

SPECIAL COMMISSION OF INQUIRY
INTO
CHILD PROTECTION SERVICES IN NEW SOUTH WALES

Before The Hon James Wood AO, QC, Commissioner

At the Ballina RSL Club, 246 River Street, Ballina

On Wednesday, 26 March 2008, at 2.05pm

Counsel Assisting: Ms Gail Furness

THIS TRANSCRIPT HAS BEEN EDITED

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BALLINA PUBLIC FORUM

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1 THE COMMISSIONER: Good afternoon. Thank you for coming
2 to this public forum. What we want to do this afternoon is
3 hear from those of you in this region who have been in some
4 way involved with the child protection system.

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6 There may be some of you who have had children removed
7 or families removed, there may be some of you who are
8 carers, foster carers or kinship carers, and there may be
9 others of you who have sought assistance, either from DoCS
10 or other agencies, for the purpose of getting the kind of
11 assistance with potential problems that could escalate into
12 serious child protection issues.

13
14 As you are probably aware, we are going around the
15 state getting a feeling from all regions as to what are the
16 issues and the problems.

17
18 If you do speak this afternoon - we have a number of
19 people who want to speak - it is important that you try not
20 to mention the name of a child because there are
21 confidentiality and privacy considerations involved. There
22 is no problem actually mentioning the incident but I would
23 rather that you don't mention the name of a child. If you
24 do happen to do so, we can remove that from the public
25 record that we are making of the hearings so as to protect
26 that child's privacy.

27
28 Anyway, I think what we will do is start with those
29 people who have indicated a desire to speak. There may be
30 others of you who either, after they have spoken or at the
31 end of the day, want to add your own views in the light of
32 what they have said.

33
34 We might first of all deal with some of those who come
35 from some of the agencies which are involved in the area.
36 I think we have Fasha Sheen from the Sandhills Early
37 Childhood Centre.

38
39 MS SHEEN: I didn't expect to be first. I just wanted to
40 talk about the Sandhills Early Childhood Care Centre.
41 Sometimes when children have been taken on board in DoCS
42 care, I just find it really hard to get some consistency
43 with speaking to caseworkers when you are caring for these
44 children. Just issues like who is paying the account can
45 go around to 28 different people before you get an answer,
46 so consistency of talking to the people who are in charge
47 of the kids.

1
2 THE COMMISSIONER: Thank you, that is the very kind of
3 thing we need to hear because it is a problem that needs to
4 be addressed. Thank you for that. Ms Bowles from
5 Clarence Valley Kinship Care.
6

7 MS BOWLES: Our problem is the same, inconsistency with any
8 information whatsoever from DoCS, and when we can get
9 information it never, ever coincides with anything written
10 that we have ever got. And it is extremely disappointing
11 because we seem to be chasing our tails.
12

13 The other thing I would like to bring up is that we
14 have people coming to us on a consistent basis, three from
15 July, who have never, ever heard that there is any kind of
16 support out there. There is one lady who has had a child
17 for ten years. Whose responsibility is it in the court
18 system or DoCS to inform these people what they can
19 actually claim or what their entitlements are, because some
20 of these people are more or less thinking of giving
21 children up after having had them for ten years, because it
22 is so expensive to raise a child?
23

24 I would like to bring forward that there be a leaflet
25 put out, or pamphlet put out, that is given to the people
26 who are actually gaining custody of these children, or care
27 of these children, to inform them what their entitlements
28 are, because everywhere you go there is inconsistent
29 information given.
30

31 THE COMMISSIONER: Thank you for that, that is a very
32 helpful comment. Can I just understand, do you belong to
33 an association which supports on a voluntary or involuntary
34 basis a number of carers?
35

36 MS BOWLES: We certainly do.
37

38 THE COMMISSIONER: Where are you based?
39

40 MS BOWLES: We are based in Grafton. We do our work in
41 Grafton and we even come up as far as Iluka and until
42 recently up to Lismore. We have approximately 36 families.
43 I would say probably ten of those families had never, ever
44 heard that there was any kind of help out there.
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46 MS FURNESS: Do you get any funding to provide your
47 service?

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MS BOWLES: Yes. We put in for funding from the local council and also the community initiatives program.

MS FURNESS: Have you received any?

