

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

**TRANSCRIPT OF EVIDENCE TAKEN  
AT PERTH  
WEDNESDAY, 29 MARCH 2006**

**SESSION ONE**

**Members**

**Hon Robyn McSweeney (Chairman)  
Hon Sue Ellery  
Hon Giz Watson**

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**Hearing commenced at 9.55 am****GOERKE, MR JOSEPH****Volunteer Parent Support Social Worker, Gosnells Community Legal Centre, examined:**

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

**Mr Goerke:** Yes, I did go through it.

**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. 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. If you make any statements that may adversely reflect on a person, the committee may notify that person in order to provide them with the opportunity to respond. 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 Goerke:** I put in a submission on 8 November 2005 and I presume that it is as a consequence of that that I have been invited here today. I am uncertain as to what particular aspect of that submission or any other matter could be the reason for the committee wanting me to appear.

**The CHAIRMAN:** We just thought that with all your experience, it would be beneficial for you to appear. We do have some questions. If you would like to talk to us or tell us anything about the statement you have provided, we would be happy to listen.

**Mr Goerke:** There is only one thing I may add. Since I wrote this submission I have had the benefit of a visit to Perth of Professor David Thorpe from the Lancaster University. He, along with others, was at the launch of the Family Inclusion Network of WA, which the Minister for Community Development launched a few weeks ago at the University of Western Australia. David Thorpe has a somewhat different approach to the child protection issue. In Wellington last month at the ANZ conference on child protection, the keynote speaker was the first chair of child protection at a university in Australia, the University of Adelaide. Her name is Professor Dorothy Scott. I read a copy of her keynote address. It lines up very closely with what David Thorpe has been saying about the whole area. While it does not basically change anything I have said here, it adds to it. In essence, it is about the need to change the current emphasis on a forensic approach to a more supportive one, particularly basing and resourcing family support services in close connection with primary schools and other locally available resources, such as day care centres and community centres where the staff frequently are the first to see and pick up possible risks to children and are

often in the best position to respond to them, rather than just passing it off to a group of distant specialists, which is the tendency in the industry today. That is the only comment I would make in addition to what I wrote in my submission.

**The CHAIRMAN:** So you are saying there should be a community-based approach and the health care clinics, day care, childcare, preschools, schools and all these community centres should be together. Is that what you are saying?

**Mr Goerke:** I appreciate the objection from primary school teachers that they have more than enough to do as it is. However, because of the relationship they have with the child, they are often the most appropriate person to be able to go further rather than just pass it on to someone else. To do that, they need support. Primary schools, in particular, could do with some form of staff or resources that can assist teachers to work out the best way of responding to a situation. Unfortunately, at the moment there is a tendency that once they report it, they then drop out of it. That is sometimes detrimental to the child. By virtue of the fact that they know the child, they are the best ones to respond and to be the initial contact with the family. Quite often they have good contacts with families as well. Then only the really serious extreme situations should go on to the statutory protective services; that is, where removal of children is virtually the only appropriate action.

At the moment I see too many children being removed because there might be a risk and there might be concern. Once it gets into the hands of the statutory services, departmental officers are anxious all the time that if they do not exercise their authority and a child is subsequently harmed, they will be blamed for it. It tends to push them towards precipitate intervention. Their only real skill and ability is the statutory power to remove the child. It would be better, in the early stages of any concern, that others deal with it before they bring in the statutory services. I have had direct experience with this myself, dealing with complaints, for instance, from staff in a mental health clinic many years ago. We negotiated with them the line at which, should it be crossed, we would intervene. In the meantime, they would do a whole lot of things that we could see they were in the best position to do. It was successful. I would be a little hesitant to do that in today's climate if I was working in the department because I would fear that if they messed it up, if it did not work, if something went wrong and it turned out that I had been involved, I may well be criticised for that. Often the collateral damage done to children through the intervention is put to one side and not looked at. The concentration is on the situation the child is in with his or her family. This is leading to an excessive number of children coming into care. It is leading to the overloading of the substitute care and foster care program and so on. I do not think we can separate the issue of abuse and damage in foster care from a wider context.

