Respite Care in the Out-of-Home Care System

Consultation Paper

‘There are so few options for respite, it is dire. Respite should not be advertised as an ‘entitlement’ - should be more child focused.’ (comment in 2015 survey of placement team leaders).

Background

The Out-of-Home Care Reform Plan will outline a range of strategies to be implemented with the view to strengthening the out-of-home care (OOHC) system in Western Australia. All reforms, strategies and realignments will be aimed at reducing the over-representation of Aboriginal children and families in the child protection system, and reinforcing the Department for Child Protection and Family Support’s (the Department) permanency planning policy. In line with this, the Department’s existing policies are being reviewed with a focus on how they align with, and support, these objectives.

The current practice requirements and guidance around the use of respite care, including the “entitlement” to five days per month respite to foster carers, has been reviewed with this lens.

This is a consultation paper to provide a platform for discussion and policy decision-making. Feedback to be provided by email by close of business 18 September 2015 to OOHCREform@cpfs.wa.gov.au

Other consultation and information papers related to out-of-home care reform can be found at www.dcp.wa.gov.au/ChildrenInCare/Pages/OOHCREform

Current respite approach in Western Australia and other jurisdictions

The term “respite” currently refers to ‘the provision of temporary, short term care for a child in the CEO’s care’ (Casework Practice Manual Chapter 8.2).

Respite provides a valuable and indispensable function in the out-of-home care system, supporting foster carers to sustain a care arrangement.

The Department’s information sheet for carers on respite care states that:

‘Respite carers look after children for short periods to give their full-time carers a break. This provides a chance for full-time foster carers to recharge their energy, respond to other family needs and maintain their general wellbeing’.

Practice requirements and guidance in the Casework Practice Manual (CPM) ‘Respite Arrangements’ states that:

‘The Department’s foster carers are entitled to five days respite per month, per child in their care’. This can be a useful tool for supporting placements… Respite arrangements enable Department foster carers to have a short break from their care responsibilities.’

In this context, respite for the Department’s non-relative, relative or significant other carers can be provided at a district level by other approved carers, the Department’s Fostering and Adoption Services Respite Program (non-relative respite carers) or community services sector (CSS) non-relative foster carers. Respite carers undertake the same training, assessment and approval process as other non-relative foster carers. Relative and ‘significant other’ respite carers are assessed using the relative and significant other assessment process.

1 Meaning that a carer can be provided up to five days respite per calendar month without their subsidy being affected.
While respite carers (in total 115 non-relative respite carer households and 112 relative carer households) are approved to only provide respite care, a significant proportion of respite care is provided by other approved non-relative and relative carers who provide respite alongside their other carer roles.

Respite carers are paid a daily respite subsidy (between $32.57 and $45.09 per day depending on the age of the child) which is higher than the regular carer subsidy. The primary foster carer’s subsidy continues to be paid while a child is in respite care. Details of respite payments made by the Department over the last two years are presented in Table 1 below and indicate that the cost of providing respite is both significant and increasing.

Table 1: Respite payments made by the Department in for 2013-15:

<table>
<thead>
<tr>
<th>Payment</th>
<th>2013-14</th>
<th>2014-15*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite Subsidy</td>
<td>921,339.07</td>
<td>1,119,629.87</td>
</tr>
<tr>
<td>Respite Additional</td>
<td>111,332.88</td>
<td>175,557.33</td>
</tr>
<tr>
<td>Respite SNL</td>
<td>44,175.32</td>
<td>52,091.45</td>
</tr>
<tr>
<td>One-To-One Respite</td>
<td>14,611.66</td>
<td>10,975.33</td>
</tr>
<tr>
<td>Pocket Money Respite</td>
<td>12,796.39</td>
<td>17,080.79</td>
</tr>
<tr>
<td>Total</td>
<td>1,104,255.32</td>
<td>1,375,334.77</td>
</tr>
</tbody>
</table>

*Based on data for July 2014 to May 2015 and approximated for June 2015

Responses by the Department’s placement team leaders to a 2015 survey (Annexure C) identify that respite is used very differently throughout the state. Respite can be regular and planned, occasional or provided in response to a crisis. For example, it was reported that in the Pilbara and West Kimberley, essentially no regular (‘accessed at least once a month’) respite care is received by relative or non-relative carers. Responses indicated that, in general, relative carers are more likely to access respite in response to a crisis rather than having regular or occasional respite; whereas non-relative carers are equally likely to have regular, planned respite, occasional respite or respite in a crisis.