MS BOWLES: Yes, we have, because we are the only group - we were the only group from here to the Tweed. Now there has been another one established in Lismore. But we were the only one. Thank you.

THE COMMISSIONER: Thank you. Trish Milgate from the Ballina-Byron Family Centre.

MS MILGATE: I may join the conversation later because I have probably a fair bit to say about the system I guess. I will pre-empt our conversation, that we have a lot to do with our local DoCS office and I guess we support and work closely with those workers, but I guess there are a lot of issues we struggle with. We look at our DoCS caseworkers and we see their workload and their inability to respond to the needs of us as mandatory reporters and to others, so we have problems with the system of mandatory reporting which goes through the Helpline.

Organisations like ours and others will make a report on a child that we think is at risk of harm, then there is a black hole that that falls into, so quite often we are unsure what happens after that.

Prior to the Helpline we dealt directly with our local office and we had a much better working relationship and we were able to work much more closely with families because we had that contact and that relationship, if you like, with our local office. Now we go through the Helpline and there is a big void that that falls into. So there is confusion about, if we report on a child, what actually happens with that.

With the introduction of mandatory reporting, which we totally support, the problem with that now is that we all know, and as workers in the field we all know, we need to continue to make reports on children but we know the only children that get a response are those that are very young or at serious risk of harm. There are a lot of gaps where kids fall in to.

1 Early intervention and Brighter Futures is supposedly
2 going to address that. It is early days here for us so we
3 are unsure whether that will have an impact. There is some
4 talk about families that engage with DoCS in a child
5 protection level and families that engage it on a Brighter
6 Futures level, which is a voluntary agreement, whether that
7 can succeed.

8
9 We support the local DoCS workers on that but there is
10 a lot of confusion around that program, so we see families
11 that fall through the gaps, families where there is
12 domestic violence in households, and those kids, where we
13 need a response. So it is very difficult to know or to
14 make a report on a child where that is up to.

15
16 I guess that is the main thing. The system as a whole
17 for child protection is not working. When we talk about
18 DoCS, they are the statutory body that deals and works with
19 children that are at risk of harm. There are a lot of
20 other organisations, government and non-government, that do
21 child protection work that are not necessarily engaged or
22 involved in that process and we don't need to be involved
23 in any sort of investigative role, we don't take that on,
24 but we do need to be kept in the loop, we need to know that
25 there is consistency in the system, which there isn't, and
26 we see the stress levels and the work levels at our local
27 office of those workers and their different response to the
28 cases they get.

29
30 And some are very good at referring to other agencies
31 for support. Some aren't. So I don't know how that is
32 addressed, but the inconsistency is the main thing for us,
33 and while we will try to work and support our local office
34 and we will keep that good relationship going, we flounder
35 with the system, we find it is too big, that the Helpline
36 is just another divide, so I guess they are the main
37 issues.

38
39 THE COMMISSIONER: All the things you have mentioned have
40 become apparent to us and we are trying to address all of
41 those. Can you tell me, in relation to your centre, do you
42 cover the whole region between Ballina and Byron?

43
44 MS MILGATE: We do.

45
46 THE COMMISSIONER: What do you have on the ground?
47

1 MS MILGATE: We are a very small organisation. We now
2 have five programs. All of those we receive our funding
3 through DoCS for. One is Commonwealth funding. But we
4 have only one or two workers within those programs, so in
5 total we have ten sort of workers working with families
6 across the two shires.

7
8 THE COMMISSIONER: Thank you. Monique McDonald, please.
9 Again, I think you are from the Clarence Valley Foster
10 Carers Support Group; is that the case?

11
12 MS McDONALD: Yes. We have a number of issues. I will
13 try to keep them brief. Number one is that DoCS be
14 informed of children at risk at birth whilst the mother and
15 the baby are still in hospital, particularly when there has
16 been previous children removed from that birth family and
17 placed in care. There seems to be a few of them around our
18 area.

19
20 If the child does remain with the birth parents, that
21 child should then remain under the supervision of DoCS
22 until the child has at least started school, so they can be
23 monitored there.

24
25 There should be, we feel, more clerical staff to
26 assist caseworkers with office duties, perhaps one clerical
27 person per two, maybe three caseworkers. Many documents,
28 reports, receipts, written requests and allowance
29 submissions go missing within the DoCS office or letters
30 are said to have been sent to carers but never received, so
31 there seems to be a bit of an issue with clerical stuff
32 going missing both ways.

