

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

SESSION FOUR

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

Members

Hon Robyn McSweeney (Chairman)

Hon Sue Ellery

Hon Giz Watson

Hearing commenced at 3.04 pm

CARTER, MR IAN
Chief Executive Officer, Anglicare WA,
GPO Box C138,
Perth 6839, examined:

LUND, MR STEPHAN
Coordinator, Teenshare, Anglicare WA,
23 Adelaide Terrace,
East Perth 6004, examined:

The CHAIRMAN: On behalf of the committee, I welcome you to the meeting. I am Robyn McSweeney, the Liberal Chair of the committee. This is Giz Watson, who is a member of the Greens in Parliament; Sue Ellery, who is a member of the Labor government; and Hansard will be recording every word you say. You will have both signed a document entitled "Information for Witnesses". Have you both read and understood that document?

Mr Lund: Yes.

Mr Carter: Yes, I have.

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 this 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 or 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 also not disclose any 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 to the committee?

Mr Carter: Thank you very much. I certainly appreciate the opportunity to say some things. The first thing I wanted to do was just very quickly position this within the context of us. I will table a document called "Integrated services to individuals & families", which describes our services. I wanted to put it into context, because we will talk every now and then about a range of service options and other issues. Anglicare is obviously a diverse provider of services. You can see from the document there that we range from providing op shops through to employment services, aboriginal specific services, a broad range of relationship counselling and education services and an increasing number of programs in the domestic violence area, youth services, housing services and traditional crisis and community support services. This Teenshare program - the foster care

program - sits under our youth services team. You will notice that down there underneath "Youth Services", it is listed as "Foster Care". Its formal name is Teenshare. It was originally known as "Homesharers" way back when. Stephan will talk a little bit more about that particular program as he is the coordinator of the program.

As chief executive, I wanted to make a couple of opening comments. Stephan is the coordinator and the clinician, and I have asked him to particularly talk about some of those matters. I want to talk about some of the broader matters fairly quickly, and we can come back to them, if you wish. The first one that our submission talks about, and we often hear people talk about, is the concept of partnership. I think it is a really interesting word and one that needs to be defined when we talk about these kinds of arrangements. In any delivery of service - and probably in some senses this one in particular in the area of out-of-home care - we talk about a partnership, but I think we need to understand what that partnership actually means. Some of the confusion of having a purchaser-provider model sometimes gets in the way of a true partnership. I think a lot of government agencies have a standard default mode - to use the computer analogy - and their default mode is to look internally in the first instance, and then subsequently look externally, which sometimes means that that partnership is actually diminished. I think to me things like transparency, appropriate consultation early on, a consideration of equals and joint action on a number of fronts, like training, funding, research and information between partners are some things that would enhance issues, particularly in this area of foster care.

The next issue I want to talk about is what we allude to in our submission, that around 10 to 15 per cent of foster care in Western Australia is delivered by the non-government sector. I suppose one of the things I have asked for many years is: why is it 10? Why is it not 20; why is it not 30; or why is it not zero? I think one of the critical questions that needs to be asked at some stage is: what is the criteria, the rationale, for government delivering some out-of-home care and non-government delivering others? I think we need to understand that. Is it about value for money? Is it about cost? Is it about complexity? Is it about the nature of particular clients within the out-of-home care area? I actually do not think that question has ever been adequately answered. It used to be that something like over 20 per cent of foster care in this state was delivered by the non-government sector. It has now diminished down, and I think that is something that we are certainly concerned about.

The other issue I want to talk about is the whole issue that this is an area that must be a community and state government priority. We certainly want to acknowledge the growth in funding and the legislative changes in the last couple of years. We applaud the state government for the work it has done. Much-needed resources have gone into this area. Much-needed legislative change, stuff that should have been done years ago, has finally been achieved. What we want to say though is that it is a work in progress, and we need to continue to move quickly to work on this issue.

The last comment I quickly want to make is that we talked about the parents of children in care. It is another part of this equation that needs to be looked at. At our Daisy House community centre in Girrawheen we are currently supporting a parents of children in care group. It is complex and interesting work, but it is a dimension of this game that needs to be looked at as well. I will hand over to Stephan now to talk about some specific things to do with Teenshare.