**Hon SUE ELLERY:** That is really useful. Do you have a point of view about mandatory reporting?

**Mr Goerke:** Yes, I am absolutely opposed to it for several reasons. The minor ones are the practical things like the staff being buried in chasing up all sorts of minor cases and missing the important ones. The next, more serious, concern is that it encourages a culture of "dob in" rather than "pitch in", if you follow my meaning. More seriously still, it reinforces the culture of silence and secrecy around the issue of sexual abuse. I used to give talks to year 10 and 11 children at a private school. For some reason these kids wanted someone to talk about sexual abuse. We talked with them a bit and then asked them, "If this was happening, who could you go to for help?" They would give a long list of names from the school nurse, the guidance officer, teachers, people at home and police. They had a long list. Then we asked them who they would actually go to if they were being abused. They said none of them. They all knew of some cases, either directly or by hearsay, of a child who had spoken up about it or whose friends had spoken up about it and all hell had broken loose. The ultimate situation for the child was then much worse than the first.

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People do not want to talk about the issue. We have to encourage an attitude of awareness to it and to show that there are other ways of dealing with it. However, the crucial issue is: who is the priority? Is it the child or is it punishing the offender? Very often, unfortunately, the anxiety to hunt down and convict and punish the offender occurs at great expense to the child. Most sexual abuse is intrafamilial and most of the offenders are teenage boys - brothers, cousins, uncles.

[10.07 am]

The sort of statutory intervention approach does not really solve it for anybody. That is my concern about the issue of mandatory reporting. I would rather see a better awareness of the issues of child abuse and greater preparedness to act, to do something and to look at the alternative ways of dealing with those cases that does not entail crucifying the child in order to put a stop to it. So often it does not stop it anyway. The children go into substitute care. They are sexualised very often because of their experience and simply repeat it. No matter how much one tries to control that sort of thing and make sure that it is a good foster home or care system and all the rest of it, it is ordinally difficult. You need very special foster parents to take on a girl like that. You need a situation in which, for instance, the husband is honest enough about his own sexuality to be able to say to his wife, "That girl turns me on" and for her to say, "Yes, I can see that," and not get upset but set up structures within the home in which, one, he could never be accused falsely, and, two, he could never do it anyway, so that there is always some sort of protection. However, that means having an openness about it and talking about it. I think that is one of our biggest problems in society. Most people do not want to know about it, and that itself is part of the problem.

**Hon SUE ELLERY:** You mention in your submission, and just reiterated it then, that most sexual abuse happens inside families. Certainly the cases that this committee has looked at and the report that was made by Gwenn Murray of those same cases show that the majority of abuse happens inside families. Given that the convention in a policy sense is to try to place children at risk within the family, be it broader family even, how do we balance those two when we know that that is where the majority of abuse happens, but our policy convention is to try to place children inside families?

**Hon GIZ WATSON:** Is that with relative carers for indigenous families in particular?

**Hon SUE ELLERY:** Yes.

**Mr Goerke:** I am sorry?

**Hon GIZ WATSON:** Certainly for indigenous families in particular, that is the policy setting.

**Mr Goerke:** Yes. The policy is okay in one sense, but it is insufficient, I think, in that it does not also entail the sort of sophisticated interventions within the families that will ensure that whatever has been happening ceases. As I said, children in that situation want the abuse to stop. There should not be accompanying argument about that; but then they want their family to be normal. It is trying to get those two together, and that does mean intervention. It does mean skilled staff working with those families. It may entail - and I would prefer this rather than pulling children out - that initially at least the abuser is removed, but with sophisticated family support systems and counselling and group work there, one can reach a stage of a relatively high degree of certainty that this is not going to recur and to restore the family to normality. As I say, one of the things that worries some people, though, is that then an offender seems to get off. I am not sure that that is really what happens, because offenders live the rest of their lives with a sword hanging over their head. The evidence is there and all a victim has to do at any age is make a formal complaint and they are done. As a consequence of that, and maybe out of genuine remorse - I do not really know - a proportion of the male clients of SafeCare voluntarily go to the police and make a confession. Clearly, if they do that, they are likely to get a lesser sentence than if they were subsequently -

**Hon SUE ELLERY:** Called in.

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**Mr Goerke:** Dobbled in or whatever. It is a complex issue, but I do believe that we have to keep a focus on what the child needs. The idea of punishing someone because they have hurt the child has to be, in my view, secondary to the needs of the child. I know that is a tough issue for a lot of people. They are not really willing to accept that, and they would rather pretend that the child in care or what happens to the family afterwards can be fixed up and all the rest of it, as long as that “expletive” gets his or her deserts. Although I have sympathy with that, I also see how that attitude winds up hurting kids.