While responses indicated that respite was not accessed as frequently in country districts, there was also a large variance in the reported access to respite in metropolitan areas. Overall, respite that was provided at least once a month to non-relative foster carers was more likely to be provided by other non-relative respite carers. Three districts- Mirrabooka (80%), Fremantle (70%) and Midland (50%) reported higher rates of relative carers accessing respite at least once a month. In the main, this is planned respite provided by family members.

The CSS also provides respite to carers in their programs. The Department’s entitlement to five days per month does not apply and each organisation has its own policy. For example, Key Assets carers are entitled to 21 nights paid respite per year.

Some messages about respite on CSS organisation’s websites include:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglicare</td>
<td>We arrange respite, to give our foster carers a break and allow them to spend time with their own family. This may be on a regular or as-needed basis for the duration of the placement, or in a time of particular stress or difficulty. This also allows the child to have a break from other children in the household, and take some time out.</td>
</tr>
<tr>
<td>MercyCare</td>
<td>Respite carers look after foster children for short periods of time to give their full time carers time to recharge and as a part of a support package to fulltime carers, or sometimes in response to an emergency situation such as carer illness. Respite care is usually planned and regular care for children in your own home on weekends or on school holidays so that respite carers and children form a relationship. This is an important role whereby children have positive relationships with individuals or families outside their home. Respite Care also provides a</td>
</tr>
</tbody>
</table>

Issues with the current use of respite

An analysis of the current concept and use of respite in the Western Australian out-of-home care sector suggests the current practice of respite is problematic in several ways:

- It is carer focused and not child-focused;
- There is a uni-dimensional view of what respite entails;
- Its current use may undermine the permanency planning policy;
- Its current use may undermine aspects of the Signs of Safety Framework; and
- It is unable to be fully achieved in practice due to lack of availability of respite carers.

Respite practice is carer focused and not child-focused

The Department’s current thinking and practice guidance around respite is based on carer need and entitlement. Respite is seen, first and foremost, as giving a carer a “break” to sustain and re-charge. Anecdotal feedback suggests that the “five day” respite entitlement may be used as an incentive or enticement for carers.

There are many children for whom this level of respite would not be in their best interests, based on factors such as their attachment history and current level of stability and security. However, the current use suggests that this is given second consideration to the carer’s needs.

There is a uni-dimensional view of what respite entails

Within the Western Australian out-of-home care system there is a uni-dimensional view of what respite entails. While a break for any parent or caregiver could conceivably take a number of forms, for children in care respite is typically viewed as a child leaving the house of their carer and living with another carer (known or unknown) for a short period of time, commonly a weekend. More recently this view has expanded to include “respite camps” with the provision of this service through the Fostering and Adoption Services Respite Program. Whilst providing an alternative to respite care in another person’s home, camps are still a “formal”, Department provided service.

The Department’s practice guidance on the use of informal supports to support carer arrangements is minimal. In practice, the ability of the carer to access other regular breaks, such as through family support, the time the child spends with their birth family or at other activities, is often not factored into the overall level of support the carer requires or their need for formal respite care to be provided.

The current policy may undermine the permanency planning policy

The current approach to respite provision does not align to the Permanency Planning Policy and practice guidance. Permanency planning highlights the need to support stability as well as belonging, connectedness, identity and culture for a child and it is informed by knowledge on the impact of trauma, attachment, grief and loss and transition. Whilst the value of respite in some situations is not

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questioned, it is suggested that a universal policy that endorses children to be away from their primary carer for a minimum of five days per month – essentially prioritising the carer’s needs over considerations of children’s needs (in policy if not in practice) – does not reinforce the intent of permanency and stability for a child.

Additionally, a reliance on respite being provided via formal respite arrangements, made by the Department, may be a barrier to pursuing permanency for a child via a Protection Order (Special Guardianship) or Carer Adoption given that these supports may not be available after this order is granted.