Mr Lund: As Ian said, I am the coordinator of Teenshare, which is a foster care program specifically for teenagers. I have a brochure here which gives you a bit more insight into exactly what we are about, which I will table. We provide foster care in a community-based model, where we recruit, assess and train our own foster carers to deliver care to young people predominantly between the ages of 12 and 17. Our program is funded by the Department for Community Development, and we have been providing a service for about 25 years in Western Australia.

[3.10 pm]

Some of the points I want to discuss follow from what Ian was saying about who should deliver any aspect of the service that is provided by the department in this state. I contend that the best service is provided by the agency that is best equipped to do it. For example, the department provides child protection services, care for children services and family support services, and agencies also deliver a variety of services in that spectrum. Our interest is in having the services provided by the best possible agency or program. That may be by a combination of agencies that currently exist - it may be by no agency that currently exists. Whoever does it best should do it. At a case practice day-to-day level, we struggle with a lack of planning for children and young people. We see a crisis response based on issues that arise on a day-to-day level, not planning that takes children's and young people's lives where we feel they should be going. That leads to young people and children drifting in care. For example, no work was done to help a young person who we felt should have been supported to go home to a parent. We know from research that the first six weeks is very critical in this period. Two years later, the girl is still with us and now there is no hope of her going home. We acknowledge that there may be differences in decision-making practices. All parties in this case agreed that that was the right decision, but no work was done to progress this. In this case, the outcome for that young person was that her placement was supportive and stable; however, the outcome whereby she could have gone home, which everyone agreed was the best option, did not progress.

Other things I want to mention include our experience of unilateral decision making. We expected to be a collaborative partner in decision making for children and young people. We have had the experience of having no say in decisions that have affected the lives of children and young people, even though we were the agency that had the primary relationship with the young person and which had certainly spent more time with the young person and the foster carer in the home finding out what the issues were. Something that I think is important to mention is that frequent changes to case management and turnover of staff in the department have significantly affected young people in our program. Young people report to us that the case manager is a significant person for them; it is someone they rely on and seek to develop a trusting relationship with. In my opinion, for that person to not be consistent is a significant issue for young people. In our experience this has led to no relationship being maintained, and sometimes with the outcome of a distrust of social workers in general.

Other experiences we have had are ad hoc arrangements for contact and, again, crisis responses to contact being requested by parents or other family members. Often those decisions are being resource-led. By that I mean that sometimes a lack of planning and a lack of budgetary capacity lead to contact happening one week and then maybe not for another six weeks. In our submission we indicate that we seek to develop solutions with the government. As Ian said, we certainly would seek some sort of reasonable partnership. From our program's perspective, we would like a collaborative and inclusive partnership. It has improved, but we seek that it be improved further and that there be relationships at all levels, from the field staff level through to the director general level. That would be our interest.

The CHAIRMAN: You have stated in your submission that you employ your own social workers. Did DCD come in over the top of that with its case managers?

Mr Lund: That is right.

The CHAIRMAN: Is that what you are talking about that is not collaborative?

Mr Lund: Our primary responsibility is to assess, recruit and train the carers and to support those placements. The DCD case manager's responsibility is to be the advocate for the child. However, in our case practice, because we spend more time in the carer's home, we also therefore spend more time with the young person. We feel that there should be some collaboration in acknowledging our professional ability to make reasonable decisions.

The CHAIRMAN: Certainly. All of your referrals would come from DCD.

Mr Lund: That is right - sometimes during the day and from crisis care unit after hours.

The CHAIRMAN: Do you provide residential care or is there no longer residential care?

Mr Lund: In the program that we provide?

The CHAIRMAN: Yes.

Mr Lund: There is no residential care. Anglicare has a residential care program.

Mr Carter: However, it is not as part of the foster care program. In the foster care program we use foster carers. We train, recruit and support those placements, but they are within their homes. We do not have a residential facility, unlike other agencies.

The CHAIRMAN: I note that for your assessments, you have one experienced social worker working with one social worker who is not so experienced. That seems to work well.

Mr Lund: That is not necessarily the case. If an inexperienced worker comes to the program, we would pair that worker with an experienced worker, but there are a number of experienced workers who would sometimes do assessments together.

