National Foster and Kinship Care Collective

24 August 2022

Professor Michael Kidd AM
Deputy Chief Medical Officer
Chair of Fifth Review of Dental Benefits Act 2008
Department of Health and Aged Care
GPO Box 9848
CANBERRA ACT 2601

By email: DAHM@health.gov.au
Cc: [redacted]

Dear Professor Kidd

I am writing to you on behalf of the National Foster and Kinship Carer Collective (NFKCC) to provide a submission on the review of the *Dental Benefits Act 2008* (the Act). The NFKCC represents all the state-based foster and kinship carer member/peak bodies across Australia. The NFKCC believes that all children in care should be automatically eligible for the Child Dental Benefits Schedule (CDBS)—sometimes known as Medicare Dental—and that their volunteer carer's income and assets should irrelevant when determining eligibility.

The background to this submission is that children in foster and kinship care have higher health care needs than other children of the same age because of the effects of neglect, trauma and abuse. Prior to entering State care, it is likely that many of these children have never been to a dentist. This can potentially have life-long consequences for poor oral health, further compounding the impact of trauma and disadvantage.

Foster and kinship carers are volunteers who provide safe and nurturing homes for children who are unable to live with their parents. While carers receive payments to cover day to day living expenses, this funding is not intended to cover expensive health care services such as dental care. Funding for dental care is generally applied for separately through Child Protection services or children must access dental services through State funded health care services. Regrettably, while children may be prioritized, many of these services have long waiting lists.

Research in Victoria suggests only around 15% of children in care have been to a dentist in the first year of having entered care.[1] This is likely to be due to a complex set of factors including the low priority generally attached to dental care in some sections of the sector/community, long waiting lists in State-based services as well as barriers to accessing funding through schemes such as the CDBS.

Unfortunately, many children in care are ineligible for the CDBS because access is determined by a convoluted means test placed on their carers income under section 24 of the Act and section 9 of the *Dental Benefits Rules 2014* (the Rules). The NFKCC understands that key requirements to satisfy the means test include eligibility for Family Tax Benefit A (FTB A) or payment of any one of a number of Commonwealth welfare payments such as the:

- Carer Payment;
- Parenting Payment;
- Disability Support Pension; or
- Special benefit.

It is also worth noting the children may also be eligible for the CDBS where they independently receive Youth Allowance, Abstudy or are in a residential care placement.

Carer access to Commonwealth welfare benefits and FTB A is determined by the amount of their income and assets. However, it is not clear why a volunteer carer's income or assets is relevant for determining a child in care's access the CDBS, particularly when carers have neither custody nor guardianship of the child. While carers have day to day care of the child, they generally don't have custody or guardianship. Custody and/or guardianship usually sits with the Department, Agency or parents (depending on the State).

It also seems anomalous that access to the CDBS will vary depending on a carer's income and where a child is placed, so that a child may be eligible in some placements and not others. And eligibility for the CDBS may be difficult to assess and determine where the child has had several placements in a short period of time.

Because of these factors, the NFKCC believes that all children in care should be automatically eligible for CDBS, regardless of who they are placed with, because they are a known group of vulnerable children who have high oral care needs.

It is well established that foster and kinship carers play a significant role in facilitating healthcare access for children in care. This includes ensuring enrolment for universal health care services such as Medicare as well as organising and attending health care service appointments. In order to successfully support carers to access health care services for the children in their care two things are generally required:

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[1] https://aifs.paperlessevents.com.au/share/McLean-61#iframe

- service access flexibility—so that carers can choose services which are convenient and easy to access; and
- funding which follows the child—so the child is eligible not matter where they are placed and funding applications to Child Protection are unnecessary.

The NFKCC believes that access to the CDBS would satisfy both of these requirements. As such, the NFKCC requests that you consider identifying children in care as a class of persons who are automatically eligible for the CDBS in accordance with s24(d) of the Act and under s9 of the Rules. The NFKCC understands that uptake of the CDBS has generally fallen below projected targets and believes that this proposal would assist in driving uptake.

The key public health care response for improving poor oral health in children is prevention. The NFKCC believes that access to the CDBS could form part of a nation wide preventative dental health care response for children in care and play an important part in improving poor oral health for highly vulnerable children.

If you have any questions or require further information, please contact Sam Hauge at s.hauge@fcav.org.au or on [redacted]

Yours sincerely

Samantha Hauge.

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CEO

Foster Care Association of Victoria

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