The True Cost of Foster and Kinship Caring in South Australia

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LIST OF ABBREVIATIONS

CAT	Complexity Assessment Tool
CFKC-SA	Connecting Foster and Kinship Carers South Australia
CLR	Capped Loading Rate
DCP	Department for Child Protection
PL	Percentage Loading
TBR	Term Based Rate

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INTRODUCTION

The Cost of Foster and Kinship Care to Australia

The cost of child protection to the Australian Government is well documented and easily accessible for each state and territory. The Commonwealth Government's Productivity Commission into child protection services can be relied upon to provide annual figures on the number of children and young people in care and the associated costs on an ongoing basis. For South Australia, the Productivity Commission's report during the period of 2019-20 documented that 4,136 of the State's children were in care during that financial year (Child Protection Services 2021, p.1 of table 16A.2). The cost of providing those care services for the South Australian Government in that same period (2019-20) was over $458 million (Child Protection Services 2021, p.1 of Table 16A.8). What is missing from the ledger, however, is the financial perspective of carers and the associated costs they accrue in the course of their caring role. In other words, despite the financial cost *to government* being abundantly clear, the financial cost *to carers* is not. Without this knowledge, how can we be sure that the current carer payment rates adequately cover the ongoing costs of say, transport, food, education, medical services, utilities, and clothing associated with children and young people in their care? It is true that carers receive payments for each child and young person, but a longstanding body of primary and secondary evidence suggests that these payments are still not enough. This report seeks to shed light on the financial costs for carers in South Australia so that the not-for-profit agency, Connecting Foster and Kinship Carers South Australia (CFKC-SA) can advocate on this issue more effectively.

The key research question guiding this report's investigations was provided by CFKC-SA. That question being, *what is the true cost of foster and kinship caring in South Australia?* It is an inquiry that is both fundamental and urgent in the context of the South Australian child protection system. Calculating the true cost of care would greatly assist not-for-profit groups to advocate for adequate levels of compensation for carers in the sector. They could approach government agencies with an evidence-based figure that reflects the actual cost of care, which could be compared to the current South Australian Department for Child Protection (DCP) payment rates. This question is also urgent because, as it stands, many foster/kinship children and young people appear to be lagging behind in key educational and health outcomes. This is in part due to the out-of-pocket costs unable to be financed by many carers (McLean et al.

2020, p.132). There is an inequality of opportunity between those in care and those in conventional family situations that, if left unaddressed, will continue to perpetuate itself into the future.

In order to address this research question, a series of sub-questions were devised to help guide the investigation. Each corresponds to the three separate parts of the report:

1. What does the existing Australia-wide secondary literature reveal about the financial costs of foster/kinship children and young people to carers? (Part One)
2. How much do carers currently receive from the South Australian DCP to meet the costs of raising foster/kinship children and young people? (Part Two)
3. Do these current DCP payments adequately cover the costs accrued by carers who provide for foster/kinship children and young people? (Part Three)

Although every effort was made to address the central question of this report, this paper was unable to arrive at a concrete monetary figure of the true cost of caring for foster and kinship children in South Australia. This was due to a number of limitations. Namely, the existing literature, the time available, and the scope of the question. First, the existing scholarship fails to divulge up-do-date information about the costs of raising foster/kinship children and young people in Australia. Second, the three-month internship placement timeframe was not long enough to address the silence in the existing literature, by conducting a comprehensive study that utilises foster and kinship carers as participants to generate new evidence, for example. Third, assessing the cost of raising children and young people, let alone the additional costs of raising foster and kinship children and young people, is a large task requiring huge resources. For example, a 2017 report from the Social Policy Research Centre of The University of New South Wales, which provides the most up-to-date estimates of raising children in a conventional family situation in Australia, had a five-person professional research team funded out of a multi-year Australian Research Council Linkage Grant (2017). Even then, they had to narrow their estimations of the cost to a typical girl aged 6 and a typical boy aged 10 due to the complexities involved.

Although these limitations in large part shaped the final structure of this report, there are still many valid conclusions that *can* be made about the cost of foster and kinship caring in South Australia. As a result, this report makes three key findings:

1. Australia-wide, carers have been paying out-of-pocket to provide for the higher level of needs often associated with foster/kinship children and young people for decades (Part One).
2. In South Australia, the ‘base payment rate’ and ‘capped loading rate’ for carers is not sufficiently justified by DCP (Part One).
3. In South Australia, carers do not believe they are currently receiving adequate amounts of funding to cover the costs of providing for foster/kinship children and young people (Part Three).

As referenced above, this report is divided into three separate parts, each corresponding to one sub-question and one central finding. Part One, *The Australian Experience,* examines the available scholarly evidence of the cost of kinship/foster caring Australia-wide to carers. New South Wales and Victoria are two jurisdictions that are well represented in terms of research, whereas Western Australia, Northern Territory, Queensland, The Australian Capital Territory, and Tasmania have very little information available. South Australia is another jurisdiction where, when it comes to revealing the costs placed on carers, almost nothing has been written. Nevertheless, what is clear from the academic books, journal articles, and reports examined is that many carers Australia-wide pay out-of-pocket for expenses related to foster/kinship children and young people. It is a fact that indicates that government payments to carers, both historic and current, are inadequate for addressing the expenses related to this demographic– many of whom have comparatively higher needs than their peers raised in conventional family settings.

Part Two, *Searching for Transparency,* outlines South Australia’s DCP payment structure for carers of foster/kinship children and young people. Without this information it is impossible to have a mature discussion around the adequacy or otherwise of such payments. Therefore, the current ‘base payment rate’ and ‘capped payment rate’ is explained, as are occasions when carers can qualify for one-off additional payments in special circumstances. Situations where payments are reduced or removed are also outlined by drawing heavily from the current *Carer Payment Handbook* (2017) and the *Who Pays for What?* document (2021) produced by DCP. The case is made that the justification behind the payment amounts (particularly the ‘base payment rate’ and ‘capped loading rate’) is not transparent enough for carers. By obscuring the exact inputs DCP uses to arrive at this figure, it is difficult to challenge or advocate for higher rates.