**The CHAIRMAN:** Yes, that has always been the way. Unfortunately, whenever I speak on child abuse, I always say that it is a no-win situation, because the child certainly does not win once abuse is disclosed. The mother and the other children in the house do not win. I always think, just as you have said, that the perpetrator should be removed from the house. However, getting back to what Hon Sue Ellery said about relative Aboriginal care, it is a huge issue in the Gwenn Murray report. Why do people think that just because there is abuse in the nuclear family, the abuse will not continue with the relatives surrounding it? It is so firmly entrenched. I have a real worry about the statistics on relative care, whether it be Aboriginal or non-Aboriginal care. You have just given us your view. You say we should put supports in around that. How would you do that in an Aboriginal family?

**Mr Goerke:** I need to correct one possible misunderstanding. I have doubts about the policy about family placement anyway. Frequently, though, it is because of intrafamilial conflicts, particularly families that have broken up and where a child is then placed with one part of the family and becomes part of the conflict between that and the other side, as it were. I have seen regular cases - and I am not going to mention any cases, of course - and I am dealing with a couple right now, in which a mother, for whatever reason, is probably feeling guilty about her failure with her own daughter and then, when the daughter has a problem, tries to get hold of the child or the children in some way in order to prove that it was not their fault in the first place. So the conflict, even within one side of the family, between a parent and a child can be damaging. In a couple of cases, I think, those children would have been better off in neutral foster care where a foster carer with the appropriate skills, abilities and commitment to working with the natural family could assist rather better. To say that it is always better to put the child with family is not tenable. I think you are right about the points you make about how extensive the sexual abuse may be within certain families and certain groups in the extended family if it is happening in one part of it. An Aboriginal woman said to me many years ago about her mother, “Where was she when my uncles were getting at me?” It was coming down generationally, because the mother was making complaints - this is many years ago - about her granddaughter being at risk when really what granny wanted was to get the granddaughter.

**Hon GIZ WATSON:** I guess what you are saying is tying in with what you said in your written submission. I noted in particular you talked about Queensland and suggested that we did not want to make a similar mistake here. I think what you were saying was that virtually nothing was done about the essential problem, which was the inadequacy of the foster resources. Could you address that specifically? It is certainly something that we have heard in other submissions from other witnesses to do with caseworker overload and support issues for the foster carers directly. Is there any particular comment you have about which areas need more resourcing in this overall foster care issue? Is it the caseworkers, is it the training of foster carers or is it their assessment? Where are the weak links, as it were?

**Mr Goerke:** I am sure that there are some things that can be done and changes can be made there, but I think one has to look at the input point - the number of children who are coming into care. The foster resource is definitely limited in two ways, both in numbers and, secondly, also in skills and abilities. When I was in charge of the Belmont office of the department - that district is now integrated with Cannington - we had a system of a group of staff who specialised in dealing with children who were in long-term care or in foster care. Gradually over a period of time they were

able to reduce the numbers dramatically. They got the numbers down a lot. Three-quarters of the children that came off the caseload returned to their families, but in a quarter of those cases permanent orders were made for virtually adoption by the carers. The caseloads came right down enabling much more intensive work with the kids who were in care. The only way a worker can be sure of what is going on in a foster home is if the worker sees that child, independent of anybody else, probably at least once a fortnight for an hour for up to three months before the kid will trust them and tell them what is really happening. Yes, we are able to achieve that. There is a downside. Once your statistics go down, the department takes your staff away. So there is an inbuilt kind of pressure to have more stats, more cases and to be constantly overworked and have too many cases. Not only does it get you more staff and, hence, promotions and all the rest of it, but it also achieves something else: you can never be held accountable. The attitude is: "How can I do that? I've got all these other cases." It is an inbuilt excuse and it is used, I think, unconsciously, by a lot of staff. I think the department as a whole uses it. So there is almost a vested interest in getting more work and demands and time into the system.

