

**SELECT COMMITTEE ON THE ADEQUACY OF FOSTER CARE  
ASSESSMENT PROCEDURES BY THE DEPARTMENT FOR  
COMMUNITY DEVELOPMENT**

**SESSION THREE**

**TRANSCRIPT OF EVIDENCE TAKEN  
AT PERTH  
THURSDAY, 8 DECEMBER 2005**

**Members**

**Hon Robyn McSweeney (Chairman)**

**Hon Sue Ellery**

**Hon Giz Watson**

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**Hearing commenced at 2.15 pm**

**BURGOYNE, MR TONY**  
residing at 207 Forrest Street,  
Palmyra 6157, examined:

**The CHAIRMAN:** You will have signed a document entitled "Information for Witnesses". Have you read and understood that document?

**Mr Burgoyne:** Yes.

**The CHAIRMAN:** These proceedings are being reported by Hansard. A transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you refer to during the course of the hearing, for the record. Please be aware of the microphones. Try to talk into them and ensure that you do not cover them with papers and do not make noise near them. Also, please try to speak in turn. I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in closed session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Private evidence will generally be taken towards the end of the hearing. During the public session of your hearing, you should not mention the names of, or otherwise identify, children. You should not disclose the details of a person or a matter that is the subject of legal proceedings. If you must refer to these matters, please ask the committee to take that evidence in private session. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that premature publication or disclosure of your evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege. Would you like to make an opening statement?

**Mr Burgoyne:** I consider it quite an honour to be able to do this. I did not know how many ex-departmental people would be appearing before the committee, but I felt compelled to attend today because I have had recent experience in a senior position within the department regarding some of the more extreme elements of what the committee is looking at. The three years I spent as the team leader for the care of children in the Perth office of the department was the hardest job I have had in my life.

I will make two or three preparatory remarks. What happens in a DCD team is that over time the pressure of work hardens both the workers and the team leader to not look for the things that they should look for. A pragmatism develops whereby we do what we must do, not necessarily what we could do. Members must bear in mind that many of the teams, especially in the metropolitan area, have in their employ very inexperienced workers and workers who are intent upon leaving the department at the first opportunity. Also, in many teams some workers have been burnt out or their career aspirations have plateaued. It is very difficult for a team leader to allocate the workload given those circumstances. A team leader has a team that is perhaps only working at 50 per cent capacity of what it would seem in relation to what can be allocated to workers. The work is particularly difficult for inexperienced workers because in such a scenario they just follow the rules. They do not feel as though they can use their professional expertise to do the things that they could do rather than the things they know that they have to do; that is, the paperwork and covering their backs, which they feel compelled to do.

The committee is looking at the assessment processes for foster carers. Having assessed many foster carers over the years, I do not believe that all potential abusers can be filtered out, regardless

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of the assessment process that is used. The department's assessment processes are as good as many other departments throughout Australia and the world. The work should be done by experienced practitioners; that is, people who know how families work and who have a background in understanding how personal history can lead to inappropriate parenting and inappropriate decisions being made when caring for children. This is one improvement that the department could ensure in the future.

The effort and resources should not be placed at the front end because the assessment and training is developing appropriately; it is the support for the carers that is lacking. I am not referring to a visit from an inexperienced social worker once every two or three months; I am referring to an experienced professional who has a particular role to play and can anticipate problems that may occur. These days carers face incredible challenges regarding the behaviour of the children for which they are put in charge and the trauma the children have experienced.

The committee's terms of reference include advocates. The advocates should be part of the training and preparation of foster carers so that a relationship can develop between them very early on in the piece and which can be retained at least for the first 12 months. Therefore, carers who have the best intentions to do a good job with children they know will be difficult will have someone to turn to almost at a moment's notice. In that case, the carers can immediately deal with the problems with which they are confronted rather than wait to receive a response from an overloaded caseworker within the next week or two. That is probably the main thrust of what I would like to say today. The key is what happens to foster carers once they have been brought on rather than trying to stream out the possibility of abuse at the front end. I do not think that we can do that. However, with the right support and monitoring, we can prevent abuse once the carers have started.

[2.22 pm]

**The CHAIRMAN:** You have had 18 years' experience, including time in the Perth office. What pressure does the high staff turnover - I think there has been a complete turnover of staff in the past two years, with 56 employees leaving - place on children in care? During your experience did people work in crisis mode all the time, or did they adhere to policy guidelines? I presume policy guideline are thrown out the window during a crisis.