33
34 Also requests for birth certificates, Medicare cards,
35 immunisation records, these sorts of things are things that
36 carers wait months for sometimes and it is just not good
37 enough for the kids and it makes it difficult for us.

38
39 Case plan meetings seem to happen randomly, but when
40 they do we would like to have a clerical assistant at these
41 case plan meetings if possible to take notes on behalf of
42 DoCS and the carers because there seems to be a problem
43 with the caseworkers taking notes as while they are doing
44 that they are missing out on whatever else is being
45 discussed.

46
47 The court decision process needs to be a little bit

1 more flexible in regards to visits with birth families,
2 frequency of visits, the times, et cetera, and the
3 caseworker is also required to consult carers a little bit
4 more often in regards to the changes in these.

5
6 Carers commonly feel as though they are treated as
7 troublemakers and/or whingers if they make repeated
8 requests to DoCS on behalf of the children in their care.
9 Such requests range from letters from DoCS needed for
10 schools, doctors and other government departments.

11
12 Caseworker load levels need to be reviewed and set at
13 a level where it is reasonable, instead of the overload
14 currently experienced at Grafton DoCS.

15
16 THE COMMISSIONER: Do you know what the case load is at
17 Grafton?

18
19 MS McDONALD: Quite a few of the caseworkers we are told
20 have 20 plus families, sometimes up to 30, 31 families,
21 under their umbrella. I think the normal case load, from
22 what I understand, should be eight to ten. So they are
23 doing triple or more, which takes away from their time on
24 each family.

25
26 This is all stuff that we discussed at our meeting, so
27 it is not just my personal thoughts.

28
29 The other thing that we would like is maybe to develop
30 a community resources folder through DoCS, or some other
31 agency, where the carers can have access to workshops,
32 activities, support groups that will help them to take care
33 of the children in their care a little better, such as
34 children who are autistic and things like that so that they
35 can have access to whatever resources are in their
36 community, workshops, training, support groups or whatever.
37 There seems to be a lack of this.

38
39 THE COMMISSIONER: I think it also includes advice as to
40 financial and other entitlements, which is the point the
41 first speaker made.

42
43 MS McDONALD: Yes.

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45 THE COMMISSIONER: Thank you for that. That does cover a
46 number of things that we are looking at. So far as your
47 foster carers support group is concerned, how many carers

1 do you have as part of your group?
2
3 MS McDONALD: The meetings vary. Usually six to ten
4 carers at each meeting. We have only just started and
5 prior to that there was nothing out there.
6
7 THE COMMISSIONER: This is something you are providing
8 funding for yourselves? Do you have any assistance for this
9 group?
10
11 MS McDONALD: No, not as yet. DoCS do our flyers. We set
12 up flyers for activities. We are in the process of
13 approaching the council to see what assistance is
14 available.
15
16 THE COMMISSIONER: Would you find it helpful to have sort
17 of continuing contact with one or other of the CSCs?
18
19 MS McDONALD: Yes.
20
21 THE COMMISSIONER: Is it Grafton that you are from?
22
23 MS McDONALD: Yes.
24
25 THE COMMISSIONER: Thank you very much. [REDACTED]?
26
27 THE SPEAKER: I would like to say that we experienced,
28 16 hours after the birth of our beautiful healthy baby, two
29 DoCS representatives coming into the hospital and saying
30 that they were going to remove our baby, based on
31 assumptions. They said they were going to do an assessment
32 that could take up to eight weeks. I said that I was
33 breast-feeding the child. They shrugged their shoulders
34 and said they didn't care about that. We tried to
35 compromise, that we could meet at their office or they
36 could come to our home so that the baby would not be
37 removed and that was just denied.
38
39 We believe that, in spite of the prenatal report that
40 the DoCS officers used to come into hospital for the
41 removal of our baby, the Act clearly states that prior to
42 the birth of a child, DoCS should deal with the expectant
43 mother to reduce the likelihood of the child being removed
44 at birth. It should be providing services and implementing
45 any procedures and protocols prior to the birth so that
46 that child could remain with the parents if at all
47 possible. That was never explored.