**Hon GIZ WATSON:** I agree entirely. The ultimate direction would be to reduce the number of children coming into care.

**Mr Goerke:** Yes.

**Hon GIZ WATSON:** How do we do that then? Is that what you were talking about in your introductory comments?

**Mr Goerke:** Yes, it is about changing the culture and providing more supports at the community level.

**Hon SUE ELLERY:** Is that before they need to come into care?

[10:20 am]

**Mr Goerke:** Yes. In relation to your question about fostering, the point I really want to make is that it is not simply a matter of training; it is also a matter of personal development. I may have mentioned a lady. When I was doing a study of a number of our best foster parents, it emerged in each case that each one of them had been sexually abused as a child. What also came out was the healing process through which they had been over a period of years, and it enabled one of them to take this 16-year-old girl - who had been abused - into her care and to gradually calm her down and diminish the absconding, the running away and the self-destructive behaviour. Eventually things worked out very well. I actually asked this woman what would have happened if the girl had been placed with her 10 years earlier. She said that it would have been a disaster; that the girl would have been "a dirty bitch", which was the way the woman saw herself. So it is an issue of personal development, not only in things like that, but also, particularly, in letting children go. Foster parents have to reach out, give the love, bond with the child and then try to help that child to move on; to go back to family, in many cases. It is only when foster parents have done this a number of times that they begin to enjoy the other level; that is, the kid coming back for holidays, enjoying a good relationship with the family and extending the family, so to speak. They then start to be able to do this much more easily with other children.

Developing that sort of foster parent and that sort of resource takes time and a good deal of management of the placement of the children. That is why I raised the concern about the private agencies virtually competing with DCD for foster resources. I think it is important that fostering should start with relatively well behaved kids who are not a problem but need respite care. As those people start to show this capacity to go further, they should be able to move on, but there seems to be a separation between the department dealing with the most difficult cases and the private agencies dealing with the less damaged children with shorter-term needs. I do not know how that would be best integrated, but I think it is an important issue.

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I want to emphasise the importance of personal development for carers. It is an incredibly emotional task to take in a child, to fall in love with that kid, to do everything for them and to then let them go. You can see where the problem comes in. They need to be able to develop that capacity over a period of time, starting with the relatively short-term placements of respite care.

**The CHAIRMAN:** In your experience, have you found that people who have been abused in the past and are still dealing with that abuse want to be foster carers? I ask because I have experienced these cases in a previous life; people have noble intentions of wanting to be a foster carer, but have not gone through the emotional stages that they should have. The desire to foster is from the heart - they really want to do it - but they are perhaps not ready to. Have you experienced that?

**Mr Goerke:** Yes, definitely. Some people are driven by a certain amount of guilt. They need to have a child to prove that they can do it, that they are okay as people, while they are still denying their own inner hurt. Yes, I have seen that.

**Hon GIZ WATSON:** That was the experience of the person whose story you told earlier. I wonder whether the extension of that is that the experience ultimately improves their capacity to better understand the circumstances of somebody else.

**Mr Goerke:** It is very interesting that a foster mother who was sexually abused as a child could be either the best carer or the worst. That is the problem. When making a decision about suitability as a foster carer, it is insufficient and quite off the ball to simply take into account the fact that they had this problem as a child. What matters is where they are at with that. Very often they are very secretive about it and do not acknowledge it anyway. The four or five women I am talking about who were involved in that study had no reluctance in speaking about it, because they had fully integrated it and come to terms with it. They had actually reached what I call the "gifted" stage of healing. They certainly had a gift in that area, but a lot of other people are still stuck in their denial stage, or depression or anger. One lady really went all out to fight for this kid because she was actually still protecting herself, and she was not able to make good judgments about what that kid needed.

**The CHAIRMAN:** You say that reliance on professional assessments to weed out unsuitable applicants is naive. Could I ask you what you mean by that, and then I will ask you a few questions?

**Mr Goerke:** I have found out, particularly in the adoptions area, that adoptive applicants are very often highly intelligent people who figure out very quickly, through talking to other applicants, just what it is that the assessors want to hear. They are also smart enough to work out where the questions on psychological tests are leading, and they can make a very good presentation. They will strongly emphasise the importance of being honest with the child regarding the fact of their adoption and of contact with the culture of origin in the case of international adoption and so on. They very often have absolutely no intention of doing those things, but they will slip through an assessment process.

One of the reasons I say that is that I learnt something from a prisoner, many years ago when I was a probation and parole officer. The prisoner had a two-thirds minimum on his sentence. Nobody had been released from that level of detention, but he determined that he was going to be the first. It was a long story, because he was so reluctant to tell me what his problem was. He was known as a tank man - that is, they blow open safes. This carries a lot of status in prison. He told me that he was starting to get a sexual urge for little boys, and asked if he could be sent back to Perth - he was in the country - so that he could see the psychiatrist. The psychiatrist wrote a report - I still remember it - saying, "While this man would not normally be considered eligible for parole, in the public interest I think that it might be wise for him to be released under supervision so he can continue to receive treatment."