**Mr Burgoyne:** It is difficult to expect a young worker new to the department to know the huge number of policy guidelines. When I worked at the Perth office, the staff complement was stable. Even though I worked with a lot of experienced workers, it was still the most difficult job I have ever done. It is very difficult for workers to respond to foster carers in the way that they should in such a scenario. Instead of anticipating that a carer who has taken on three really difficult children may have issues and may need to see someone every two or three days at least for the two or three weeks of the placement, the worker may be embroiled in an obvious crisis, such as a placement breakdown or an abuse-in-care situation that removes them from the initial intention to provide early support for carers.

**The CHAIRMAN:** I note that in some cases DCD workers place children with foster carers and do not go back for up to six months when they should be going back once every three months. A visit once every three months does not seem particularly satisfactory, and that would dovetail in with what you just said about visits being every couple days if a carer is looking after difficult children.

**Mr Burgoyne:** The once-in-three-months related to ward quarterly reports that are supposed to be completed every quarter. The folktale for new workers is that they should visit a child in care once every three months to get the ward quarterly done. A worker may very well be judged on whether he has got all his ward quarterly reports done rather than on how much creative and supportive work he has done with carers.

**The CHAIRMAN:** Over a 17-month period, some 42 children were abused in care. You said that the assessment procedures are okay. In the non-government sector I note that there are sometimes

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two assessors. What is your opinion about that, because agencies with two assessors seem to have a higher success rate?

**Mr Burgoyne:** I think two assessors is a great idea. However, that would be seen as luxury by the department. I should quickly jump in and say that in my earlier comments I was talking a lot about general foster care. When we talk about relative carers, you may be aware that the proportion of relative care placements in Western Australia is increasing, as it is across most Australian states. I do not believe the assessment of those carers is adequate. In my submission I noted that the department is trying to set up a four-visit assessment process for relative carers but that it is doing that by insisting that case managers make the four visits. There are two problems with that. The first is that they are already overloaded with work. The second is that they most likely do not have the experience to do an adequate assessment. Any frontline fieldworker who attends this select committee will say that he or she is absolutely overwhelmed by the prospect of doing that also.

**Hon GIZ WATSON:** I refer to your comment about advocates being part of the training. Do you mean advocates for foster carers or advocates for children in foster care, because sometimes they do both?

**Mr Burgoyne:** The DCD case manager is meant to focus his attention on the best interests of the child. I was talking about the issue of advocacy for carers in terms of making sure that they are not overloaded and that they are given the right support to properly care for children. In my submission I noted that I operated under such a system in the United Kingdom. That system works really well, although it creates some problems in terms of flexibility. Nevertheless, it makes sure that carers are not overloaded, which is one of the major problems with our system.

**Hon GIZ WATSON:** Your submission indicated that you are concerned about the assessment of relative carers being undertaken by inexperienced and overworked caseworkers. Are you saying that the assessments are being done by caseworkers rather than assessors?

**Mr Burgoyne:** Yes, I think that is the intention. I believe that recently some caseworkers were given a half-day or three-hour training session on how to do a relative carer assessment. I am not sure how many hours were involved, but that is ludicrous.

**Hon GIZ WATSON:** That amount of training does not sound like a lot.

**Mr Burgoyne:** No. It is another impost for caseworkers that they will do imperfectly. If they do not have the experience, it will be more imperfect.

[2.30 pm]

**Hon SUE ELLERY:** In respect of relative carers, I think you acknowledge in your submission - it is certainly the case in other material that has been put before us - that often when you are dealing with an immediate crisis, children are placed with relative carers because they need to be removed from the dangerous situation that they are in. If part of the problem is, as I think you refer to in your submission, that these relative carers are often hastily recruited because the children need to be put somewhere, without them understanding how the system works, what is the alternative? If you need to remove them quickly, and if you have the view that you want to put them somewhere with which they are less unfamiliar than they might otherwise be, what is the alternative? How do you manage that so that those relative carers are able to manage that?