**The current policy may undermine aspects of the Signs of Safety Framework**

The Signs of Safety Framework focuses on naturally occurring safety networks based on the idea that ‘it takes a village to raise a child’, and that a child who is connected to many people who care for them will almost always have a better life experience and be safer than an isolated child. Respite being viewed as a formal service provided by the Department to a carer, can lead to these networks being overlooked or not utilised, which will inhibit the best life outcomes for children.

**The current policy is unable to be fully achieved in practice**

Importantly, while there is a policy that all carers are able to access five days per month respite, in practice suitable respite carers are often unable to be found for a particular child. Although a majority of carers do not seek this level of respite, publicising an entitlement that is not realistically able to be provided is misleading.

The following comments from the survey highlight some of the challenges faced by the districts:

- ‘Hard to find and maintain a regular person. Carers often find their own family or friend or ‘other’ solution.’
- ‘Constant struggle to find respite for 11 years plus.’

**Future policy directions**

It is proposed the following sector-wide amendments be made to the Department policy and practice of respite in the Western Australian OOHC sector:

1. Child focused respite;
2. Reconceptualising respite; and
3. Increased emphasis on carer’s natural support networks.

**Child focused respite**

To be child focused, respite needs to be assessed on a case by case basis, be part of an overall case and care plan and support the child’s journey towards permanency. The assessment must be focused on the understanding that respite is important for carers to be able to provide supportive and stable placements for children, but also on how it will be viewed and experienced by the child. Consideration must be given to the child’s attachment history and current level of stability, what the ‘message’ to the child might be in arranging respite care (not seen as a punishment) and whether the arrangements will support or hinder the child’s sense of security.

The following excerpt from a 2012 report from the Victorian Respite Care Consortium, looking at the role respite care plays with relative carers, highlights the difficult balance between carer needs and child’s best interests:

‘Respondents from kinship programs are in agreement that respite care is important for carers. There is broad consensus about the effect of respite care and it was considered by some respondents to be
‘imperative’; they argued that it can make the difference between the placement continuing or not. The effect of respite care on children is acknowledged to be a more complex question. It is believed that respite care could be beneficial for children in reducing stress and encouraging new relationships, networks and different experiences and opportunities. Respondents to the present study suggest, however, careful assessment of each child’s individual needs; assessment should take into account background, relationships, the situation of the child, whether respite is likely to be a negative or positive experience and whether it would compromise the child’s stability.5

As the above demonstrates, a child’s needs exist in the context of a family. A child’s needs cannot and should not be considered in isolation from the carer’s needs; rather it is what is required to sustain the child in that care arrangement that must be considered.

Child focused respite would take into consideration the child’s needs and carer’s needs in the context of their care arrangement. Strategies to support a struggling carer who needs ‘a break’ may look very different depending on the emotional well-being, attachment history and the stage in permanency planning of a child. It is envisaged that a more individualised funding model will support individualised strategies.

It is evident that providing respite that takes into account the needs of the child, carer and overall maintenance of the care arrangement is neither achievable, appropriate or child focused with a universal five day respite entitlement to all carers.

### Consultation point one:
That the current policy entitlement for all foster carers to five days respite per month per child in their care is abandoned. Respite should be considered on an individual case basis taking into account the needs of the child in their care arrangement.

### Reconceptualising respite

Research literature acknowledges the importance of respite for carers. Carers want various types of respite including planned and emergency respite, in home and out of home and to include respite to attend appointments.6

However respite for carers can be looked at far more broadly to encompass the “normal” breaks any parent or caregiver would take, from a couple of hours to a longer holiday period, as part of the support they receive to care for a child. It is proposed that respite is reconceptualised and redefined. It is proposed that respite in out-of-home care should be more aligned with what most families would access for support such as using family and friend networks, childcare, school, holiday programs, camps, recreational activities and babysitting.

It is acknowledged that the needs of many children in care are complex. On the basis of these needs, a regular, formal respite arrangement with a skilled carer may be beneficial and required to sustain the care arrangement. However, in order to move away from the unidimensional connotations of the term “respite”7 and better encapsulate a broader view of respite as a range of supports to the care arrangement, consideration should be given to adopting a new term. The term “short-break support” is one suggestion.

### Consultation point two:
A respite policy be developed to redefine and broaden the current concept of respite, articulating that it encompasses a range of activities that provide the carer with time away from their carer role.