[10.30 am]

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He got his parole; he was the first one with that level of sentence. After he had seen the Parole Board, he came to see me and I said, "When you come in next Thursday night, we'll discuss that other matter." He looked at me and said, "Huh, what? Oh, yes, the psychiatrists." He was in Darwin that night. He worked out how that system was operating, where its sensitivities were, what it was like and which button to press. I do not think we give many of those clients credit for their intelligence and ability to manipulate the system. People who apply for adoption are usually pretty well endowed with intelligence and ability. I am not saying they are all like that.

**The CHAIRMAN:** Have you done foster care assessments?

**Mr Goerke:** Yes, but not for a long while. They were probably not terribly intensive when I was doing them. I think one needs to do that anyway. However, we cannot rely on them to be 100 per cent foolproof.

**The CHAIRMAN:** In the past, a group of professionals did the assessments. Rather than just one person, social workers and clinical psychologists were looking after foster care assessment procedures. Would that make a difference?

**Mr Goerke:** I think it should be integrated with the early placements to enable observation of and support for parents at that stage, rather than relying simply on an assessment by a whole lot of people and then being given the okay to foster. The first, second and perhaps the third placement should be part of that process. I am not saying the assessment should be done away with at all.

**The CHAIRMAN:** No.

**Mr Goerke:** I am saying that the assessment can be fooled. I am concerned about the number of foster applicants who are frustrated applicants for adoption. As I mentioned in my report, there has been a major change in the number of locally available babies for adoption. In 1970 we could not get enough adopting parents. Today it is the reverse.

**Hon GIZ WATSON:** What are the advantages and disadvantages of having paid professional foster carers?

**Mr Goerke:** I really cannot answer that because I have not had direct experience with that sort of thing. I have heard of it; it is being used in some places. I guess it has some positives and some negatives. I think it would not be useful for longer-term placements or children who might need placement throughout their minority years. On the other hand, it could lead to better integration of carers and their support of the natural parents. Some of the best work I have seen done by foster parents is when they have formed a relationship and become a role model for the natural parents. They are then also available after the return of the child to the natural parents for respite care and that sort of thing. That is often the most helpful. I do not know about professional care. Children form relationships and they need some stability of carer.

Turnover among professional carers happens today at day care centres. For instance, when my eldest daughter had two young children and wanted to go back to work, I researched within the department's records the availability of family carers. We found an excellent family carer who was very professional in her approach and who lived in the same district. I think those children are now both in high school and have finally ceased being with her. She was their carer through day care, preschool and after school. They had stability. She is now like one of the family.

**The CHAIRMAN:** It is a matter of stability. Some children have had up to nine carers. One child has been in a foster care situation 23 times. If group assessments were done, the follow-up and all the supports were provided that we have been talking about, would it be realistic to expect fostered children to be placed in only one or two homes or would that happen only in an ideal world?

**Mr Goerke:** I think it might reduce the number of children who are placed in consecutive fostering situations. It becomes part of their behaviour to test and to break. The more they do that, the more fixed the bad behaviour becomes and then it becomes almost impossible for anyone to be able to

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contain them. It is about avoiding the breakdown of the first or the second placement at least. Yes, if all those other things were done, consecutive placement could be reduced. Once they start on the consecutive process, I do not think anything can be done to turn around their behaviour, other than to lock them up. Some people advocate locking up those children, particularly older children - kids of 10 to 12 years of age - and the same with rebellious teenagers. When I worked in the department, Nyandi was a maximum-security institution for girls, most of whom were there because of behavioural issues with their family, not for offending. That has now changed completely. There were problems with that, too. There are problems with life. I think we can aim only to make things better but always with the awareness that change can bring unintended consequences. One part might improve while other parts become much worse. I wish the committee every good luck and hope it comes up with the best process in the circumstances, but it will not be perfect.

**The CHAIRMAN:** We understand that; we are trying.

**Mr Goerke:** I admire that.

**The CHAIRMAN:** Thank you very much for your time. We all appreciate it.

**Mr Goerke:** I wish the committee all the very best. If you need any further help I am always available.

**Hearing concluded at 10.38 am**

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