The third and final part, *'It Comes Out of My Pocket',* summons the South Australian foster/kinship carer perspectives on the costs involved. It analyses qualitative survey data collected by CFKC-SA in 2020 and was designed to further understand the experiences of local foster/kinship caring. The responses indicate that many carers feel as though current DCP payments do not adequately cover or reflect the true costs of care. The survey suggests that many South Australian carers, like their counterparts interstate, appear to be paying out-of-pocket for services needed to improve the child's and/or young person's wellbeing.

The importance of research on the topic of child protection cannot go understated. These children and young people are one of the most vulnerable and disadvantaged demographics in the state with many carrying with them trauma that will take years of patience, understanding, and resources to heal their misfortunes. Yet, as it stands, it is a system under severe strain. As recently as 2018, Rachel Sanderson, the South Australian Minister for Child Protection, said that "what we do know is that child protection in South Australia is not working … We've had very, very poor results and we're paying a lot of money to get very poor outcomes for our children" (ABC News, 2018). Indeed, the problems that befall the system are large, complex, and difficult to solve. Even so, the hope is that this report may, in some small way, contribute to a greater understanding of the day-to-day financial strain faced by many carers and, consequently, the children and young people themselves.

PART ONE

The Australian Experience:

Investigating the Financial Cost of Foster and Kinship Caring Australia-wide

Part One explores what the existing scholarly literature reveals about the costs of providing for foster/kinship children and young people to carers Australia-wide. Using academic works that specifically address the topic, this part argues that according to the literature, carers (historically and currently) pay out-of-pocket to provide for the higher level of needs associated with many foster/kinship children and young people. The literature first examines an Australia-wide report on the cost of foster and kinship caring and is followed by an exploration of the same topic within New South Wales and Victoria. Although not addressing the *monetary* costs of foster and kinship care, one article focuses on the health and wellbeing of foster and kinship children and young people in Adelaide. It is one of the only South Australian pieces of literature addressing this demographic. Ultimately, it becomes clear that there is no current study on the cost of foster and kinship caring in Western Australia, Northern Territory, Tasmania, the Australian Capital Territory, Queensland, and South Australia.

In 2002 the social researcher, Marilyn McHugh, published a report on the monetary cost of foster caring Australia-wide (pp.2-3). Her study comprised of existing data collected from 120 Directors of child welfare agencies. 159 foster carers' comments from surveys and focus groups (both written and verbal) were analysed (p.2), and her findings demonstrated that the costs of providing for foster children in comparison to 'ordinary' children were significantly higher (p.8). Her study revealed that carers often paid out-of-pocket to meet those higher needs (p.5), that many waited weeks and sometimes months before receiving any reimbursements, and that no jurisdiction had reimbursed carers to an adequate amount (p.11). The report concluded that children in foster care actually cost on average 52 percent more than conventionally raised children. In light of these findings, she recommended to the Australian Government that the carer payment be increased annually using the consumer price index in order to better reflect the current cost of living and that additional allowances to accommodate the higher costs associated with foster children be implemented (p.19).

Almost a decade after McHugh's 2002 report, she published a review of the foster carer payments across Australia (2011, p.18). Her findings demonstrates that the report's recommendations had led to the increase in foster payment rates Australian-wide between the years 2000 and 2009. According to McHugh's review, her recommendations to increase carer payments in line with the consumer price index, and to provide carers with additional funds to help them meet their child or young person's higher needs, had since been implemented throughout Australia using a process commonly called 'loadings' (2011, p.23). McHugh notes, however, that although carers are now subsidised for a child or young person's higher needs, how jurisdictions determine these 'loadings' is not public knowledge. Her final remarks suggest that a study examining how Australian states and territories determine a carer's additional funding in this regard is needed in order to ensure that carers continue to receive payments that are adequate (2011, p.24).

McHugh conducted in-depth interviews with 30 female carers (20 Indigenous Australian and 10 non-Indigenous Australian) to explore the indirect costs of foster caring in New South Wales, Sydney (2011, p.73). The average carer in the study was 50 years of age, 15 identified as employed in some capacity (with most relying on their male partner's income), 20 had foster cared for 5 to 23 years, and more than half had cared for around 32 to 150 children (p.77). McHugh's study revealed that emotional and psychological ramifications, missed opportunities (both work and social), decreased labour force participation, and the financial costs of caring on a long-term basis were each considered an indirect cost of the foster caring experience. The direct financial costs involved were noted as a serious issue. The carers expressed that if they had not foster cared then they would have been financially better off. Choosing to foster care and committing to the role, however, required the carers in this study to decrease and, at times, resign from their employment. Subsequently, they were faced with limited to no savings, as well as minimal to no accumulation of superannuation (p.81). Though these carers valued their role, and were committed to it no matter the ramifications, concerns around their financial security in the future were pressing and many wished that the situation was different (p.81).

Turning to Victoria, the Social Policy Research Centre (with the assistance of McHugh) conducted a project to compare the estimated costs of Victorian children and young people living in foster care to the State's 2014 carer-based rate subsidy (McHugh 2014, p.2). The carer payment estimations were drawn from McHugh's 2002 report and the project revealed two concerning facts. First, foster carer payments were below the estimated cost, and second, the State's foster carers were paid the least out of all the Australian jurisdictions. Considering the cost of living in Victoria, it was a concerning finding, indeed. The project also examined other states and territories, showing that South Australia's carers were the second lowest paid (2014 p.4). Like McHugh's 2011 study focused on Sydney, it is clear where each jurisdiction made changes in line with her 2002 report's recommendations. However, her findings as a result of this study still explicitly name Victoria and South Australia as yet to provide foster and kinship carers with financial assistance that is sufficient (p.6).

