



Expenditure on child protection in South Australia, 2005-06 to 2014-15

The Office of the Guardian for Children and Young People (GCYP) tracks South Australian Government expenditure on areas critical to the child protection system. This supports the Guardian's monitoring function as provided for in the *Children's Protection Act 1993*.

While expenditure *alone* is not a sufficient indicator of how well or how poorly we support children in care, adequate funding is essential to meeting the community's child protection and wellbeing goals.

This paper draws on data consolidated in the Productivity Commission *Report on Government Services 2016*¹ to examine South Australian expenditure on three child protection programs in a comparative context: **child protection services (CPS)**, **out of home care (OOHC)**, and **intensive family support services (IFSS)**. Attachment 1 provides definitions for these programs..

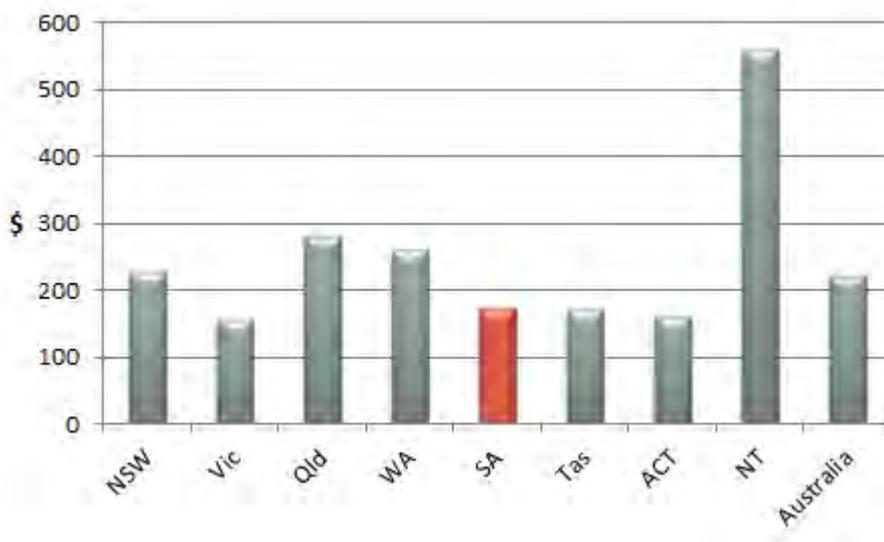
Key points

- Expenditure per child was the fourth lowest of all states and territories and 78 per cent of the overall Australian rate in 2014-15.
- Expenditure on out of home care per child in 2014-15 was above the overall Australian rate.
- There is a significantly greater cost to support each child in residential out of home care compared to non-residential care options. In 2014-15 this ratio was 6:1.
- Expenditure on intensive family services per child in 2014-15 was 80 per cent of the overall Australian rate.
- When combined, expenditure on child protection, out of home care and intensive family support services was 116 per cent of the overall Australian rate.
- Expenditure on child protection services per child increased by 62 per cent in the ten years from 2005-06, compared to the overall Australian rate increase of 58 per cent.

¹ Productivity Commission, *Report on Government Services 2016*, Volume F, Part 15.5, available at - <http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/community-services>

- Expenditure on out-of-home care per child increased by 324 per cent in the ten years from 2005-06, compared to the overall Australian rate increase of 99 per cent.
- Expenditure on intensive family support services per child increased by 844 per cent in the ten years from 2005-06, compared to the overall Australian rate increase of 260 per cent.²
- The marked expenditure increase in OOHC in 2014-15 can largely be attributed to an increased reliance on residential care and emergency care placements.
- South Australia spends proportionately more on OOHC than other States.³

CHART 1: Child protection services - real recurrent expenditure *per child*, 2014-15 (\$000)