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To this date, nine months later, we are still struggling to have them relinquish their hold on our lives so we can feel free to move about and make the choices relevant to our daughter's wellbeing. We really think that these sorts of issues should have been addressed because the child's best wishes and wellbeing have never been questioned.

MS FURNESS: Was your daughter removed?

THE SPEAKER: Yes, she was.

MS FURNESS: Is she still with --

THE SPEAKER: She was in foster care for eight weeks.

MS FURNESS: Then was she returned to you?

MS SHULTZ: Only because we wrote to the minister?

THE SPEAKER: What happened was we spirited [REDACTED] out of the hospital. I am a first-time father and when DoCS did come in to my life and our life, I went to see them at their office and they said to me that they were going to remove [REDACTED] for a period of eight to six months at first to do a parenting assessment on [REDACTED] and me. I have never been a parent, so how can you justify doing a parent assessment on me when I have never been a parent?

We spirited our daughter out of the hospital, took her home, we blazed on with the courts immediately the next day after spiriting her out of the hospital. We communicated with every authority that we could not to remove our child. The courts granted a warrant for our arrest and the seizure of our daughter --

THE SPEAKER: [REDACTED] was taken off the breast, placed in hospital and a feeding tube shoved down her nose to her stomach. She wasn't feeding too well and --

THE SPEAKER: We are not criminals. We have not committed any criminal offences. There was a previous report about domestic violence. It was never explored, never investigated. The police just showed up at our door.

I own a building business. Six months prior to that a

1 client owed me \$282,000 which did cause a bit of financial
2 distress in the household. As everybody here would say,
3 when you talk money, it's a huge topic in the family and it
4 does cause distress. DoCS never came to ask us, "Is
5 EVERYthing all right? Do you need assistance?" They never
6 offered [REDACTED] and me a brighter future.

7
8 THE SPEAKER: They never talked about intervention and
9 prevention --

10
11 THE SPEAKER: They gave us eight weeks of supervised visits,
12 two hour, three times a week.

13
14 THE SPEAKER: Six hours out of 168 hours.

15
16 THE SPEAKER We got 48 hours. As a first-time parent, it is
17 supposed to be the joy of your life to have a child.
18 [REDACTED] has had children previously. She has four beautiful
19 girls who were removed from her through the misleading of
20 DoCS workers. They seem to have a child there for
21 statistics, and each child is money. Every child is a
22 number and is funding for them. I had a look at the
23 minister's message that I downloaded on the computer. They
24 get millions of dollars, and they own their own companies,
25 they own their own businesses that produce more income for
26 them, and they couldn't offer us a brighter future or they
27 couldn't offer us any intervention or some sort of
28 assistance to come to our care.

29
30 I really look at the management as a business person,
31 and I've owned a business since the age of 14. I question
32 the management and the staff. A lady in the front there
33 whom I recognise has said that 20-year-old people come into
34 DoCS and say, "We are big brothers and we are big sisters.
35 We know how to look after kids." They don't know how to
36 look after a kid as a parent would. The importance of a
37 child to a parent is that bonding from day one. It was
38 taken away from me. It was taken away from my daughter and
39 my wife. But the misuse of management --

40
41 THE SPEAKER: It should not happen unless there are serious
42 problems with the parents and the home life.

43
44 THE SPEAKER: We had four caseworkers in a matter of four
45 weeks.

46
47 THE SPEAKER: It states in the Act that the removal of a

1 child should be the last option. We have experienced
2 something completely different, something that would
3 traumatise people and devastate them for the rest of their
4 lives. We applaud the inquiry. We do hope that great
5 things will come out of it.

6
7 THE COMMISSIONER: We are looking at all of these things,
8 but thank you for that experience. Could I ask one
9 question of you. Has the child been permanently restored
10 to you? Are you out of the court system

11
12 THE SPEAKER: She is restored to us.

13
14 THE COMMISSIONER: Are you out of the court system now?

15
16 THE SPEAKER: No. We had a court hearing the other day --

17
18 MS FURNESS: Just let me stop you there. Is parental
19 responsibility with you or the minister?

20
21 THE SPEAKER: The minister.