The situation in Victoria was more recently explored by the social researchers, Karen McLean et al. They examined foster and kinship children and young people's healthcare needs and the barriers to accessing healthcare services on their behalf (2020 p.132). The study collected data from 239 foster and 51 kinship carers via telephone interviews and online surveys. Like McHugh's research, children in foster and kinship care were found to have higher emotional, psychological, and physical health needs than conventionally raised children (p.136). When it came to assessing health care services, the study also identified two major barriers. First, foster and kinship children and young people require their own Medicare card, and that several carers reported having waited months before receiving it. This meant that accessing healthcare services was delayed until the card arrived. Second, over half of the carers stated having paid out-of-pocket for healthcare appointments. Although many requested reimbursements from Child Protection Victoria, it was found that, much like the historical evidence put forward by McHugh (2002), only 22 percent had received one (pp.135-36). McLean et al. concludes that whilst carers are eager to meet their foster and kinship children/young people's health needs, many are still doing so at their own financial expense - even in times when they could barely afford it (p.138).

Moving to South Australia, although not addressing the monetary costs of care, the psychologist, Josephine Carbone, explored the health-related quality of life of children and young people who lived in foster/kinship care in Adelaide (2007, p.1157). 326 children and young people aged 6-17 years participated in the study and two questionnaires were used to collect the data. One questionnaire was given to the carer, the other to the child, and both measured the child's quality of life using a 'generic health-related quality of life' survey. The survey determined children's physical, psychological, and social wellbeing over a 4-week period. The data captured both the child/young person and the parent's perspective of the foster their wellbeing, and the results were compared to children/young people of the same age who were not in the foster/kinship care system but had previously participated in the questionnaire (p.1158). The results demonstrated that foster/kinship children and young people had higher rates of depression, suicidal ideation and behaviour, and an increased need for professional mental health services (p.1160-61). 53.4 percent needed medical treatment to improve their quality of life, but it was revealed that only 26.9 percent had received professional help (1164-65). The results demonstrated that more support was required to ensure that children in foster and kinship care in Adelaide receive the treatment they need (p.1165). Carbone's findings align with McHugh and McLean et al.'s research which found that they have higher needs than their conventionally raised peers. And, one can only suspect, that they would require more financial resources to support them as a result.

McHugh's collection of articles and reports aid as excellent starting points in this area of research. In 2002 she examined the cost of foster and kinship caring Australia-wide, finding that foster/kinship children and young people cost 52 percent more than their conventionally raised peers. McHugh's later studies examined the extent to which her report's recommendations were implemented, revealing that all jurisdictions increased their payments and funding to accommodate for their higher needs. However, South Australia and Victoria's carers were noted as being paid the least out of all the jurisdictions. Carers in Sydney, according to McHugh, also expressed concerns about decreased savings and superannuation because of long-term foster caring. McLean et al. investigated foster and kinship children/young people's healthcare needs and the barriers to accessing treatments in Victoria. The study discovered, much like McHugh's works, that carers as recent as 2020 paid out-of-pocket for appointments as they were not adequately reimbursed. And Carbone, although not addressing the monetary costs of care, explored the quality of life for children and young people in foster/kinship care in Adelaide. She found that the healthcare needs of foster/kinship children and young people were significantly higher than their conventionally raised peers, but most had not received treatment. With the literature in mind, the report hereafter hopes to fill some of the identified gaps around the monetary costs of foster/kinship caring to South Australian carers.

PART TWO

Searching for Transparency:
Understanding South Australian Carer Payments

In South Australia carers are provided with government documents to help them understand their financial responsibilities of foster and kinship care. The *Carer Payment Handbook* (2017), *Who Pays for What?* (2021) and *Carer Payment Rates and Loadings* (2021) are all documents that outline essential information to current carers. The documents describe how much the payment is, what the payment covers, what additional funds are available, and who will pay for what (DCP or the carer). Resources like these are crucial for foster/kinship carers who need to understand, what can be, a difficult system to navigate. This part is divided into three sections. First, it explains how much South Australian carers currently receive from DCP. Second, it examines both the carer and DCP's financial responsibilities and occasions where payments might be reduced. And third, it briefly explores carer payments across each Australian jurisdiction to see where South Australia stands. More specifically, this part argues that the South Australian foster and kinship carer payment rates are not adequately justified by DCP, and that the department's use of ambiguous language creates confusion around payment responsibilities.

What is the Carer Payment?

The foster and kinship carer payments are paid to registered carers with children aged 0 to 21 years of age. It is designed to help carers cover the costs of providing for a child or young person who has been placed in their care and is under the Guardianship of the Child Executive (from ages 0-17) or continues to live with the carer during ages 18 and 21. In South Australia DCP pays the carer on a fortnightly basis. This payment can be received over a short-term or long-term period depending on the time in which the child is expected to live or stay with the carer. The payment that a carer receives is then determined by two key factors: age, and the child or young person's needs, and to work out the exact monetary amount, three different payment rates are used to calculate the anticipated costs of the child or young person. These include the 'Term Base Rate' (TBR), the 'Percentage Loading' (PL) and the 'Capped Loading

Rate' (CLR). As we can see below in Figure 1, the first payment a carer receives is the TBR which is age specific.

Figure 1: The 'Term Based Rate.'

Effective from 1 July 2021

	0 - 4 years	5-12 years	13-15 years	16-17 years	18+ Years
Term Base Rate per night	$25.93	$28.76	$41.40	$56.03	$56.03
Term Base Rate per fortnight	$363.00	$402.60	$579.60	$784.40	$784.40

Source: The Department for Child Protection 2021, *carer payment rates and loadings,* p.1.

A foster or kinship carer with a child aged 4, for example, will receive a TBR of $363.00 a fortnight. In addition to the TBR, DCP might add a PL if the child or young person is considered to have higher needs. As we can see in Figure 2 below, the loadings range from 25 to 300 percent.

Figure 2: 'Percentage Loadings.'