### Consultation point three:
That the current term ‘respite’ is replaced with another term such as ‘short-break support’.

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7 The Oxford dictionary defines ‘respite’ as ‘a short period of rest or relief from something difficult or unpleasant.’
Increased emphasis on carers and child’s natural support networks

Broadening of the Department’s view of respite and making it child focused can be supported by an increased emphasis on the identification and use of natural supports. Research highlights that maintaining and developing positive relationships is very important for children in care. As well as giving carers a break, respite can be an opportunity for children in care to develop supportive adult relationships through ‘caring family and friend connections’. Importantly for Aboriginal children in care, the strengthening of links to their community can be a mechanism of continuing connection to culture.

Identification and planning around the support that carers can access from their family and friend network should form a more central part of recruitment, assessment and review.

Early identification carer support networks

In the General Carer Assessment Manual, Performance Criteria 2.2 under Competency Four states that “evidence of an established social support network in the community is provided”. In practice this aspect of the assessment ensures the carer is not socially isolated and that they have the ability to access support from those in their network. Similar questions are asked in the relative and significant other assessment process.

Revised expectations and responsibilities around respite should be communicated from recruitment onwards. To support this, it is proposed that this is expanded to identify early those members of the carer’s network who may be accessed as part of the support network for the carer and child.

Consultation point four: An increased focus is placed on identifying natural supports in the assessment, review and training of all carers. This is to be further embedded into the current practice guidance around the assessment of non-relative and relative foster carers.

Care Arrangement Support Network

Care arrangement supports are also likely to come from the child’s existing network, including those that can assist in developing a retaining a child’s connection to their culture. It is vital that these supports are identified and harnessed early in a child’s care journey, to complement the carer identified supports.

The ‘Mirror Family’ model (Brunner & O’Neill, 2009)\(^8\), outlined in Annexure B, is used to develop caring connections for a child. In Mirror Families, the objective is to create, together with the child or young person and their parents/carers, a functional “extended family” that reflects what happens in naturally occurring extended family structures. The aim is to create an extended family for life by recruiting and supporting those with an existing connection to the child and/or others who can commit to the child’s future (Brunner & O’Neill, 2009).\(^9\) This model is a useful guide in developing supportive networks.

The Signs of Safety framework, permanency planning and carer assessments place emphasis on genograms, ecomaps and safety networks. These are integral to planning support for a care arrangement. Mapping who is in the child, family and carer’s networks and what the family and child are doing in terms of contact, accessing services and activities will inform the respite needs and who is best placed to provide these.

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The development and maintenance of a “care arrangement support network” for children in care should be linked to a child’s permanency plan with a focus on connection to the child’s birth family’s network in cases where reunification is likely.

Consultation conducted with Department staff suggests that there is widespread misconception that barriers to using these naturally occurring networks exist due to the need for assessment, screening and case worker approval of supports. However, the Department’s CPM Chapter 7.11 Overnight stays and other activities for children in care outlines that in many circumstances a child can have regular overnight visits without a formal Department criminal record check, and often at the discretion of the carer in consultation with the case worker.

As this may not be widely understood, greater clarity is required in practice guidance in this area to increase carer and caseworker confidence in promoting, and where needed approving the use of these networks. Clearer practice guidance and the development of a ‘Support Network Risk Assessment’ practice tool outlining the considerations workers should make when providing consent is one option. Those assessed as being in the support network could be recorded in Assist (Department database) as an “associate member” of the carer’s family group.

It is noted that, whilst in many normally occurring family and friends networks, a system of reciprocity is evident, this may not always be possible in relation to children in care due to family members not considering the children in care as “family”, the complex needs or behaviours of children, or the large number of children carers may be caring for. In these circumstances, it may be appropriate for members of the care arrangement support network to be assessed as a significant other respite carer. This enables the provision of ongoing, regular, formal respite support to carers with the benefit of this being provided within the carers and/or child’s network whilst enabling a caring allowance to be paid.

**Consultation point five:** Care arrangement support networks, linked to the child’s permanency plan, are developed for children in out-of-home care to be addressed under the “care arrangement” dimension of the child’s care plan.