22
23 THE SPEAKER: The minister. We put a rescission order in, a
24 section 90, dealing with a lawyer and that seems to be
25 playing with the system. I can understand the concern.
26 Apparently the concern is the child and the paramount
27 concern is our children, because they are our future. For
28 a first-time parent to be scrutinised and discriminated
29 against is just astounding. Going through this supervision
30 of two hours a day three times a week over an eight-week
31 period was just criminal to me and my wife, my child and
32 her own siblings. They were denied the right to see her.
33 At one of these visits, we were denied the right to see our
34 child because we came across the caseworker or the foster
35 carer.

36
37 THE SPEAKER: And we have always tried to liaise with DoCS.
38 We have tried to have a working relationship with them yet
39 we hit a brick wall every time. They have the legislative
40 backing. They have the clout. They can say one thing.

41
42 THE SPEAKER: You say something and they twist it around

43
44 THE SPEAKER: You are guilty until you prove yourself
45 innocent. The slanderous defamatory comments and
46 insinuation they sometimes make towards you are absolutely
47 soul-destroying. It is very hard to be interacting with

1 DoCS and to hold your head high in a society where you have
2 such a bad reputation.

3
4 THE COMMISSIONER: Thank you very much for that.
5 [REDACTED], please.
6

7 THE SPEAKER: I know of a case of children removed from
8 their mother and given to the father. They were separated.
9 He had kidnapped the children prior in Queensland, separate
10 from New South Wales. Lawyers up there told her he would
11 never get full custody after doing that, but DoCS in this
12 area took two children away from her because of an incident
13 with the police. It was when she had contact with the
14 father, there was violence, and she was retaliating and she
15 was charged with assault. She was held in a cell for six
16 hours.

17
18 She was not taken to hospital to be assessed or
19 sedated and because of the drugs involved, immediately DoCS
20 thought that she was an unfit parent. Yet there were drug
21 issues where the parent may be managing their drugs and
22 still parenting okay. I am not advocating drug-taking, but
23 as soon as DoCS had any inkling of drugs involved, they
24 took the drugs away. She wore bangles. They thought there
25 were track marks on her arms, but it was the marks of
26 bangles.

27
28 The children were given to the father. He had them
29 for two years. Now, if you talk to the principal of their
30 school and the teachers, those children all need
31 assessments. They are on the road to smashing holes in
32 walls and screaming. There is no follow-up. There is no
33 checking that father's parenting to recommend that he do a
34 parenting course. He doesn't take them out. I just think
35 there's no follow-up to that case - it was just done, slam
36 dunk. Of course, now the mother does not have the
37 children, she was like a bad mother. She was told she had
38 to go to the contact centre if she wanted to have access.
39 She would have to be observed when with the children, which
40 she didn't do. She just went on a downhill slide, worse
41 into drugs --

42
43 THE COMMISSIONER: Did this case go to the Family Court or
44 the Children's Court?

45
46 THE SPEAKER: It went to the Brisbane Family Court to give
47 them the custody, but DoCS didn't appear. They didn't come

1 up. The lawyers up there said that DoCS never goes to
2 court up there.
3
4 THE COMMISSIONER: That is not quite right, but there's a
5 real difference between the situation where the Family
6 Court makes the orders because that takes DoCS out of the
7 equation.
8
9 THE SPEAKER: DoCS didn't even show up, up there.
10
11 THE COMMISSIONER: They might not be able to. If someone
12 started proceedings in Family Court, then that court makes
13 the order about who has the parental responsibility and who
14 has access, contact with the child and so on. DoCS don't
15 actually get involved in those cases unless something else
16 happens whereby the child is at risk. I think this case
17 you mentioned does indicate a problem. It may be a Family
18 Court problem rather than a DoCS problem.
19
20 THE SPEAKER: All I know is that there was no follow-up and
21 those children are just two delinquents in formation
22 because they have been left and they have no parental
23 support. Thank you.
24
25 THE COMMISSIONER: [REDACTED], please.
26
27 MS BELLAMY: Could I say something to support both of
28 these people?
29
30 THE COMMISSIONER: I wanted to deal with people listed,
31 but can you just speak fairly briefly on those points.
32 Just tell us who you are, please.
33
34 MS BELLAMY: My name is Jodie Bellamy and I'd like to
35 support what these people over here have said and also the
36 lady who just spoke. First of all, I believe that DoCS
37 does not investigate allegations thoroughly. I support
38 what the lady was saying before about drugs and families.
39 I think there is a meltdown. No parent wants to hurt their
40 child, so they resort to drugs then. I think DoCS should
41 come in and be more sympathetic to where these problems
42 come from.
43
44 THE COMMISSIONER: Thank you. That's a valid point you
45 have made. [REDACTED], I think is next.
46
47 THE SPEAKER: I would like to make a comment about a