**Mr Burgoyne:** There are three or four different responses to that. One of them is that if we had greater general foster care resources, then children could go to a specialist short-term foster care service while the assessment was being done for a relative carer. That is one option. The second one is that, sure, you have to remove the children from an unsafe place where there is unacceptable risk and place them perhaps with a family member who is willing - sometimes, I must confess, under certain duress from the caseworker - to take on the child or the children. However, there is nothing wrong then with doing a thorough assessment with a skilled practitioner over the ensuing two or three weeks to make sure that that placement is going to last the distance and not create more

problems for the child than he or she already has. Because the problems in the care situation will probably start to happen a month or two down the track, it is a question of how many resources you have to properly assess it in the interim, I think. Therefore, it could be made very clear to the relative carer that this is only a temporary measure until we have checked that this is going to be an appropriate placement for the child.

As a practitioner over the years, perhaps five, six or seven years ago I used to always presume that a relative care placement was the way to go. However, I think the research, and what I discovered myself, perhaps in the past three or four years, shows that sometimes those placements create more problems for the child, because the relative carer is part of the family system that has incredible problems, and the relationship between the two parts of the family is so fraught that the child misses out on the opportunity of an ongoing relationship with his or her parents.

**Hon SUE ELLERY:** Some of the evidence that has come before us suggests that maybe there is a syndrome, as I will call it, but that may be overstating it, with some carers who are resistant to reunification of the family and who try their best to put a distance between the children they are caring for and their natural family. Have you seen that? Do you have a view about that?

**Mr Burgoyne:** Yes, I have seen that. I have seen that with relative carers; I have seen it with general foster carers. I think that it is an incredible foster carer who is able to maintain a healthy perspective of the natural family and encourage that relationship with the child and the natural family to grow. It takes an even more incredible foster carer to actively meet with the natural parents and let the child see that the natural parents and the foster carer are working together for the good of the child. That is something that years ago was more frequent than it is now. I think in my submission I comment on the issues of drug use and mental health, which are quite frequent among the parents of the children now. Therefore, carers are, understandably, reluctant quite often to meet the natural family. I think it is a shame, because under certain controlled situations more of that could happen, and it would be better for the child to see, however imperfect his or her parent may be, that the parent and the carer are in dialogue, and they are both working for the good of the child.

**Hon SUE ELLERY:** My last question is about the Foster Care Association of WA. Do you have a view about the organisation, how it works and how it does the tasks that it is given to do?

**Mr Burgoyne:** I think the Foster Care Association's activities - for example, bringing together a focus group for caseworkers and foster carers to get a greater understanding in case management - are very extensive, and perhaps in some ways it is doing things that the department would do itself if the Foster Care Association was not there. As a team leader, I found the Foster Care Association to be more adversarial than I would have liked. I cannot comment on whether in the past three years that has been maintained. However, it did create problems that sometimes could have been relatively easily resolved, but because there was an adversarial relationship, sometimes it was more difficult to resolve those issues, and there was a natural tendency of the Foster Care Association to believe that the foster carer had a justified grievance and the case manager was inappropriate. I think you should rely upon people who have had more recent experience in that regard to tell you whether that adversarial situation continues.

**The CHAIRMAN:** Is that adversarial to the natural parents - that all comes into it - and adversarial to the case manager, which then has a flow-on effect on the reunification with the natural parents?

**Mr Burgoyne:** Yes, it could do. Certainly, of course, if the general carers believed that the case manager was giving undue emphasis to the potential for reunification, they may very well then ask the Foster Care Association to advocate on their behalf to try to put some blocks in the way of that occurring.

**The CHAIRMAN:** Would you say that it is because of a lack of resources? It always seemed strange to me that there were not clinical psychologists and social workers - a specialist stream - within DCD to match children with foster carers and to deal separately with foster carers and

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natural parents, rather than it being generally within DCD, with the 350 workers coping with all the children. It does not seem very practical to me to just have inexperienced workers dealing with such a high level of dysfunction. There are not enough clinical psychologists. But surely there could be - I would like you to comment on this - a specialist team within the department that would look at that. Then the child would be matched to the foster carers, and the child could go back to the clinical psychologist or the social worker. That would free up case managers for everyday practical issues. I know that might sound pie in the sky, but surely, if the resources were there, that could be done.

**Mr Burgoyne:** Yes. I think when we had specialist teams, which probably finished about two and a half or three years ago now, there was some semblance of what you are talking about, in that there were care for children teams that did, over time, become very adept at supporting foster care placements. There were psychologists and senior people who were attached to those teams as well. The department now largely has a generic model, which has diluted that expertise down considerably. I think what you are saying is right; that the consequences for children of not having specialist support for foster carers are dire, because I believe that many of the placements that break down would not break down if that was in place.