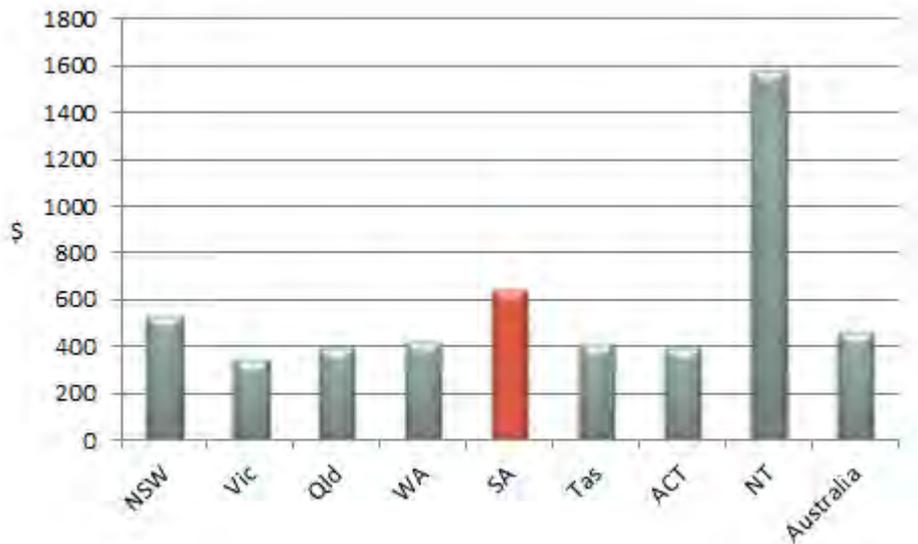


South Australian expenditure on child protection services per child in 2014-15 was the fourth lowest of all states and territories and 78 per cent of the overall Australian rate.

² Noting the Productivity Commission’s remark that these figures should be treated with caution because of uncertainty about what is counted in different states.

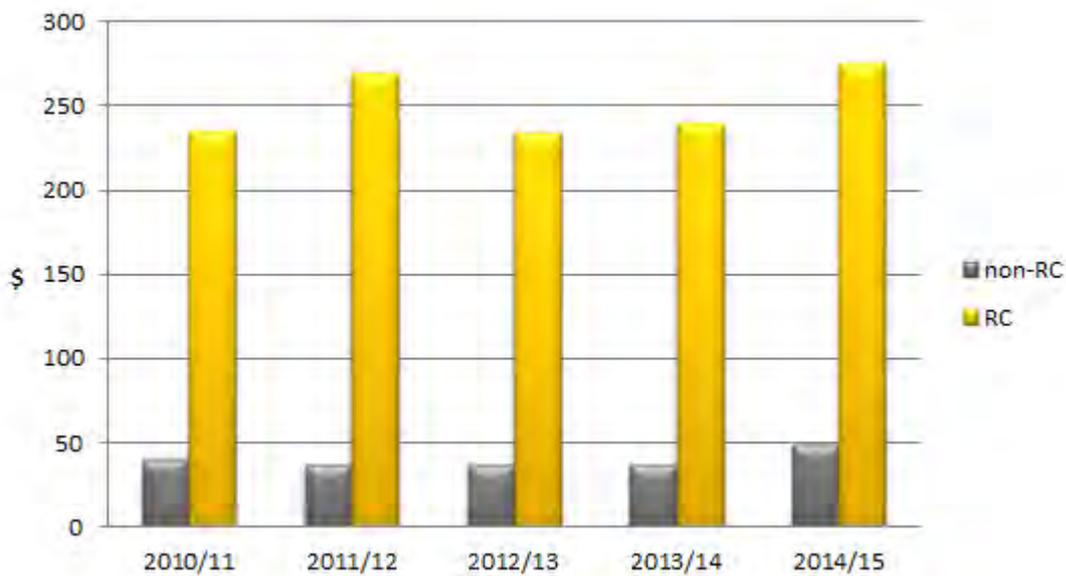
³ For example, the SA breakdown of approximately 6% (IFSS), 20% (CPS) and 74% (OOHC) compares with NSW 11.5% (IFSS), 26.6% (CPS) and 61.8% (OOHC); QLD 8.3% (IFSS), 37.9% (CPS) and 53.7% (OOHC); WA 2.4% (IFSS), 37.5% (CPS) and 60% (OOHC); and Vic 11.6% (IFSS), 27.4% (CPS) and 60.9% (OOHC).