1 particular DoCS office in Sydney. My house-mate's daughter
2 had a son taken off her at birth and they have already
3 demanded her next child at birth to be sent all the way to
4 Queensland to an aunty who is not worth it and has children
5 of her own who have ADD. She thinks that she can get this
6 child. She has already had my house-mate's daughter in her
7 care for three months. She went right off the deep end and
8 after that she couldn't handle it, so how could she handle
9 another child?

10
11 It is very difficult because this particular young
12 lady has bipolar disease and I know what that involves. I
13 have friends who have it. I have a friend whose children
14 have bipolar disease. How can she look after those
15 children? That's what I want to know. This DoCS office is
16 not allowing that to happen. It is not even allowing the
17 grandparents to see the children. In fact they won't even
18 speak to them. It is very hard on us, because one
19 grandparent lives up here in Byron and other one lives in
20 Sydney and that one can't get to speak to them about
21 anything. The other just refuses point blank to speak to
22 them.

23
24 THE COMMISSIONER: Thank you for that. Again we are well
25 aware of the problems of communication and we are working
26 on that. [REDACTED], please.

27
28 THE SPEAKER: My problems seems like a litany to me. I am
29 a father. I have been dealing with Federal Court
30 magistrates. I have a problem, first off, with my daughter
31 not being named; through this whole procedure she is always
32 referred to as "she" or "her" or as a number. It seems to
33 depersonalise a child. I know her as a baby and a spirit and
34 a little person. I have a problem with that.

35
36 Another flaw with this procedure here is: did it
37 occur to you guys that you may have two parents involved in
38 the same issue appearing in this room possibly with orders
39 of non-contact, or over the one incident?

40
41 THE COMMISSIONER: I understand that is possible.

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43 THE SPEAKER: It is. I am a 46-year-old male. I started
44 proceedings for shared custody of my daughter in January
45 2007.

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47 THE COMMISSIONER: In the Family Court?

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THE SPEAKER: In the Family Court. My daughter had been considered at risk by DoCS since January that year. When my lawyer contacted the department to see why no action was being taken, they said, "Yes, the children are both at risk but we don't have the funds." That was a statement made to a Family Court specialist by the department itself. There have been red flags over abandonment issues, reports from neighbours of abandonment, reports from the fathers of both children.

At one of the hearings, the Federal Court magistrate ordered that DoCS be involved - no response. A children's independent lawyer was appointed in order that DoCS be involved - no response. So it came down to a Federal Court magistrate granting orders of custody. Those orders were contravened on day one by the other parent. Reports were made to the police, reports were made to DoCS. I was told, "Well, [REDACTED], this is a contravention proceeding. You have to get evidence." It is not a case of 'he says' versus 'she says'.

An incident of one of the children suffering a head injury at the home where she was not legally allowed to be was reported to DoCS through the Helpline - no response.

Then, on December 21 last year, I get a phone call to say, "You have custody of your daughter. Don't return her to the mother?" "Why? What's happened?" "Oh, we will call you tomorrow." "Can I have this in writing, please?" Anything in writing from DoCS is almost impossible to get - anything. They will not commit themselves to provide it.

The next day they say, "[REDACTED], we want you to have your daughter for three months full-time care" - this is December 22 - "but you have to understand we have entered a voluntary agreement with the mother, so we can't give you any documentation. It is not a legal matter." I said, "What does 'voluntary' mean?" "Well, we told her if she didn't agree, then we would have to place the children." It is like putting a gun to someone's head and saying they volunteered to undergo these procedures.