[2.40 pm]

**The CHAIRMAN:** I found very interesting the worldwide studies that back up the research you did on 40 children. Perhaps if they had stable foster parents in the first place, that would have led to a better outcome, and certainly that goes along with worldwide studies.

**Mr Burgoyne:** Either that or you quickly work out that the placement was not appropriate. You put a lot of effort into that front end to realise that the placement was not appropriate and then change it, rather than hoping and allowing it to continue and not responding until something drastic goes wrong.

**The CHAIRMAN:** Just going back to what you said about case managers knowing assessments, I understood that the assessments were done by people who had been trained to do these assessments, not just anyone.

**Mr Burgoyne:** General foster care, yes, with the centralised fostering services; as I understand it, it is not the case with relative care.

**The CHAIRMAN:** You have said that you see relative care as being a problem, obviously with perhaps inexperienced social workers or welfare officers doing training sessions.

**Mr Burgoyne:** Yes, but even with the general foster carers, once they are given preliminary training and they are assessed, they are then given their first assignment. They are then at the beck and call of the district with those inexperienced workers. There is no ongoing core of support for them.

**Hon GIZ WATSON:** I was interested in picking up what you said about the fact that there is an increase in the aspect of drugs and alcohol. I do not make a differentiation, because drugs are drugs. In how many cases and in what proportion of cases would that be a factor that was causing an additional complication, especially in terms of communication?

**Mr Burgoyne:** I can almost remember the exact figures of some statistics done perhaps four years ago. I think it was around about 70 per cent of parents of children in care had a significant issue in relation to drugs and alcohol. I think the mental health issue affected somewhere between 40 and 50 per cent - it is significantly high. In terms of whether that removes the possibility of the carer meeting the parent, I would have thought that in many cases it would not remove that possibility, but the case manager is quite likely to respond to the carer's fears. I guess they are just grateful that the carers have agreed to take the placement and therefore do not push it, but I think it should be pushed more for the sake of the child.

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**Hon GIZ WATSON:** I turn also to the issue of the lack of resourcing. Do you have any particular course of action that would address that aspect? Is it a matter of increased funding or are there particular areas where you would put increased resources? Is it a matter of the actual employees? I certainly heard that there is an issue that even though there are a certain number of FTEs on the books, there are a lot of unfilled positions as well, and a means of dealing with budgeting issues is that positions are not necessarily refilled as quickly. I seek your input as to whether it is really a matter of more caseworkers or support for foster carers. Maybe it is all of those.

**Mr Burgoyne:** As I said before about any team of social workers, in that team there will be some who are not functioning 100 per cent, and there will be others who are so inexperienced that they will require the efforts of the other team members to help them through it. In terms of filling the FTEs, you have bodies in them, but whether those bodies are able to respond to the incredible demands that the work entails is another question altogether. With care-for-children work, I think I read some research that said for every family you deal with, there are on average 13 key people to whom the caseworker has to relate. If they are working with 15 families on their caseload, I think that works out at something over 200 significant people to whom a case manager must relate in this care-for-children area. Some of the other aspects of departmental work are a little easier because there is not that multiplicity of contacts that they have to maintain. A significant number of those people are angry, frustrated and at odds with the department, and, therefore, the worker is dealing with that on a daily basis. The experienced worker who still has energy perhaps will deal with that relatively well. The inexperienced worker will watch what the experienced workers are doing and seek some kind of way of working through it, because there are so many tasks they are not familiar with. It is probably not a question of FTEs. I think that if the government were able to make sure that the foster carers were properly supported from day one, their first assignment, that would take some load off the caseworkers; that is, at least the carers would have somebody else. Another person who the caseworker has to deal with in the case is the unhappy carer who is not having telephone calls responded to or whatever. If the right support is put in place for carers, it would reduce the load on the case managers, and probably almost certainly produce better outcomes for the children. It would probably also reduce the attrition of carers, and would probably even lead to less staff turnover because the outcomes for most of the players would be better; therefore, there would be a sense of, "Yes, we're getting somewhere. This child's placement is stable. I've not got to find yet another placement for this child."