CHART 2: Out of home care - real recurrent expenditure *per child*, 2014-15 (\$000)



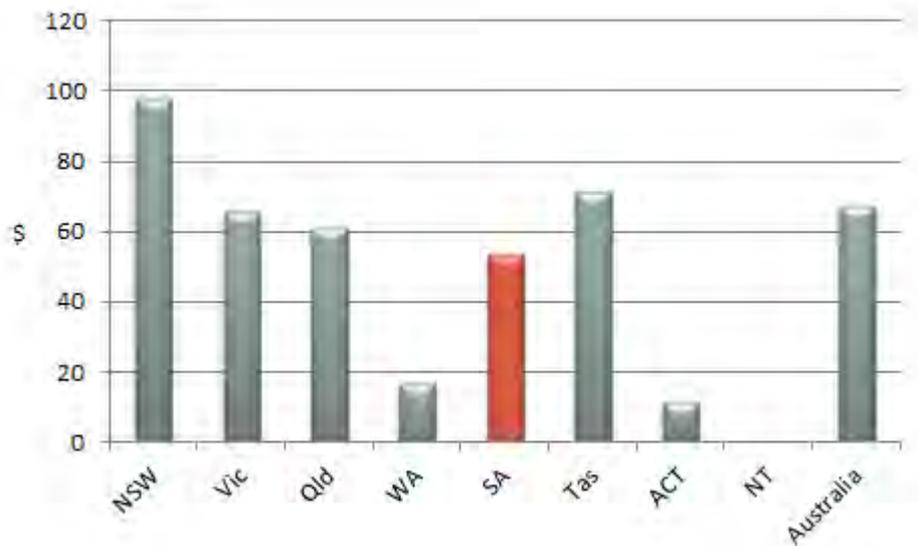
South Australian expenditure on out of home care per child in 2014-15 was above the overall Australian rate and greater than all jurisdictions other than the Northern Territory.

CHART 3: Comparison - Real expenditure per child in Residential and non-Residential Out of Home Care, South Australia (2014-15 dollars) (\$000)



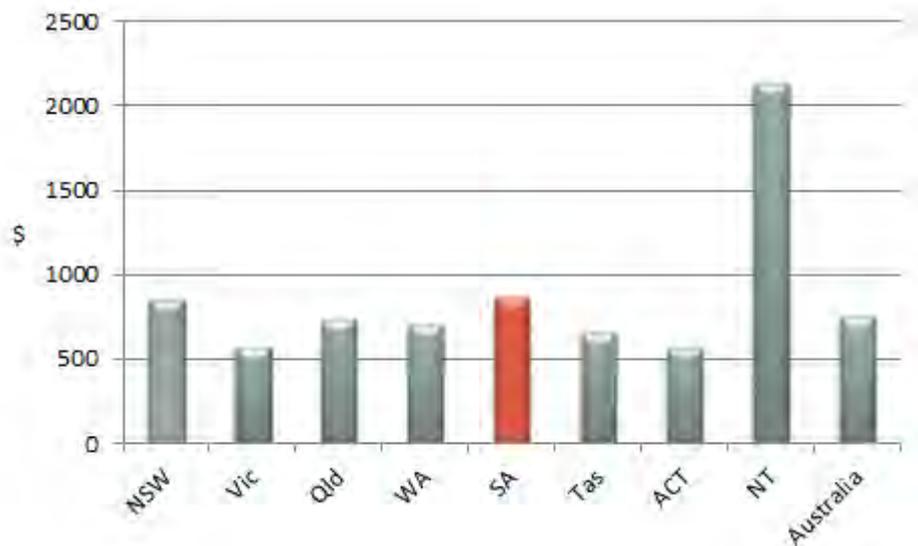
Residential out of home care has a significantly greater cost per child than non-residential care; the comparative ratio in 2014-15 was about 6:1. In June 2015, there were 2,837 children and young people in OOH in South Australia, 129 (4.5%) of whom were in commercial care and 275 (9.7%) in residential care.