**Consultation point six:** Practice guidance around regular overnight stays at other people’s homes be reviewed and clarified to increase clarity to promote the use of natural networks. The development of a ‘Support Network Risk Assessment’ tool occurs, outlining the considerations workers should make when providing consent for a child having regular overnight stays with a person in their network.

**Hierarchy**

As it is preferable that respite is provided by naturally occurring networks, a hierarchy of respite options could be developed. The availability of “informal” respite, organised by the carer with a member of the network, who is not paid a subsidy, would be the first consideration. Formal paid respite outside of the family and friends network, such as the Department’s respite program, would be used as a last option when those in the network are not available, in emergencies or under certain circumstances (such as for a child with high needs or when a camp may be preferable).

As discussed previously, the respite hierarchy should be linked to the child’s permanency plan. If the plan is for a child to be reunified with their family, connecting the child to a supportive network in the parent’s family and friends network should be prioritised. If the child is to remain in long term out of home care both carer’s and parent’s network should be prioritised. This may also encourage ongoing connectedness between the child’s family and carers as well as offering supportive relationships for a young person when they leave care.
Consultation point seven: Implement a hierarchy for consideration of respite options. One option is as follows:

1. Informal respite provided by a member of the child and carer’s natural networks.
2. Formal paid respite provided by a member of the child and carer’s natural networks who have been assessed as a significant other respite carer.
3. Formal paid respite provided by the Department by a non-relative carer.

Department and community services sector respite carers

The need for non-relative respite carers will remain in both the Department and the CSS. The formal provision of respite care arrangements will continue to be required in circumstances where the naturally occurring network support is insufficient or unavailable and for children with more complex needs. This can be provided centrally via the respite care program but may also continue to be provided at a district level where there are pre-existing arrangements and reciprocal relationships between existing carers and will need to continue to be provided by the district in country areas.

The recruitment messages delivered by the Department should be consistent with the reconceptualised view of respite care. Early information provision to prospective carers should be clear about the Department’s position in terms of the hierarchy and the expectations of carers that support will be provided, first and foremost, through theirs or the child’s naturally occurring networks.

Although the CSS will continue to be in a position to develop internal policies regarding the “formal” respite they provide to care arrangements, the development of support networks for children in care will also be expected to be the first consideration for support in these arrangements. Responsibility for the development of the network will fall to both the Department and the service provider, and articulated through care planning.

Risks associated with proposed changes

The proposed changes may impact on recruitment and retention of foster carers as:

- carers currently see five days respite per month as an entitlement;
- new and current carers may need to ask for assistance from their support networks, who may or may not have capacity to assist. Carers may believe that while they have made a decision to foster children, this is not a ‘whole of network’ choice.
- carers are busy, they need to meet the needs of their biological children and the needs of the child who is placed with their family. Finding respite options in their networks may be perceived as ‘one task too many’.
- respite care can be an entry point into fostering. A decreased demand for respite carers, particularly for children with less complex needs, may result in some carers not entering the system and having the opportunity to develop and go on to provide other types of care.

There are a number of carers who have existing formal respite arrangements. Where the child has developed a connection with the respite carer and the arrangement is beneficial to the maintenance of the care arrangement, these arrangements should not be disrupted to the detriment of the care arrangement. This does not preclude an increased emphasis on support being provided through the child and carer’s naturally occurring networks.
Annexure A - Other jurisdictions

All other jurisdictions in Australia provide respite care to carers or birth parents. Most jurisdictions refer to respite as carers (or parents) needing a break from their caring role.