The CHAIRMAN: Never one worker on his or her own. It is always the two.

Mr Carter: No.

Mr Lund: Never.

Mr Carter: Certainly, an inexperienced one would never do it in his or her own right.

The CHAIRMAN: The rate of abuse in the non-government sector, especially in your sector, is very low.

Mr Lund: Yes. I have been with the Teenshare program for five years and there has not been a case that I know of in that time.

Mr Carter: I have been chief executive for 10 years and there has been none in my time.

The CHAIRMAN: Your assessment procedures are a little different from those of DCD. Do any of your procedures use the psychometric testing tool?

Mr Lund: No; that is something we are looking into. In my submission I have said that funding does not allow us to pursue that, now that we have found out what it would cost us, but we are very interested in including that as part of our assessment procedure, if we had the funding.

The CHAIRMAN: How does your assessment procedures differ from those of DCD? Have you ever looked at how its assessments compare with yours and the way you do them?

Mr Lund: There has not been a formal across-sector review of that since 1997. I know about anecdotal evidence of how assessments are done. As our basis, we use the assessment and review of carers manual, which is supposed to be the across-state baseline standard. However, above and beyond that we do a number of other things that we feel are necessary to ensure adequate screening and assessment.

Mr Carter: That is a good example of the partnership stuff I am talking about. The fact that we know only anecdotally what is going on in DCD seems a little silly. We should both know what each other is doing. We should be constantly learning and reviewing and talking about options and what we are doing, but that simply does not happen. It tends to do what it is doing.

The CHAIRMAN: It is very segregated.

Mr Carter: Yes, far too much.

Hon GIZ WATSON: I note in your submission that you have said that it is the experience of Anglicare WA that social workers with a range of generic and specific skills gained from education and experience in the field are ideally placed to conduct bio-psychosocial assessment of potential

carers. You have said that there are extra things that Anglicare does. What are the extra assessments or components of assessments?

Mr Lund: Apart from the psychometric tools that we are looking at, we take an approach that considers the competency of carers, which is a slightly different approach from the diagnostic method, which is in the assessment and review of carers manual. We look at what we feel are the core competencies that are required to become a foster carer, based on our experience and on evidence-based practice. We use certain tools - for example, from the British Association for Adoption and Fostering - to try to gauge some of those competencies. For example, we use a tool to gauge what a carer might be willing to put up with in terms of very difficult behaviour. We use a matrix with carers whereby they can identify what they find not negotiable, what they cannot deal with, what they find acceptable and what they feel they can deal with with extra training and support. That is one example of a tool we use to gauge some of the stuff around carers' ability to deal with very difficult behaviour, which is something that we see every day in our program.

[3.20 pm]

Hon GIZ WATSON: Can you explain what determines whether a foster care applicant will be assessed by the department or by Anglicare?

Mr Lund: The applicant's interest. The applicant would apply to Anglicare for our program, if they felt they wanted to care specifically for teenagers - that is, if that was their interest. Some carers would come to a decision based on what they hear by word of mouth through friends or their networks. Some carers come to us through advertisements they see, and some from what they hear at information evenings, but, generally, if someone wants to foster a teenager they have a different range of skills to someone who would be fostering a baby. We need to make that very clear from the outset when someone applies, that this is a very different set of skills.

The CHAIRMAN: A very noble set of skills.

Mr Lund: Yes.

Mr Carter: Foster carers in fact can connect at lots of different points in the system. They may well connect directly with DCD and then become a DCD foster carer or they may respond to an advertisement that we put out; and if they want to do work with teenagers and they make it through the process, they will connect up with us. There are different parts of the system. They can all advertise for carers and then they are recruited through those systems.

Hon GIZ WATSON: If a teenager was placed with Teenshare, do they get allocated a department caseworker?

Mr Lund: Yes. Our contractual arrangements mean that unless there is an active case, we cannot take the referral.

Hon SUE ELLERY: I want to touch on four areas. What is the dollar value of the contract?

Mr Lund: Somewhere around \$400 000.

Hon SUE ELLERY: And for that you are able to provide care to X number, or the number would vary depending on the intensity?

Mr Lund: We are contracted for a certain number of placements, which is 20.

