worked full time jobs. When we were first contacted about taking on long term care for our nephew, we were more than happy to do so (and we are still so happy that we did). What we weren’t prepared for though, were the long term financial consequences of being kinship carers. Our nephew has high needs, so my wife has ceased her employment to care for him full time. She now has little to no superannuation. While we receive a carer payment, we still struggle to cover the costs of kinship caring. The payment it is not enough - we find ourselves out of pocket and not being reimbursed (or properly reimbursed) by DCP, nor in a timely manner. Our nephew needs frequent health care appointments because of his trauma. This is expensive. It is unfair to leave us out of pocket for so long. It is unfair for our nephew. It is distressing, time consuming, and costly on an emotional, psychological, and financial level.

**What I would like the Inquiry to find and recommend**

[Set out what recommendations and findings you would like to see in the Inquiry’s final report. Remember to focus on findings and recommendations that you believe will benefit Carers]

*Example text:*

I would like the final report of the Inquiry to make the following findings and recommendations:

* That DCP must recognise children and young people under the Guardianship of the Chief Executive as having increased health care needs compared to children and young people who aren’t under guardianship orders.
* That DCP raises the carer payments to an amount that already covers the cost of health care appointments so Carers do not have to ask for reimbursements after paying out of pocket.
* That DCP allows Carers to choose which health care provider they take their kinship/foster child or young person to for better convenience to foster/kinship Carers.
* That Carers are respected by the State Government by being given sufficient superannuation that is part of the foster/kinship caring role so no Carer’s financial future is majorly disadvantaged by foster/kinship caring.

**Why I want these recommendations and findings**

[Set out the reasons you want each of the recommendations and findings you have listed above in your dot points. One easy way to do that is to make each dot point a heading. The example text below is fairly concise, because it is an invented example. Write as much as you like. Tell your story. Say what went wrong. Say what you would like improved and how].

*Example text:*

**That DCP recognises that children and young people under the Guardianship of the Chief Executive have increased health care needs compared to children and young people who aren’t under guardianship orders.**

Since our nephew has been in our care (8 years), he has needed frequent health care appointments. We discovered not long after he moved in that he would hoard food as a result of neglect. We had him see a psychologist. At 14, he still sees the same psychologist regularly for a number of issues – a cost that is not fully covered by our carer payment. Due to our nephew being given insufficient food as a toddler, his teeth didn’t develop properly either. In the last 2 years his teeth have had major problems and we have had lots of dentist and now orthodontist appointments – a cost that DCP won’t reimburse us for because “they didn’t approve the dentist clinic beforehand” which is not true. We were given the wrong information, and that case worker has not been held accountable. We are left out of pocket for weeks, sometimes months, and have not been paid for several orthodontic appointments.

**That DCP raises the carer payments to an amount that already covers the cost of health care appointments so Carers do not have to ask for reimbursements after paying out of pocket.**

We should be adequately paid to ensure we do not go out of pocket when we can barely afford to, and that Carers who can’t afford it, don’t have their foster/kinship children and young people missing out on the health care they need. If children and young people under guardianship orders were recognised as having higher health care needs, the carer payment would need to increase to cover those associated costs. My wife and I do not like asking DCP to reimburse us for psychologist and orthodontist appointments. It is time consuming, and we feel guilty about it. But, if we don’t ask, we will be left out of pocket, and eventually wouldn’t be able to afford to take our nephew to the appointments he really needs. If the carer payment was increased to recognise this issue, it would be much easier and simpler to ensure our nephew’s (and other carers’ children/young people’s) health care needs are always met.

**That DCP allows Carers to choose which health care provider they take their kinship/foster child or young person to for better convenience to foster/kinship Carers.**

As regional Carers, it is too impractical and expensive to travel to the CBD for health care appointments.Since our nephew has been in our care, he has needed regular health care appointments. These appointments are in the CBD. We live rurally! We have to travel to the city (80km away!) to get our nephew to his psych appointments. The travel is expensive and timely. He needs ongoing psychological support for his disorder. The only psychologist we could get into when we first had him in our care (and one that DCP would “help” reimburse us for) was in the city. Although the orthodontist is closer, we have been informed that DCP will not reimburse us for that clinic – even though we were told we would be. We should be able to choose where our health providers are in order to suit our convenience (location, time, travel costs etc.), and DCP should just reimburse us – no questions asked. We deserve that autonomy. We are his Carer. The cost of petrol, the increased risk on country roads, the time involved, are all things the Department must consider. There is no point restricting access to certain health care providers. If I want to my nephew to see my family’s orthodontist, he should be able to. Restricting that is not child focused. DCP should make it as easy as possible.

**That Carers are respected by the State Government by being given sufficient superannuation that is part of the foster/kinship caring role so no Carer’s financial future (retirement) is majorly disadvantaged by foster/kinship caring.**

The caring demands due to our nephew’s needs did not allow both of us to work full time. While my work didn’t allow me to reduce my hours, fortunately, my wife was able to drop to part time. We thought our new work arrangements would be temporary (until our nephew adjusted to his new home). This is what our DCP case worker (at the time) implied. Two years later, we realised our nephew needed full time care on an ongoing basis (around age 7) so my wife stopped working altogether. He now studies at school part time (in the Flexible Learning Program) the rest at home where my wife helps with his schooling. Because my wife has cared fulltime for 8 years, she has almost no superannuation, and never progressed in her career which she has always been passionate about. We should be recognised for the work we do and respected by the government by being given superannuation that is part of the foster/kinship role so no Carer’s financial future (plans for retirement!) are disadvantaged by foster/kinship caring. We love our nephew and have done what we needed to do to make it work. We don’t regret it. It’s just that kinship caring has come with major financial consequences.

**Contact details** [Give this information only if you want to. It is fine to leave this whole thing blank or delete it].

I would be happy to be contacted by the Inquiry about this submission. My contact details are

 Email:­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The best time to phone me is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other information** [Give this information only if you want to. It is fine to leave this whole thing blank or delete it]

I am a:

* Kinship Carer
* Foster Carer
* Respite Carer
* Emergency Carer
* Other: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I deal with

* the \_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_ office of DCP
* the DCP Kinship team

My support agency is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note:* We recommend that you read the CF&KC-SA Carer Guide on Legal rights and risks before you send your submission in to the Inquiry, particularly if you

* refer to an identifiable child or young person in your submission
* make adverse allegations about an identifiable DCP or agency staff member
* are considering mentioning anything that might lead a reasonable person to suspect a child has been or may be at risk
* your concern has already been investigated by the Ombudsman or ICAC.

For more information on Legal rights and risks call CF&KC-SA on 1800 732 272