The three months is now up. The mother has not fulfilled her obligations with the department. I am now continuing my full-time custody and they are now taking my

1 daughter to a Children's Court this year. They have placed
2 her with me in this non-legal, non-paperwork situation. I
3 would have loved to present you guys with some paperwork -
4 that is if I could obtain it, if my solicitor could obtain
5 it - if they could only commit themselves to giving me
6 something concrete. I have been told it is a verbal thing.
7

8 The first day I got custody, they said, "We can put
9 the fact we have asked you to take her for the night in
10 writing." I never received that letter. There has been
11 whole procedure in court, the blatant contravention of
12 orders, then the police come around and say, "It's a
13 contravention issue. We can't come round and take the
14 child."
15

16 THE COMMISSIONER: Can I interrupt for a moment. There
17 are obviously two proceedings - the breaches of access
18 orders and so on have been dealt with presumably at the
19 Family Court. Now I assume the proceedings are about to
20 commence or have commenced in the Children's Court whereby
21 a care and protection application has been made and more
22 formal orders will be made for placement. You presumably
23 will be a party to these proceedings. You will be given a
24 lawyer and allowed to --
25

26 THE SPEAKER: But the contravention orders were never
27 dealt with.
28

29 THE COMMISSIONER: That's different, that's the Federal
30 Court.
31

32 THE SPEAKER: I was made to understand when the Federal
33 magistrate made those orders that they were law and any
34 contravention could end in imprisonment. Then I am told by
35 DoCS, "Those orders you spent a year in court obtaining,
36 then negotiating on New Year's Eve doesn't mean anything
37 anymore."
38

39 THE COMMISSIONER: Again you have illustrated a case where
40 the link between the Family Court and the Children's Court
41 is not necessarily a happy one, but hopefully you might get
42 resolution in the Children's Court if the voluntary care
43 can be extended into a more permanent placement with you.
44

45 THE SPEAKER: Possibly, but what I can't understand is
46 that a Federal magistrate ordered a department to get
47 involved. He even said at the time, "I do this all the

1 time and nothing ever happens." The children's independent
2 lawyer says, "They just got all this new funding. We will
3 see."

4
5 THE COMMISSIONER: I think it is a Family Court problem,
6 but it is recognised that there are problems getting
7 those orders enforced. That is outside our
8 jurisdiction, I'm sorry.

9
10 THE SPEAKER: But when a Federal magistrate looks at
11 evidence and asks the department to at least look at it and
12 they have been red-flagged by hospitals, there's nothing.

13
14 THE COMMISSIONER: That's an important message for us to
15 understand, so that case is of interest to us.

16
17 THE SPEAKER: It is more than of interest to me, it is my
18 daughter, and she has always been referred to as a number.
19 You have to understand she is a three-year-old beautiful
20 little independent person. I don't know what's occurred in
21 the two months prior. They won't even tell me. It is only
22 by the grace of God.

23
24 THE COMMISSIONER: Thank you for that. [REDACTED]
25 [REDACTED], please.

26
27 THE SPEAKER: I have written you a letter. Is there any
28 point in going over the contents of that letter or should I
29 just talk about other points I have made?

30
31 THE COMMISSIONER: If you are happy with what you have
32 said in the letter, that's good, we will take that into
33 account.

34
35 THE SPEAKER: I want to add to that, if I may. A large
36 part of the system supports the view that DoCS should be
37 permitted to do whatever is necessary, legal or otherwise.
38 They maintain that is necessary to do the job. However, if
39 DoCS is in error, which seems to be the case over here, and
40 in our own experience, all means are employed by them to
41 justify their action. Unnecessarily costly legal
42 proceedings follow and they will just keep dragging you
43 through the court. Our particular case went for over two
44 years, with 16 court hearings in all and three magistrates.

45
46 I will touch very briefly on our own case. We
47 actually contacted DoCS. We were concerned about our

1 granddaughter with our daughter. They lived adjoining our
2 house in a granny flat. After just one discussion with my
3 daughter, a DoCS worker, after six weeks, determined that
4 she was at risk of committing suicide and possible
5 homicide. This was a strategy employed by them to remove
6 the child. This involved a house invasion by the police
7 and mental health staff. Our daughter was handcuffed.