**Hon GIZ WATSON:** If I may finish that line of thought, one of the other bits of information that has been presented, certainly to me and I think to the committee, is that there is also conflict if you have a caseworker who is basically the support person and the contact for the child, the foster carer and the natural parent. In that case, it is almost impossible to ask someone to be a trusted person for all of those parties. It has been suggested that a better model would be to have separate caseworkers for those components. Maybe that is a sort of Rolls Royce model, but do you have any comment on that matter?

**Mr Burgoyne:** I think that is a very important issue. Yes, how do you be all things to all people, when they are all upset and you run the gauntlet of dealing with them? I was very excited to see that one of the committee's terms of reference was advocacy. I think that would take one aspect out of the responsibility of the case manager, which would help considerably.

**Hon SUE ELLERY:** You said at the outset that it is pretty near impossible to completely stop abuse. You were talking in the sense of assessment procedures and that no assessment procedure will be able to completely weed out abuses. Can you expand a little on that?

**Mr Burgoyne:** Yes. It is the case that people want to be foster carers because they want to contribute something to less fortunate families and children than perhaps their own. They have the best of intentions. They may be able to mask from the assessor some of the problems that they have had in their own lives, but in the main, given the right circumstances and the right support and that

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the child is matched to their wishes and capabilities - matching is something you have brought up a couple of times - it is almost a bridge too far these days to match a child with a carer. If that were to occur, and the support and the monitoring of the placement was there, you could probably realise that a placement was destined to be too difficult for the carer and may lead to the carer lashing out. A lot of the abuse-in-care allegations, to be quite frank, are made when a carer lashes out. A parent lashes out at their own child and nobody says anything; however, when a carer lashes out at a child, there is an abuse-in-care allegation, and we usually lose the carer at that point. The child is then subject to a new placement. They probably feel really guilty that they provoked the clash, and that adds to their own sense of rejection, so there is no real winner in that process. But I think the problem is that carers are left to their own devices too much. Therefore, the stresses build up to the point where they may lash out, whereas if they had the right support and were able to talk through things with a skilled, experienced person on a regular basis, that would be stemmed.

[2.50 pm]

**The CHAIRMAN:** There is no system that will ever delete all sorts of abuse. I have the view that if there are clinical psychologists, social workers and specialist teams going in all the time, assessing people and matching - you said it was a bridge too far to match - it should not be a bridge too far to match because that is the crux of a stable placement.

I want to get back to new workers not receiving supervision for months on end. Is it a team leader's responsibility to supervise the new workers?

**Mr Burgoyne:** Yes.

**The CHAIRMAN:** It is still the team leaders. You mentioned the Looking After Children system - the LAC system. Is the CCSS computer system still in place?

**Mr Burgoyne:** Yes.

**The CHAIRMAN:** I think you were alluding to that when you said that the handwritten intake should be done by a social worker or an experienced welfare officer but the data entry could be put in by someone in administration, which would free up some time, would it not?

**Mr Burgoyne:** Yes. I would encourage the select committee to listen to various people's views on LAC. I feel a bit of a heretic suggesting that LAC is creating more problems than it is worth. There may be others who believe that it is serving its purpose. I did not see that to be the case in England and I have not seen it in my experience here in Western Australia.

**The CHAIRMAN:** I always thought that it was a double handling. People could be out in the field instead of doing data entry that could be done by administrators.

Getting back to advocates, I understand your idea of having advocates across the board for foster carers and children. Is that what they do in England or is that something that you recommend because of the 18 years of experience?

**Mr Burgoyne:** Yes. I have always felt that carers should have somebody who is making sure that the placement is working well. I worked in Northamptonshire in 2001 and 2004. They have advocates who come from an independent organisation but are funded by the social services. As a team leader - or a principal social worker as I was - I could not force them to bend the rules or take an extra child or whatever. The advocate stood in the way of me trying to get the carer to take on yet another child or perhaps to take on a disabled child when the carer never intended to do that or to take on two children at once when the carer only ever wanted one - or the wrong age group or whatever. I find it really hard to believe that, in the day-to-day cut and thrust of what is going on at the moment, carers are not being asked to take on more than they ever anticipated they would take on in caring for children. That is another huge risk factor.

**The CHAIRMAN:** Do you see those advocates also working for reunification the other way? Do you see them as a bridge between all parties?