Loading by percentage and age groups	0 - 4 years	5-12 years	13-15 years	16-17 years	18+ Years
25% loading (fn)	$66.70	$77.20	$93.50	$114.20	N/A
Term Base Rate + 25% capped loading (fn)	$429.70	$479.80	$673.10	$898.60	N/A
50% loading (fn)	$133.40	$154.40	$186.90	$228.40	N/A
Term Base Rate + 50% capped loading (fn)	$496.40	$557.00	$766.50	$1,012.80	N/A
75% loading (fn)	$200.10	$231.60	$280.40	$342.60	N/A
Term Base Rate + 75% capped loading (fn)	$563.10	$634.20	$860.00	$1,127.00	N/A
100% loading (fn)	$266.80	$308.80	$373.80	$456.80	N/A
Term Base Rate + 100% capped loading (fn)	$629.80	$711.40	$953.40	$1,241.20	N/A
125% loading (fn)	$333.50	$386.00	$467.25	$571.00	N/A
Term Base Rate + 125% capped loading (fn)	$696.50	$788.60	$1,046.85	$1,355.40	N/A
150% loading (fn)	$400.20	$463.20	$560.70	$685.20	N/A
Term Base Rate + 150% capped loading (fn)	$763.20	$865.80	$1,140.30	$1,469.60	N/A
175% loading (fn)	$466.90	$540.40	$654.20	$799.40	N/A
Term Base Rate + 175% capped loading (fn)	$829.90	$943.00	$1,233.80	$1,583.80	N/A
200% loading (fn)	$533.60	$617.60	$747.60	$913.60	N/A
Term Base Rate + 200% capped loading (fn)	$896.60	$1,020.20	$1,327.20	$1,698.00	N/A
225% loading (fn)	$600.30	$694.80	$841.10	$1,027.80	N/A
Term Base Rate + 225% capped loading (fn)	$963.30	$1,097.40	$1,420.70	$1,812.20	N/A
250% loading (fn)	$667.00	$772.00	$934.50	$1,142.00	N/A
Term Base Rate + 250% capped loading (fn)	$1,030.00	$1,174.60	$1,514.10	$1,926.40	N/A
275% loading (fn)	$733.70	$849.20	$1,028.00	$1,256.20	N/A
Term Base Rate + 275% capped loading (fn)	$1,096.70	$1,251.80	$1,607.60	$2,040.60	N/A
300% loading (fn)	$800.40	$926.40	$1,121.40	$1,370.40	N/A
Term Base Rate + 300% capped loading (fn)	$1,163.40	$1,329.00	$1,701.00	$2,154.80	N/A

Source: The Department for Child Protection 2021, *carer payment rates and loadings*, p.1.

To determine whether a PL is required, the child will undertake a test called the 'Complexity Assessment Tool' (CAT). The CAT measures their behavioural and higher needs which are categorised into 4 levels: minor or no problems, moderate problems, significant problems, and extreme problems. If special needs are identified, the appropriate PL (of say, 25 percent) will be determined by the case manager and then added to the carer's payment. That loading is then calculated to a dollar amount using the age specific CLR as we can below in Figure 3, not the TBR.

Figure 3: 'Capped Loading Rate.'

Carer Payments and Loadings (for children with special needs)

Loading calculated as: Loading percentage multiplied by capped loading rate

Capped Loading Rate	0 - 4 years	5-12 years	13-15 years	16-17 years	18+ Years
Capped Loading Rates used to calculate loadings (fn)	$266.80	$308.80	$373.80	$456.80	N/A

Source: The Department for Child Protection 2021, *Carer Payment Rates and Loadings,* p.1.

By way of example, David has a foster child aged 4 with higher needs estimated at 25 percent according to the CAT. For David, he will receive the TBR of $363.00 plus 25 precent of the age specific CLR of $266.80 which amounts to $66.80 extra. David's total carer payment is $363.00 plus $66.80, which equals $429.80 per fortnight. It is important to note that in recognition of the higher costs associated with living in rural South Australia (particularly for medical and transport), carers from these areas will receive an extra 10 percent to the TBR they receive (p.5). So, if David happened to live in Whyalla, his TBR would be increased to $399.30 so his total payment would be $466.10 in this case.

Carer Payment Grants

In addition to the carer payment, carers also receive 3 age specific carer payment grants: the placement start-up payment, the education grant, and the activity grant (see Figure 4).

Figure 4: Additional Carer Payment Grants.

Placement Start-Up Payment	0 - 4 years	5-12 years	13-15 years	16-17 years	18+ Years
	$108.00	$142.00	$167.00	$212.00	N/A

Education Grant (per term)	0 - 4 years	5-12 years	13-15 years	16-17 years	18+ Years
*Conditions for 18+ Education Grant: Remains enrolled and participating in full time secondary or tertiary education (including VET and FLO) or is undertaking the full time components of an apprenticeship. Contact the Carer Payments Team for more information on: (08) 8226 6666.	$73.00	$200.00	$258.00	$258.00	$258.00 *conditions apply

Activity Grant 2021	0 - 4 years	5-12 years	13-15 years	16-17 years	18+ Years
	$100.00	$100.00	$100.00	$100.00	N/A

Source: The Department for Child Protection 2021.

The ‘Placement Start-Up Payment’ is designed to cover the initial and immediate costs for a child or young person who has just been placed with a carer. Consumable purchases such as clothing, food, footwear, other basic personal items should be covered by this grant and is usually received within 48 hours of the child being placed into their care (p.5). At the start of every new school term, carers will receive an education grant. Its purpose is to pay for stationary, books, uniforms, shoes, educational excursion, travel, and school photos. It can also cover the costs for preschool fees, and any part of the primary or secondary school fees that were not covered by school card (p.5). Moreover, an activity grant is provided to carers with children aged 0 to 17 on the 1st of August every year so the carer and the child or young person can participate in some form of recreational activity of their choice i.e., to the Adelaide Zoo, or the Royal Adelaide Show if they desire (p.8).