CHART 4: Intensive family support services - real recurrent expenditure *per child*, 2014-15 (\$000)



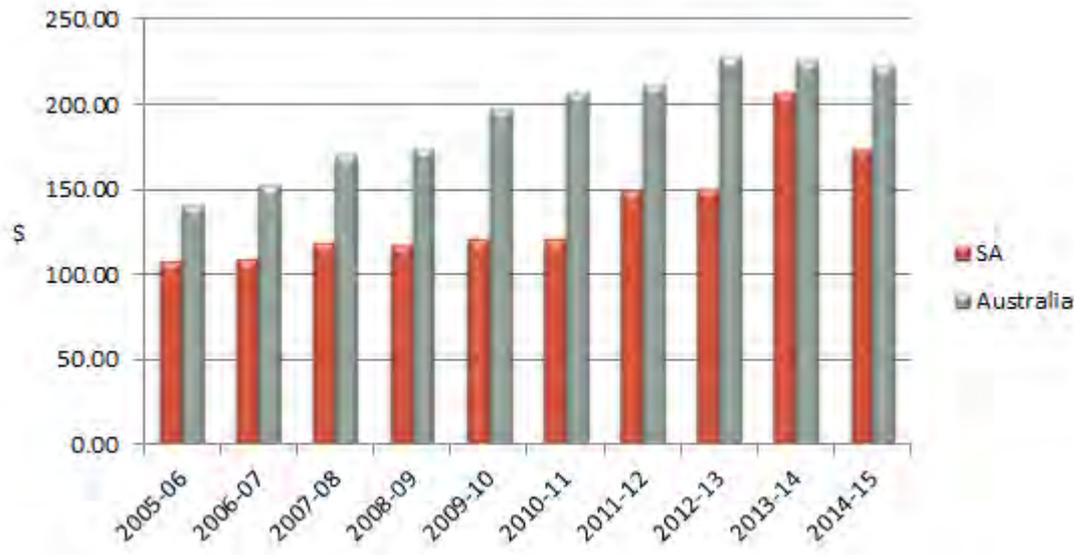
South Australian expenditure on intensive family services per child in 2014-15 was 80 per cent of the overall Australian rate.

CHART 5: Child protection services, out of home care and intensive family support services - real recurrent expenditure *per child*, 2014-15 (\$000)



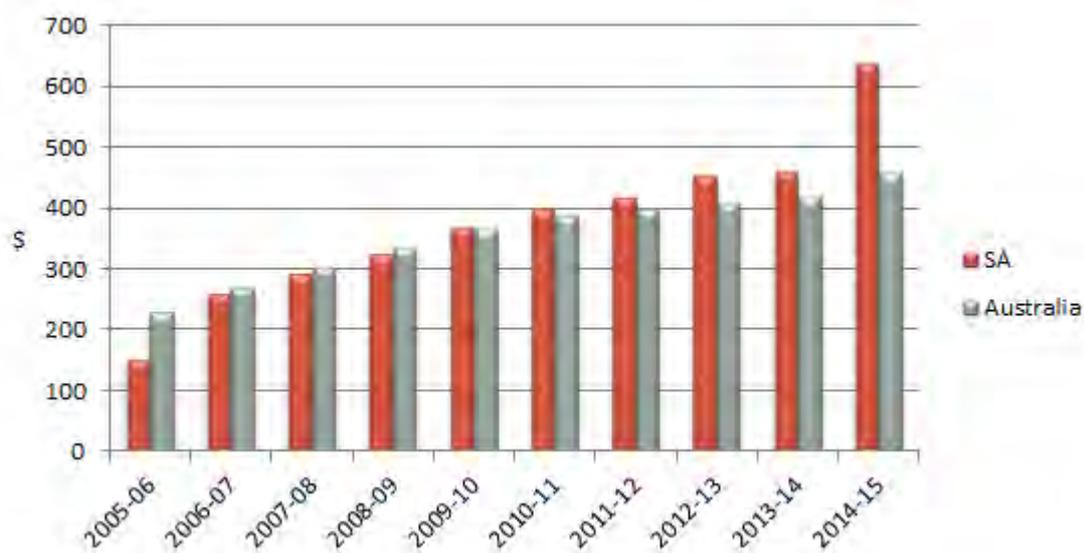
When combined, South Australian expenditure on child protection services per child, out of home care and intensive family support services was 116 per cent of the overall Australian rate.