Hon SUE ELLERY: Hon Giz Watson touched a bit on the second issue. You said in your submission that your experience is that social workers are ideally placed. There is a bit of a debate or an alternate point of view that says that psychologists would be the better people to do that kind of work. Can you expand on why you think social workers are ideally placed to do that?

Mr Lund: I think psychologists are ideally placed to do parts. Are you talking about the assessment work?

Hon SUE ELLERY: Yes. In your submission you state that they are ideally placed to conduct the bio-psychosocial assessment of potential carers?

Mr Lund: Yes. I think psychologists have a certain range of skills that mean that they would be very good at assessing certain parts of what foster carers do, and in particular I think it would be around matching, personality matching, and that is where we are interested in looking at some psychometric tools, and also around the area of personality profiles. They are the two areas that I feel it would be helpful to have psychologists' input into the process. I guess I feel there is a very complex set of reasons why social workers are very good at this job: part of it is around the training they receive, part of it is around the induction they receive in the area of this work. That is as far as I can answer that question.

Hon SUE ELLERY: Also in your submission you state that training is mandatory for foster carers of all levels of experience and that includes at least two modules a year. Who provides that training? How do you do that?

Mr Lund: We do an audit of training needs every year with our carers. For example, one of the issues that has come up this year in particular is that the carers felt they needed extra support around sexual abuse. So we engaged an experienced practitioner, Suzanne Jenkins, to provide a day of training on the whole perspective of sexual abuse for all of our carers. That is how we determine what the training needs are, and we provide the training, we pay for the training and ensure that our carers get there.

Hon SUE ELLERY: You pay for it. Is that part of the money that you get?

Mr Carter: Yes, it is part of the contract money that we get.

Hon SUE ELLERY: The last area that I would ask you to expand on a bit is towards the end of your submission when you refer to solutions and say that the culture of crisis response and management will always exist in this sector. You go on to talk about how you think that culture needs to be expanded. It seems to me that is a really simplistic look at this whole area, and with no disrespect to anyone from the media who might be here, and the reading of a certain newspaper might lead people to conclude that crisis is something sort of new, when in fact when you are dealing with children and families who are in really dysfunctional and sometimes dreadful situations, you are always going to be dealing in crisis.

Mr Lund: That is right.

Hon SUE ELLERY: Can you expand a bit on that?

Mr Lund: That is exactly why I wrote that. As an agency, we are a 24-hour crisis response service as part of our program. So, yes, families will always have crises and one response to that might be that the child has to come into care. I do not expect that to change. The response does not need to be a crisis, though.

Hon SUE ELLERY: Sure.

Mr Carter: I think what we are trying to say also is that time for reflection, review, consideration - that team approach to considering things - will provide a stronger framework around that crisis. As Stephan said, the crisis will always be there and you have to respond within that scenario, but the stronger the framework sitting around it, because of that reflection and review consideration and the time taken out to do it, that provides the constant which can lessen the capacity for that crisis to get out of control.

Hon SUE ELLERY: Thank you.

The CHAIRMAN: Do your carers sit under the banner of the Foster Care Association? Do they have much to do with that association or are they separate?

Mr Lund: We have a strong relationship with the Foster Care Association. As an agency, we are members and we encourage our foster carers to become members. We have an annual liaison visit where our carers go to the Foster Care Association. We strongly encourage them to become members and we circulate the newsletter from the Foster Care Association, and some of our carers choose to become members and some do not.

The CHAIRMAN: You mentioned new models of foster care. What would they be?

Mr Lund: Models that suit the needs of young people - of children and young people across a continuum. That would include models where carers are paid employees.

The CHAIRMAN: Some people are talking about professionals?

Mr Lund: A new model would be a program that has built-in respite. I have alluded to respite care in my submission. That would be a new model if there was proper respite care for carers. Other things would be attachment therapy-based foster care, which is something that does happen in other parts of the world, and basically models that fit the needs of children and whatever particular trauma they have suffered, and the right professional being employed to deliver that service in either a residential setting or a home-based setting. The number of models are wide and should be considered based on the child's needs.

Mr Carter: It is probably worth noting that we joint venture with Wanslea to deliver the Spectrum professional foster care program. Stephan in fact runs that under the banner of Wanslea and also runs with us, so he does two jobs. He runs Teenshare and he also runs Spectrum, which is a joint venture between the two of us. That is the professional foster care model.