What the Carer Payment Covers and What DCP May Subsidise

Now that we understand the carer payment process, we can move toward exploring what the carer payments is/are expected to cover and what DCP may subsidise. According to the *Carer Reference One: Who Pays for What?* (2021), carers are required to pay for the costs of water, electricity, gas, wear and tear of household goods, and the general maintenance of the house. Other costs include Internet and phone bills, food, personal care purchases like clothing, footwear, and haircuts, as well as costs for furniture, bedding, and linen. A carer is required to have home and contents insurance to help cover any *intentional* damages made to their property by the child or young person placed into their care. Whilst the carer is expected to make a claim on their insurance, DCP will, however, pay the required excess to help replace the damaged item (pp.3-4). All costs of transport to and from everyday activities and all other costs of running that vehicle (insurance, registration, petrol) must be covered by the carer (p.7). However, costs of transport to non-everyday appointments and activities that are necessary for the child or young person will be reimbursed by DCP (p.6).

Whilst carers are expected to pay for at least one extra-curricular activity, DCP reimburses them for the costs of additional activities each term when approved by the department in advance. The carer must cover the costs for social and leisure activities like hobbies, toys, entertainment, and casual outings which include holidays, recreational engagements, and camps, as well as holidays with the carer’s family. Some holiday costs will be reimbursed but only if respite is either unavailable during the period in which the family is away, or attendance would address a specific child/young person's need (p.9). Both the carer and DCP are encouraged to cover the costs to support the child's cultural connections (p.6) and are expected to pay for birthday, Christmas, and other religious related gifts, including parties and other events for the child/young person. As we can see in Figure 4, DCP will contribute to the costs of their own birthday and Christmas presents and for their sibling(s) when deemed necessary.

Figure 5. DCP's Financial Contributions Towards Birthday and Christmas Presents

Birthday & Christmas Present - DCP contribution per Year	
Age	**Value**
0-5 years	$70.00
6-17 years	$115.00
18 years	$226.00
18 year party	$396.00
Present to siblings*	$55.00

*Present to siblings - *where this is assessed as being necessary, especially during reunification*

Source: The Department for Child Protection 2021, *Pocket Money & Birthday/Christmas Present Rates*, p.1.

Carers are expected to cover the costs of healthcare such as everyday visits to see a clinical professional like a general practitioner. All foster and kinship children/young people are provided with their own Medicare and healthcare cards so that appointments and treatment can be bulk billed, but carers are required to pay any gaps. Temporary treatments that need medication such as antibiotics and all other over the counter treatments must be covered by the carer as well. Carers may add the foster and kinship child/young person to their private insurance policy if they desire and DCP may cover the health cover gap for specific medical or dental treatments but only when pre-approved by DCP. DCP will also pay for the child's ambulance cover, any repeat prescription medications, as well as ongoing appointments with practitioners and other professionals which are meeting the child's needs (p.13).

Depending on a carer's household income, carers might be able to receive the Child Care Benefit when using specific childcare agencies (p.7). DCP will cover some costs of childcare but there are fees that carers are expected to pay for, such as bond fees, late pick-up charges, and childcare photos to name a few (See *Who Pays for What* 2021, p.8). If in need of additional financial assistance there are other payments provided by the Commonwealth Government (Centrelink) which carers might be eligible for. These can include the Child Care Rebate, the

Family Tax Benefit A and B, the Newborn Upfront Payment and Supplement, and the Double Orphan Pension, for example (human services.com.au 2021). Of course, carers are subject to successful applications based on eligibility before receiving any of these payments but are recommended to seek out information from their case manager if in financial need.

Carers are encouraged to provide children and young people with fortnightly pocket money. Whilst DCP does not directly pay for this, according to the *Carer Payment Handbook* (2017) it is accounted for in the carer's fortnightly payment (p.14). The carer is recommended to give the children the appropriate amount of pocket money per age as suggested by DCP's *pocket money and present rates* (2021) document. Please refer to Figure 6 below for exact dollar amounts per age.

Figure 6 – Recommended Pocket Money Per Age as of 2021

Effective from 1 March 2021

Pocket Money per week	
Age	**Rate**
0	-
1	-
2	-
3	-
4	-
5	$6.00
6	$7.00
7	$8.00
8	$10.00
9	$11.00
10	$12.00
11	$13.00
12	$14.00
13	$15.00
14	$16.00
15	$17.00
16 + *	-

* Young people aged 16 and above are eligible for Centrelink benefits of their own and should not require pocket money

Source: The Department for Child Protection 2021, *Pocket Money & Birthday/Christmas Present Rates*, p.1.

It is recommended that foster and kinship children/young people have their own bank account and that carers help the children with budgeting skills. From age 16 foster and kinship young people are eligible for the Youth Allowance Centrelink payment, so there is no recommendation to provide the children with pocket money thereafter.

Circumstances That Affect the Carer Payment

There are a number of circumstances that might affect a carer's payment. Accessing respite care is one such example. When the child is sent to respite the primary carer continues to receive the TBR, but the 'Percentage Loading' (if receiving one) will be stopped for every night that the child was/is in respite. If respite care persists for more than 7 nights, the TBR will then decrease by 50 precent. The carer is expected to use the remaining payment to support the child in any way possible. Engaging in phone calls, writing letters, cards, or travelling to visit the child briefly are all ways that show a carer's continuing support for that child even when they are absent. But, if respite care continues for more than 21 days, the carer's payment will cease.

If the child or young person is away on a holiday or some form of recreational activity that requires absence from the carer's home for more than 21 days, carer's payments will be ceased. Similarly, if the child or young person is in hospital, payments will continue for up to 21 days unless the child/young person's case manager has made an exception to this rule. For carers who live in rural South Australia, accommodation in Adelaide can be arranged to allow easier access to see the child when in hospital and carers are expected to regularly visit and support them where they can. In the case that a carer is unable to continue supporting the child or young person, payments will be stopped.