CHART 6: Child protection services - real recurrent expenditure *per child*, 2005-06 to 2014-15, South Australia and Australia (\$000)



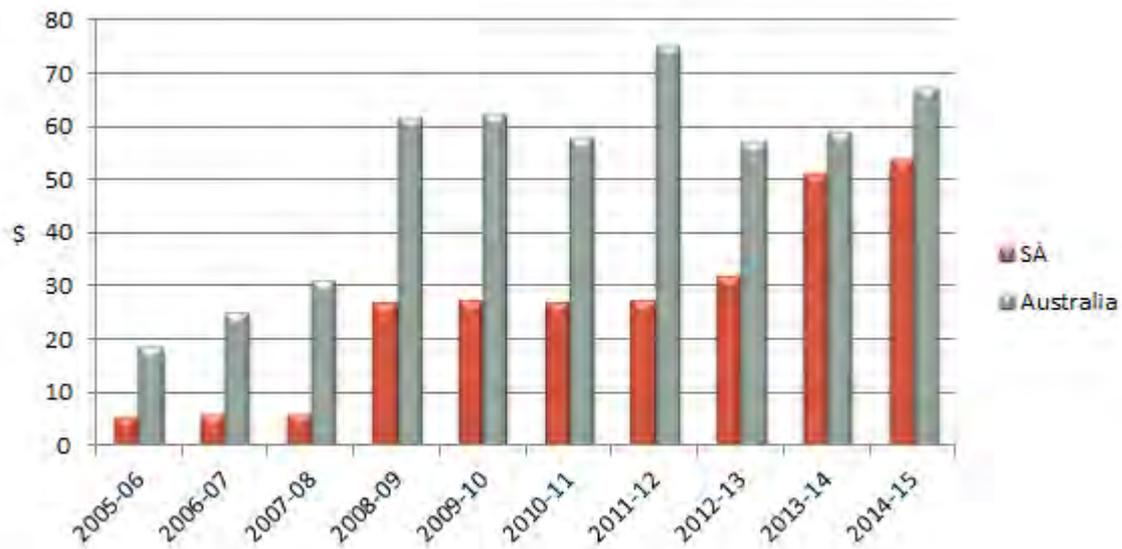
South Australia increased expenditure on child protection services per child by 62 per cent in the ten years from 2005-06. The increase overall in Australia was 58 per cent.

CHART 7: Out of home care - real recurrent expenditure *per child*, 2005-06 to 2014-15, South Australia and Australia (\$000)



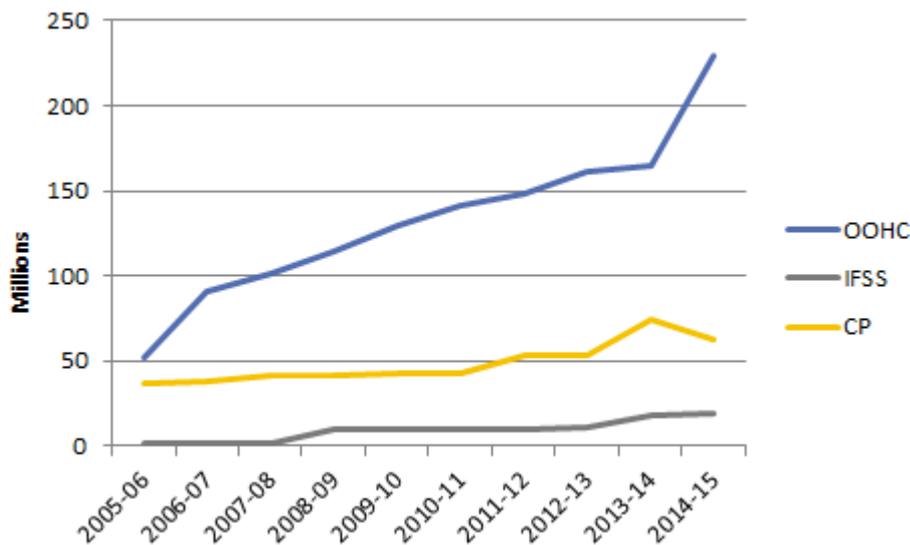
South Australia increased expenditure on out-of-home care per child by 324 per cent in the ten years from 2005-06. The increase overall in Australia was 99 per cent.

CHART 8: Intensive family support services - real recurrent expenditure *per child*, 2005-06 to 2014-15, South Australia and Australia (\$000)



South Australia increased expenditure on intensive family support services per child by 844 per cent in the ten years from 2005-06. The increase overall in Australia was 260 per cent (these figures should be treated with caution because of uncertainty about what is counted in different states).