| Queensland’s Department of Communities, Child Safety and Disabilities | “The aim of respite is to enhance the child’s quality of life, support the carer’s ability to continue in their role as a primary carer and sustain the caring relationship. Respite will always occur with an approved foster or kinship carer or provisionally approved carer, who is not their primary carer. Respite options are to be negotiated within the context of the family group meeting and case planning and review process. This includes identifying possible respite placement options and resourcing alternative respite activities, based on:  
- the need for a timely response to the child’s changing needs and circumstances  
- changes to family relationships and connections over time  
- the support needs of the carer.”  
When exploring respite options, support participatory and collaborative working relationships, as follows:  
- mobilise the child’s family and cultural and community connections whenever possible, to resource and facilitate respite arrangements  
- provide the recognised entity with an opportunity to participate in the decision-making process about respite options for an Aboriginal or Torres Strait Islander child  
- actively work with the child and engage with families and carers to gain an understanding of their views about respite options  
- prepare the child and their primary and respite carers for a respite placement.  
In some instances, respite care may not be in the immediate best interests of the child, for example, an infant’s need for attachment and bonding or a child who has experienced significant placement disruption, may need stability as a priority. When considering a respite placement under these circumstances, discuss the child’s need for security and the carer’s expectations regarding respite arrangements. Where there is conflict between the interests of the child and the carer, the child's needs are to be prioritised in negotiation with the carer. This may result in the respite not going ahead or being delayed, to enable the child's security and attachment needs to stabilise.
When a child is to stay overnight with kin, either in Queensland or in another state, territory or New Zealand, (for example, during school holidays), the CSSC manager has the discretion to determine whether the respite arrangement will be considered a placement, subject to regulation of care requirements, or a family contact visit or holiday.” |
| Brighton and Hove Fostering and Adoption Services (UK) | key messages for workers and carers about respite:  
- the ‘top priority’ is that it must be meeting the needs of the child;  
- recognises the challenges for a child in care coping with respite and the moves required;  
- needs to be properly planned to lessen the impact on the child;  
- respite carer needs to be part of the network, with primary carers encouraged to identify carers from their family network so that it is less traumatic and helps to 'normalise' it for the child; and  
- expectation that children should be taken on holiday with carer and family and if this is not possible, to identify someone in the family network to look after the child.” |

11 http://www.fosteringinbrightonandhove.org.uk/content/fostering
Annexure B – Overview of Mirror Families

The ‘Mirror Family’ model can be used to underpin the redefined approach to respite. The Mirror Families model is consistent with the three themes of the best interests principles: supporting and assisting families to keep children safe and meet their needs; promoting children's stability; and promoting children's cultural identity and connectedness.

Each mirror family comprises members who commit to a role in the life of a child or young person. These roles are divided into three broad groupings, depending on the level and frequency of engagement and current or potential role. The "A" family, who may be the child's birth family or alternative carers, provides daily care; the "B" family provides respite or emergency care for the child and has potential to become the "A" family, if required; and the "C" family comprises individuals who offer a diversity of supporting roles, such as baby-sitting, attending family celebrations, accompanying the child or young person to sporting events or other functions, sending birthday cards, mentoring, advocacy and/or educational support.

Each family defines its own social network composition, which may include relatives, fictive relatives (i.e., individuals considered "family" but who are not related by biology or marriage), and/or friends. The number of members in the B or C families is not limited; that is, more than one individual or family member may be able to provide the type of support required by these roles. Should the child's living arrangements deteriorate, and removal from the home prove necessary, a nominated B family member assumes the A position and provides for the child's daily care, either on a continuous basis, or until the child's parents or regular carers are able to resume care. This not only spares the child the additional trauma of placement with unknown carers, it helps maintain the child's attachment relationships, as network members remain in contact with the child until the child reaches adulthood and, ideally, beyond.

The intended outcome is to reduce the likelihood of a breakdown in care arrangements and for children to have enduring relationships, receive responsive support and experience a sense of belonging. The overall goal is for each mirror family to become self-managing and to function like a natural family, thereby helping to break intergenerational disconnection by supporting children until they become adults and perhaps parents themselves. Theoretically, supportive, self-sustaining networks reduce the need for professional intervention, including child protection services and out-of-home care (Brunner & O'Neill, 2009).12

### Annexure C - Respite survey responses

<table>
<thead>
<tr>
<th>District</th>
<th>District type</th>
<th>Percentage</th>
<th>9a Regular and planned</th>
<th>10b A regular and familiar non-relative carer</th>
<th>11b The Fostering and Adoption Services respite program</th>
<th>12b In response to crisis situations</th>
<th>13b Occupation respite for events, carer illness</th>
<th>14a A family member (inc. biological parent)</th>
<th>15a District carers (within same district)</th>
<th>16a A regular and familiar non-relative carer</th>
<th>14b Various non-relative carers</th>
<th>15b The Fostering and Adoption Services respite program</th>
<th>14d Respite camps</th>
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</thead>
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<td>Armadale</td>
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