If the child or young person has run away from their placement and is absent for more than 14 days, their placement with the carer will be terminated and payments will stop. Exceptions to this rule can be made but must be determined by the appropriate case manager/supervisor. If the child is relocated temporarily to a training centre, the carer will receive payments for up to 14 days (p.12). In the occasion that the child or young person returns to their biological parent for access or a trial reunification for 4 days a week or more, the carer's payment will be adjusted to the appropriate amount given the new living arrangements. Payments will cease if they are removed from the carer due to care concerns or if they the child/young person passes away. And, if there is a romantic relationship breakdown between the carers, payments will also be attuned to suit the new circumstances if necessary (p.13).

When the young person turns 18, they are no longer considered to be under the Guardianship of the Chief Executive. In many cases the carer payment will be terminated, but for young people who decide to continue living with their carer, carers are entitled to receive payments so long as the young person remains engaged in the appropriate educational institution, on a fulltime basis, or on some otherwise agreed upon load determined by their case manager. According to the *Carer Payment Handbook* (2017) young people must be engaged in either mainstream school, the Flexible Learning Program, or in some form of Vocational or Tertiary education. However, carers will only receive the TBR and the education grant; all other loadings will discontinue.

How do South Australian Carer Payments Compare to Other Jurisdictions?

Having reviewed the publicly available basic subsidy rates Australia-wide, it appears that South Australian carers are currently the third lowest paid in the country. Carers in Victoria are paid the lowest rate with those in the Australian Capital territory paid the highest. Figure 7 on the following page is a table I developed by compiling data from each jurisdiction. The calculations are based on how much a carer would receive for a foster or kinship child or young person who was placed with them at age 0 and remained in their care until they turned 18.

These calculations are *estimations* based on the currently available public documents (at the time of writing) which address the basic subsidy rate for carer payments *only*. These documents may or may not be up to date after this report's submission, and any additional loadings and grants that often increase a carer's payment are excluded. More information about the costs of living in each state is required to draw an exact conclusion about whether these payments are adequate for the jurisdiction in which one lives. However, what is clear is that state by state the payments differ markedly when calculating the total amount that a carer would receive over an 18-year period for one person. Starting with the highest payments and finishing with the lowest, the complete order is as follows: Australian Capital Territory ($300,733.60), New South Wales ($268,658), Northern Territory ($268,096.40), Queensland ($257,566.40), Tasmania ($219,958.96), South Australia ($216,927.60), Western Australia ($215,119.58), and Victoria (205,973.04).

Figure 7: Australia-wide Foster and Kinship Carer Fortnightly Basic Subsidy Rates Compared to South Australia

State/Territory	SA	Vic	NSW	TAS	QL	ACT	WA	NT
Age Group								
0	363.00	386.04	512	405.95	505.82	557.92	397.02	478.24
1								
2								
3								
4								
5	402.60		$577			625.60		
6					545.02			511.78
7				478.01			467.49	
8		399.49						
9								
10								602.62
11		442.46			592.34			
12								
13	579.60	557.76		550.05			537.95	
14			774					746.12
15						840.36		
16	784.40		516					
17								

Below refers to a young person who is now 18 years old and no longer under the guardianship of the Minister, has decided to continue living with the carer, and is engaging in the appropriate activity required for the carer payment to continue if applicable in their state or territory.

18	784.40	Unknown	516	Unknown	Unknown	Unknown	Unknown	267.06
19								
20								
21								N/A

Sources: Department for Child Protection 2021; Foster Care Association of Victoria 2021; Communities and Justice 2021; Government of Tasmania 2021; Queensland Government 2021; Government of the Australian Capital Territory 2019; Department of Communities 202) (Department of Territory Families 2021.

In conclusion, this part examined several government documents used to inform carers about the financial aspects of providing for a foster/kinship child or young person. These documents outline the carer payment rate and what the carer and DCP's financial responsibilities are. Through close examination, however, several issues were found. First, no document offers a clear explanation on how DCP actually calculates a carer's payment. It was not until a serious study of the *Carer Payment Rates and Loadings* document was this paper able to articulate the calculative process. Second, no document explains why the TBR and the CLR *are* the current amount, and curiously, the most recent version does not provide the payment's percentage increase from the previous year like it did in the past. Third, whilst the *Who Pays for What?* document describes the carer's financial responsibilities, when it comes to explaining what DCP covers, the language is often vague (i.e., *may* rather than *will* is used) leaving room for inconsistencies and confusion (see Part three). Due to the research question guiding this report, one of the most important findings in this section is around not knowing why the current TBR and CLR are their current rate. An evidence-based justification by DCP for that amount would allow foster and kinship carers and associated agencies to advocate for changes to these payments – which, according to the findings in part one, are often inadequate.

PART THREE

'It Comes Out of My Pocket':

Carer Perspectives on the Financial Costs of Caring in South Australia

Given the previous examination of the South Australian foster and kinship carer payment rates, this part seeks to answer to the following question: do the current DCP payments adequately cover the costs accrued by South Australians who care for foster and kinship children and young people? To answer this inquiry, findings were drawn from the 2020 Foster and Kinship Carer Survey that was conducted by CFKC-SA. The survey gathered local perspectives on what it is like to care for a foster or kinship child or young person today. The agency collected feedback to identify areas of foster and kinship care that need urgent improvement. Considering the survey was explorative in scope, a wide variety of issues came to light, including the financial difficulties faced by carers when meeting their child or young person's needs. Key concerns in this area include the following: inconsistencies around what DCP will and will not cover, untimely financial reimbursements or a lack thereof, and having to decrease one's employment and, as a result, a loss of superannuation. Using a series of quotes extracted from the survey to illuminate carer experiences, this part argues that despite the carer payment one receives, many carers in South Australia do not believe that they are given adequate funding to cover the costs of caring for foster and kinship children and young people.