The CHAIRMAN: Do we have many young children being placed in hostels, to the best of your knowledge?

Mr Lund: What do you mean by young children?

The CHAIRMAN: I have heard reports, just from my own perspective, that there are primary school aged children being put in hostels.

[3.30 pm]

Mr Lund: Yes, I am aware of that happening. We have very close working relationships with all the hostels in the Perth metropolitan area, and we provide support to them in moving kids from there as quickly as possible. I know that primary school children are in residential hostels, yes.

The CHAIRMAN: I would hope they would not be there for long periods but would be moved to somewhere like Anglicare, or into foster care homes, as quickly as they could be. Is that the normal practice, or am I asking about something that is outside your experience?

Mr Lund: My experience is that the workers who are trying to move those kids on move them on as quickly as they can.

Hon GIZ WATSON: What qualifications do your assessors have?

Mr Lund: Bachelor of Social Work.

Hon GIZ WATSON: Do they also need to have a certain amount of experience or can they be straight out?

Mr Lund: As I said in my submission, if they are straight out they will then be teamed with an experienced worker. They also need to undergo our own training in assessment, which most recently has been provided by the University of Western Australia under contract for us.

The CHAIRMAN: Does Anglicare employ clinical psychologists as well as social workers?

Mr Lund: In my program or in general?

The CHAIRMAN: In your program, and I suppose also in general.

Mr Carter: Across the agency we have psychologists and clinical psychologists. In other areas of the program, such as relationship counselling, we have people who work in those areas, but not in this program.

Mr Lund: But we do contract them and consult with them for work. For example, what I have said about the psychometric testing, that has been by consultation and contracting from within Anglicare from clinical and counselling psychologists.

The CHAIRMAN: From an outsider's point of view, it seems strange that DCD gives you the referrals, and you have the children and the social workers, but DCD case-manages them, and there is no collaboration. It seems strange that there is that segregation, because everyone should be working in the best interests of the child. If there was collaboration, it would be a lot better.

Mr Lund: I would not say there is no collaboration.

The CHAIRMAN: I understand that.

Mr Lund: There is collaboration. What we are acknowledged for doing well is supporting our carers. To have a group of workers whose main job it is to support carers I think makes a lot of sense. To have a case manager whose job it is to support the child makes a lot of sense too. From my experience that could work very well if the collaboration and the consultation were right.

The CHAIRMAN: You have said that there has been no conference on this issue since 1997. I know the Foster Care Association holds a conference, but to your knowledge has there been any conference in Western Australia to get the NGOs and DCD together?

Mr Lund: Do you mean on the assessment of foster carers specifically?

The CHAIRMAN: Yes, on a range of topics relating to out-of-home care.

Mr Lund: Not a broad whole sector-based approach, no, not to my knowledge.

The CHAIRMAN: Do you think that would be beneficial?

Mr Lund: Absolutely. It is a critical element of it, because once you start with those kinds of things, the inherent capacity to collaborate on other matters, as people start to understand and trust each other through those kinds of processes, will build. That needs to happen.

Hon SUE ELLERY: So where is there collaboration? Where is it working well?

Mr Lund: It works well in individual circumstances; for example, when a field staff member works well with us in collaborating in the best interests of the child. It is also working well in Fostering Services, where we are now doing some collaborative work with the recruitment of carers statewide. It works well at various levels at various times and not so well at other times. From our experience a lot of it depends on the individual workers and their understanding of our program and their ability to do what they do well and also include us.

Hon GIZ WATSON: You have indicated that Anglicare has registered relative child carers in the past. Would these carers undergo the same assessment procedures as general foster carers?

Mr Lund: Yes.

Hon GIZ WATSON: Are you aware that DCD intends to appoint an advocate for children in care, and that that person will work within the department and report to the director general of the department? Do you have any comments on that?

Mr Carter: We are aware of it. We believe it should not be inside the department but should be external to it. Again, it is one of these positioning things, where the symbolism and the control are critical.

The CHAIRMAN: Thank you for coming here today. The information that you have provided has been very useful.

Hearing concluded at 3.35 pm