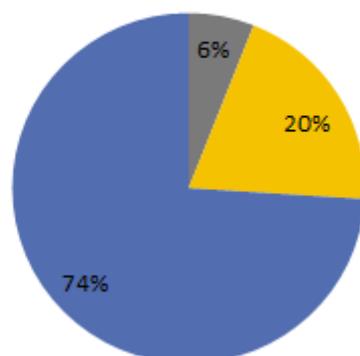
CHART 9: Child protection services, out of home care and intensive family support services - expenditure South Australia, 2005-06 to 2014-15 (2014-15 dollars) (\$000)



The marked expenditure increase in OOHC in 2014-15 largely can be attributed to an increased reliance on residential care and emergency care placements.

Chart 10: Program expenditure as a percentage of total child protection spend, SA 2014-15

■ Intensive Family Support Services ■ Child Protection Services
■ Out of Home Care



The expenditure balance varies between States. In 2014-15, for example, the breakdown was approximately:

- New South Wales - 11.5% (IFSS), 26.6% (CPS) and 61.8% (OOHC);
- Queensland - 8.3% (IFSS), 37.9% (CPS) and 53.7% (OOHC);
- Western Australia - 2.4% (IFSS), 37.5% (CPS) and 60% (OOHC);
- Victoria - 11.6% (IFSS), 27.4% (CPS) and 60.9% (OOHC).

PROGRAM AREA DEFINITIONS

The three program areas described in this paper are defined as follows in the Productivity Commission *Report on Government Services 2016* (Volume F, Part 15.5).

CHILD PROTECTION SERVICES - Functions of government that receive and assess allegations of child abuse and neglect, and/or harm to children and young people, provide and refer clients to family support and other relevant services, and intervene to protect children.

OUT OF HOME CARE - Overnight care, including placement with relatives (other than parents) where the government makes a financial payment. Includes care of children in legal and voluntary placements (that is, children on and not on a legal order) but excludes placements solely funded by disability services, psychiatric services, youth justice facilities and overnight child care services.

There are five main out-of-home care placement types:

- Residential care – where placement is in a residential building with paid staff.
- Family group homes – provide care to children in a departmentally or community sector agency provided home. These homes have live-in, non-salaried carers who are reimbursed and/or subsidised for the provision of care.
- Home-based care – where placement is in the home of a carer who is reimbursed (or who has been offered but declined reimbursement) for expenses for the care of the child. This is broken down into three subcategories: (1) *relative/kinship care* – where the caregiver is a relative (other than parents), considered to be family or a close friend, or is a member of the child or young person’s community (in accordance with their culture) who is reimbursed (or who has been offered but declined reimbursement) by the State/Territory for the care of the child. For Aboriginal and Torres Strait Islander children, a kinship carer may be another Aboriginal and Torres Strait Islander person who is a member of their community, a compatible community or from the same language group; (2) *foster care* – where the care is authorised and carers are reimbursed (or were offered but declined reimbursement) by the state/territory and supported by an approved agency. There are varying degrees of reimbursement made to foster carers; (3) *other* – home-based care which does not fall into either of the above categories.
- Independent living – including private board and lead tenant households.
- Other – includes placements that do not fit into the above categories and unknown living arrangements. This includes boarding schools, hospitals, hotels/motels and defence force

INTENSIVE FAMILY SUPPORT SERVICES – Specialist services that aim to prevent the imminent separation of children from their primary caregivers as a result of child protection concerns and to reunify families where separation has already occurred. These services:

- are funded or established explicitly to prevent the separation of or to reunify families
- provide a range of services as part of an integrated strategy focusing on improving family functioning and skills, rather than providing a single type of service
- are intensive in nature, averaging at least four hours of service provision per week for a specified short term period (usually less than six months)
- generally respond to referrals from a child protection service.

Intensive family support services may use some or all of the following strategies: assessment and case planning; parent education and skill development; individual and family counselling; drug and alcohol counselling and domestic and family violence support; anger management; respite and emergency care; practical and financial support; mediation, brokerage and referral services; and training in problem solving.