In total 194 carers participated in the survey. 91 percent identified as female, 8 percent of the were Indigenous Australian, and 80 percent were aged between 35 and 64. 52 percent were employed with most of them working casually or part time, and 42 percent were either unemployed, retired, or identified as being unable to work. The majority had been foster and kinship caring for around 5 to 9 years and, between all the participants, 333 children were in their care. As mentioned, when examining the survey results, several concerns were raised. But comments around the financial costs of foster and kinship caring seemed to be widespread. In fact, when the survey asked carers about what they found most challenging in their role, one of the first respondents wrote that the "financial support [did not] cover [their] child's costs" (p.143). Below lies explicit examples of the several financial difficulties that have been endured by recent and/or current local foster and kinship carers in South Australia.

One of the most common financial difficulties expressed by carers was around reimbursements. Many noted that they were not subsided by DCP after having paid for extra-curricular activities and healthcare appointments for the children and young people in their care. Amongst the comments, confusion around what DCP would and would not cover was rife, and many carers were surprised and frustrated about not being reimbursed for costs that they thought were covered by DCP. In relation to extra-curricular activities, carers were particularly irritated. To the carers' knowledge (which is informed by the 2017 *Carer Payment Handbook* explored in part two), many thought that DCP would cover those costs, however, by way of example, two specific carers wrote about instances where DCP refused to reimburse them:

Carer 1:

> I hate having to chase the money [that] DCP owes me. They just don't seem to want to pay. I am about $400 out of pocked for swimming lessons that they are supposed to pay for and [I] have been [chasing this up for 2 months now]. I really don't like having to chase/badger the DCP for the money. I asked them to do it and they paid once… I am going to complain to the Ombudsman shortly if it isn't paid. There is also conflicting information about what DCP will and won't pay for. We are unpaid volunteers; the money we are paid nowhere near covers the cost of raising children (and we don't expect it to). But it is unconscionable to leave foster carers out of pocket for so long…(p.101).

Carer 2:

> …Except they don't reimburse me for the second extra-curricular activity which is swimming lessons. I will pull her out next month because I can't afford to keeping paying (swimming lessons [are] expensive). But this is a shame because she is making progress and it's so important for kids to learn to swim for their own safety (p.125).

Although not as detailed as the comments above, other carers shared similar concerns.

> With a hyper child, you would think multiple activities would be supported, but only one is (p.125).
>
> DCP currently [refuses] to pay [for the] second activity...(p.125).
>
> It comes out of my pocket (p.125).
>
> I often funded it myself and also had to wear the embarrassment and anger when DCP paid after all fees were due (p.125).

When it came to covering the costs of healthcare, similar issues to those explored above were identified. Carers were specifically asked about their own and their child or young person's access to professional mental health support. Whilst some noted that they (the carers) had regular appointments with therapists and psychologists "at [their] own cost" (p.227), many said they "[could not] afford to fund it" (p.227), and that "a carer should not have to privately fund supports required to assist with their caring role" (p.229). Regarding accessing healthcare services for their foster and kinship children or young people, similar remarks were made. One carer wrote that they had "just stopped speech and art therapy [due to] less funding" (p.119), another said they encountered difficulty accessing "high quality" health care (p.143), and much like the confusion around extra-curricular activities, some carers received "mixed messages" about what DCP would and would not cover. As one respondent wrote:

> We received mixed messages regarding dental care and as a result had arranged for an orthodontist appointment. We advised DCP we were doing this, and they were ok with it. We had to do this at our own expense and the report was sent to DCP. They told us that we only use their approved dental services. These are based in the city which is not at all convenient (p.120).

Other financial challenges pointed out by carers included the out-of-pocket costs of maintaining a 'typical' family lifestyle. For example, one participant who had kinship siblings in their care wanted to upgrade to an appropriate vehicle that could carry all the children:

> We have no support in upgrading [the] car. [The] last two years we can't go out as a family. It's mentally and emotionally hurting me. The kinship boys are always with me. We have no respite. They go to childcare three days a week as I'm studying those days. We need a family holiday; we need car support; we need respite…My relationship is suffering; my time with my children is suffering. The boys are like twins – 9.5 months apart [and they] have a lot of sensory and anger issues. [There's] not much support (p.156).

Another carer expressed the financial barriers to going on a family holiday. The carer wanted to "show them different things", but DCP would not contribute to the trip:

> If I [want to] go away interstate, I [have to] pay for everyone myself. I have taken the 7 kids to the Gold Coast on a holiday and DCP wouldn't help with [anything] or even offer anything. I [want to] try show [them] different things in life [rather] than just staying in the place [we] live in…

One carer even suggested that introducing an interest free or a low interest loan would help lessen the financial stressors of large but necessary costs for things like vehicles and extensions to one's household to accommodate the children (p.128).

Additional comments that reflect the immense difficulties faced by carers when attempting to access extra funding can be found in a participant who reported having to prove their child had special needs despite ongoing historical evidence that suggested this was true. This carer also expressed the emotional costs of the caring experience, as well as the financial ramifications of doing it long-term:

> [I have to prove] and repeat every year [that my child has special needs] through special needs forms. I have a child with confirmed special needs and yet I still have to prove it every year to get the loading. Putting aside my life, my superannuation, being at the age where I can't retire. [I] will have to find some type of work to provide for the child.

This comment brings us to discussing foster and kinship carers' reduced workforce participation. Throughout the survey carers noted that due to the level of work involved in caring for foster and kinship children many had to reduce or cease their employment. The statistics also showed that at the time of the survey, most were working either casually or part-time. Here is what one carer had to say on the matter:

> I've had to forfeit my career and paid employment to support the child that I have in care. This has impacted myself and our family in a big way (p.83).

Carers expressed concerns about the long-term ramifications of reducing or stopping their employment. These concerns were often about a lack of superannuation and a sense of uncertainty about their financial circumstances in the future:

> The whole system, it is very abuse of foster carers. No-one can possibly know before experiencing how devalued and disrespected foster parents often are. We need super. Because I have cared, I have no super (p.126).