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**Mr Burgoyne:** No, not the ones in Northamptonshire; they did not do that. They had another system handling reunification. I feel as though, in Western Australia, there is quite a strong push for children to be returned to their families. Perhaps sometimes it is not appropriate. I think that, where possible - if it is possible - Western Australia has the right approach in trying to get children back to their families. In a way it is created by the very dilemma we have with the care system in that we do not have the carers, so what do we do with the children? Relative care is an option but getting them back to their families is also an option. That said, I think that the vast majority of the decisions to return children to their families has been the right one. There are lots of checks and balances in that. The advocates did not have a role to play in that but they may have a role to play in the carer staying open to the possibility of reunification and a role to play in helping the carer understand that when a child returns from contact with his family and is grumpy, wets the bed, or hits another child or whatever, there are some very good reasons why that has occurred. There are some management techniques that you can use to diminish the sadness and anger for the child. The advocate would have a strong role to play in the carer believing that reunification may perhaps be possible and advisable.

**Hon GIZ WATSON:** I wonder whether the emphasis placed on reunification might also be in the history of the stolen generations and negative foster care and the experience of wards of the state in state history. I am sure that colours how much of an emphasis there is on trying to recorrect those previous policies.

**Mr Burgoyne:** Yes. I have said as much myself.

**Hon GIZ WATSON:** I wanted to ask about the fact that the government has announced it will be appointing an advocate for children in care who will work in the office of the director general of the department. The advocate will be responsible for monitoring the quality of the services that are delivered to children and young people in in-home care. The advocate will also provide advice to the director general and the minister about how well the department meets its statutory responsibilities to children and young people in care. This seems like a different model from what you were talking about when you were looking at multiple advocates. Is that correct?

**Mr Burgoyne:** Yes, that is right.

**Hon GIZ WATSON:** Do you have any view about the establishment of a single position?

**Mr Burgoyne:** Is this what has been referred to as the children's commissioner?

**The CHAIRMAN:** No.

**Hon GIZ WATSON:** It is different. It is actually an advocate for children in care. I believe it was one of the minister's recent initiatives.

**Hon SUE ELLERY:** The proposal is that it be inside DCD and report to the director general.

**Mr Burgoyne:** I have not really thought about that particular issue. I do not know. My initial reaction is that it should not be within DCD.

**Hon GIZ WATSON:** You also made comment to the effect that the level of support and training to carers in the non-government sector is significantly higher than in DCD and suggested that there was greater financial cost but that the overall benefits might outweigh that additional cost. You suggested that the department should give serious consideration to allowing the NGO sector to take on a greater part of placements. I picked up on that because a number of other submissions made similar comments about the difference between the results in some of the non-government organisations as opposed to DCD.

**Mr Burgoyne:** Yes. It would be interesting to compare South Australia and WA as we have very similar populations but they have the reverse situation - 80 to 90 per cent of their placements are non-government and 10 per cent are government, but for us it is the other way around - and to see what the relative problems are: relative costs, abuse in care and the level of support that carers

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receive. Yes, certainly, I have always believed that the non-government sector does a very good job, albeit that a lot of its placements are temporary and not the longer-term placements that the department has.

**The CHAIRMAN:** I presume that DCD would have to be scaled back somewhat if we handed it all over to the non-government organisations. As Giz has just said, the placements seem to be more stable and there is a one-on-one situation a lot of the time.

**Mr Burgoyne:** I think it is something like one to five. One social worker for every five placements is quite frequent in the non-government sector. Therefore, that social worker would be visiting those families once a week. I would imagine that the non-government sector also has a lot of training and other activities to bring carers together. So, yes, absolutely.

[3.00 pm]

**Hon GIZ WATSON:** Is the non-government sector able to pick and choose? This is perhaps a slightly unfair question, but does DCD have to take everyone? I am not clear about how the choices are made about who goes where.

**Mr Burgoyne:** If we take two of the bigger ones, Anglicare and Wanslea, they take children for 28 days. Wanslea takes children for 28 days with a possible extra 28 days. Anglicare is for teenagers and Wanslea for younger children. If the case manager were in a desperate situation, the department would try to get one of those agencies, through the agency placement officer, to take on the child, because they are geared to take children quickly and for a short space of time. It gives the case manager a chance to assess the full situation, look at whether the family can take the children back and look at a longer-term option. So Wanslea and Anglicare, for example, and also Mercy are options that case managers in DCD would love for children to go to. My experience was not that they would say no because the child was particularly difficult. That was not my experience.

**The CHAIRMAN:** Tony, the committee and I thank you for coming; it has been very informative.

**Hearing concluded at 3.02 pm**

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