



## Increase and improve access to expense reimbursements

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*Increase and improve access to the expense reimbursement fund so that foster carers can provide the medical, therapeutic, respite, sports, school uniforms and additional travel needs for children and young people in care.*

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Every child who enters care services has additional needs based on trauma and separation, adjusting to one or many new homes, attending access visits with family and receiving therapeutic care. To support such children and young people, foster carers look to provide necessary medical care and allow them every opportunity to experience normal activities as part of their school and community life, just as any other child would.

The statewide funding framework rolled out by the Department of Health and Human Services in 2016 set out to provide cover for these extra expenses<sup>1</sup>. It lists goods and services covered for children and young people in care beyond the day to day, such as medical appointments, a sporting activity or a mobile phone.

Unfortunately, the Foster Care Association is still hearing from carers whose requests for reimbursement on these extra costs are denied or come after long discussions and delays. The Foster Care Association believes this fund is not sufficient and is not prescriptive enough to ensure the DHHS and agency workers can efficiently and without question, provide these funds and reimburse carers on these expenses.

Currently, the additional financial support (client support funding) framework refers to additional funding that foster carers may be eligible to access to help cover extra expenses. To access this fund, the carer needs to go through their agency worker who takes it to the child protection case manager. Foster carers are so often funding these extra needs out of their own pocket, to avoid the red tape and delays for the child or young person.

The FCAV is asking for a reimbursement mechanism that sets out a larger amount of money for each child and is able to be dispensed by their agency worker. Cutting out the need for DHHS decisions on each reimbursement will streamline access and efficiency so that an individual child's needs can be met and monitored by the worker and the carer.

### Case Study

*"Jasmine was having trouble in class. Her teacher identified that she may have an issue with her vision and needed an eye assessment. Jasmine has already experienced disrupted schooling and is now at a new school, in a new home. The least she deserves is to be able to see well. I arranged for the visit to the optometrist who identified short sightedness and that she would need glasses. These would cost anywhere from \$500- \$1000 per year. Each day that passed without her glasses, Jasmine was falling further behind at school and I was desperate for her to have them so I bought them myself. That receipt for reimbursement sat in the system between the DHHS and my agency worker for weeks, no one could tell me if they'd reimburse it or when. On top of everything else she deals with, I wasn't going to let Jasmine cope with vision issues a minute longer than necessary, neither should they."*  
**Foster carer, Melbourne**

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<sup>1</sup> <https://dhhs.vic.gov.au/sites/default/files/documents/201706/Care-allowances-and-other-financial-support-for-carers.doc>.