And, interestingly, when asked about whether a carer would adopt or pursue long-term guardianship, several carers made comments about the financial concerns of doing so:

> We've been told a lot of financial support would be lost and this helps the boys live their best life so it looks like we will hold off for now (p.80).

> If I can afford to continue to provide the services the children need, then yes. Definitely (p.80).

> The financial support would disappear and create a burden on finances (p.80).

It seems that the financial worries that drive a carer's hesitation to make such a decision is very much reflected in their ability to provide for the children and young people in their care.

The 2020 Foster and Kinship Carer survey brought to light the financial difficulties faced by foster and kinship carers in South Australia. Through extracting comments from the survey, it shows that local carers do not feel like they receive adequate funding to provide for foster/kinship children and young people. Carers reported having paid out-of-pocket for costs that they believed would be reimbursed by DCP. Others noted that they reduced their workforce participation due to the labour involved in this type of caring role, and due to this fact, many expressed concerns about their lack of superannuation. Lastly, when asked about pursuing adoption and long-term guardianship, carers were concerned about how it would affect their ability to financially provide for the child or young person. These children and young people are one of Australia's most vulnerable demographics. If we are to improve their quality of life by placing them in foster and kinship homes, carers must receive adequate funding to ensure that the children (and the carers') needs are met. It seems that South Australia's carers are financially struggling - not just to meet the children and young people's needs - but to give them a life that is equal to those who were born into conventional families. These findings are only the beginning of what future studies on the topic could reveal. Indeed, more studies like the survey analysed here, but focused directly on the cost of care, are required to expand upon our understanding of this important subject.

CONCLUSION

What Does the Current Evidence Say?

In 2018 the Australian historian, Nell Musgrove, and the social researcher, Deidre Michell, published a book called *The Slow Evolution of Foster Care in Australia: Just Like a Family?* The book drew from archival evidence, oral histories, and public policy to confront the various complexities of foster care over time. In Musgrove and Michell's fifth chapter, they investigated the motivations to foster care, and questioned the wide-spread and persistent assumption that carers are just in it for the money. Calls for increasing foster and kinship carer payments have been prominent in Australian politics and can be dated back to the 1890s. The conversation, however, is almost always framed with this debate in mind. Comments like "shouldn't we be wary of people who want to 'sell' their parenting?" and 'aren't foster carers just in it for the money?' often permeate the political space (Michelle and Musgrove 2018, p.127). Using interviews to gather their data, Musgrove and Michell's findings revealed that, contrary to conventional thought, most carers were driven by a desire to help children and their community, and that they often did so at a serious financial (and personal) cost (p.127). Like Musgrove and Michell, the central findings of this report support the claim that current South Australian carers incur many out-of-pocket expenses in the course of their caring role. Any future calls to therefore increase carer payments should be understood as a genuine inability to meet the needs of their children and young people in their care — rather than trying to 'cash in' on a potential increase in pay.

Part One explored the existing evidence pertaining to the financial costs of providing for foster/kinship children and young people. Although some secondary evidence exists, particularly in New South Wales and Victoria, it is often out-dated and unwilling to make concrete estimates on figures. For example, the most comprehensive study on this topic was produced in 2002 and, even then, a final monetary figure was not forthcoming (McHugh, 2002). For the remaining states, including South Australia, there is little to be found on this issue despite its importance. In none of the sources, however, is there any intimation that current or historical payments actually fully cover the costs of care. In fact, what is clear is that, from anecdotal statements and qualitative data, many carers pay out-of-pocket to provide for the foster/kinship children and young people in their care.

Without knowing what local carers currently get paid, it is difficult to hold a discussion about whether their payments are adequate. Part Two looked at South Australia's DCP's *Carer Payment Handbook* (2017), the *Carer Payment Rates and Loadings* (2021) guide, and the *Who pays for What* (2021) document to provide accurate information about the carer payments. The 'base payment rate', the 'capped loading rate', and the circumstances where additional payments are made and reduced are all outlined for the reader. Yet, what becomes evident is that the inputs used by DCP to arrive at the original base payment figure are obscured and the payments appear to be self-referential. In other words, payments only appear to reference the previous year's figure and, perhaps, the rate of inflation as justification for any increase. Without knowing why or how the figures were originally arrived at makes it difficult for carers and advocacy groups to argue against it in any fundamental way.

The third and final part seeks to understand the perspectives of South Australian carers on financial matters by analysing evidence from a 2020 survey conducted by CFKC-SA. Although the survey was on a range of issues, financial matters often came to the fore. Many carers spoke of DCP refusing to reimburse them for costs that should have been their responsibility. Others reported reducing their employment to provide the necessary care for the children and young people placed with them. Consequently, concerns about superannuation were also widespread. Some shared the barriers to accessing the appropriate 'loading', and multiple participants wrote that they simply paid out-of-pocket. A study of a similar design but one that only addresses the monetary costs of foster and kinship children/young people to South Australian carers seems like an opportunity that would expand upon the existing data on a topic that is lacking primary and secondary evidence, and it would ensure that foster and kinship children/young people's needs are met.

In many ways, the future fortunes of the child protection system in South Australia rest with the willingness of its carers. The State Government is reliant upon the steady recruitment of passionate, committed, and reliable individuals who are motivated by a desire to make a difference in the lives of children and young people in need. Yet, all evidence suggests that the financial strain placed upon them is both pressing and longstanding. To attract new carers, and retain existing ones, the financial questions around providing for foster/kinship children and young people need to be addressed. Regrettably, there will always be children who require removal from their home situation usually because abuse, neglect, or harm is present. We owe it to them that the carers they are placed with are adequately renumerated for their role. Only then will the child protection system have the very best chance at bettering the prospects of some of South Australia's most disadvantaged children and young people.

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