8
9 When she got to mental health she was obviously quite
10 distressed at the approach that was taken. Her blouse was
11 just ripped off her back. She was stripped and forcibly
12 injected with anti-psychotic drugs. She was so traumatised
13 by this that she was unable to approach DoCS at all. We
14 asked for the caseworker and the manager to be replaced.
15 We asked for two people that we could talk to because we
16 couldn't trust these people. That request was refused.
17 The court action was, "Unless you speak to DoCS, you don't
18 get your daughter." Our granddaughter, at the beginning,
19 when we saw her at school and other places would wave to
20 us. The telephone calls ceased. When we produced in court
21 emails from the granddaughter to her mother that she loved
22 her, the emails ceased - everything ceased. My daughter
23 has had no communication with her daughter whatsoever. The
24 only thing in writing from DoCS was: "If you don't contact
25 us, we will take your child."
26

27 I can only speak of two caseworkers that I came up
28 against. I found them highly unprofessional and extremely
29 vindictive. They brought up all sorts of matters in court
30 which was just total crap. When the magistrate asked
31 them, "Have you got anything against this at all except for
32 the fact that the child doesn't want to return?", they said
33 no. When the magistrate retired and a new magistrate came
34 on the scene, all the old rubbish was brought up again -
35 incredible. They were just hell bent on what they were
36 doing.
37

38 The main thing I want to say to you is this: we tried
39 to approach the Ombudsman regarding this matter - five
40 times. We were refused a hearing. I believe that it is my
41 right to approach the Ombudsman, to bring the matter up.
42 It was outlined to me that there are procedures to be
43 followed, and they were denied. They said simply that they
44 were not interested. I could make complaints about the
45 Police. I could make complaints about Mental Health but I
46 could not make any other complaints.
47

1 THE COMMISSIONER: Thank you for that. I did actually
2 read your letter on Tuesday this week and I am aware of
3 your concerns. I know you also said you are aware of other
4 people who have had similar experiences.

5
6 THE SPEAKER: I am. I didn't raise that.
7

8 THE COMMISSIONER: No, you haven't, but your submission
9 has been received. We have taken it into account, so thank
10 you for telling us of your experience. [REDACTED] ?
11

12 MS FRANCIS: My name is [REDACTED]. My husband and I
13 have four daughters. [REDACTED] is 14 years old. She is the
14 eldest of all our girls. We are a middle class working
15 family that loves our girls. We are a family that believes
16 in the consequences of discipline and we are very family
17 orientated.

18
19 My husband works full time of a day and I work part
20 time in the evenings and weekends. We are parents who will
21 not allow our girls roam the streets and, when they go
22 anywhere, we are the parents who make sure an adult is
23 supervising our kids, as we feel that leaving a heap of
24 bored teenagers to roam the streets is asking for trouble.
25

26 Firstly, I would like you to know our position as
27 parents. We only want what is best for our children and to
28 give them the best possible start in life.
29

30 DoCS has been involved with our eldest daughter [REDACTED]
31 and our family since 14 February 2005. She was 11 then.
32 [REDACTED] had gone to school saying my husband had hit her 30
33 times on the hand. Two days later, we were investigated by
34 a caseworker, the allegations were proven to be a lie and
35 the case was closed a month later.
36

37 From October 2005 to February 2007 we again were
38 having serious difficulties in controlling [REDACTED]
39 risk-taking behaviour, absconding from home and being very
40 aggressive with me and her sisters.
41

42 After months of making calls to the Helpline, we could
43 not cope. On 2 March 2007, my husband and I presented at
44 the Ballina DoCS office asking for assistance with [REDACTED].
45 [REDACTED] was placed with a foster carer. It was the most
46 traumatic time and frustrating time.
47

1 I would phone the caseworker daily and not get
2 responses to my questions. The caseworker constantly
3 complained to me she was overworked and they were very
4 understaffed, even making comments such as, "Oh, no need to
5 worry about [REDACTED], there are worse cases out there". It
6 then took me four weeks just to organise a meeting with
7 [REDACTED] so she could come home for her birthday dinner.
8

9 I ended up befriending the carer and working out
10 access between the carer and me. We worked as a team and
11 slowly introduced [REDACTED] back into our family. If it hadn't
12 been for the work of the carer and I, because they are very
13 precious people, God only knows what would have happened.
14

15 [REDACTED] was home full time on 10 May 2007. Due to the
16 incompetence of the department, she was home in the
17 full-time care of myself and I swore I would never ask DoCS
18 for help again. September 12, 2007, seven and a half
19 months ago, we grounded our daughter and confiscated her
20 phone for wagging school. Unhappy with our discipline, she
21 went to school that day and never returned home.
22

23 She still is not home today. She was with a
24 17-year-old boy she had met two boys prior. This boy's
25 19-year-old girlfriend was five months pregnant with his
26 child. He had kicked her out to pursue my 14-year-old
27 daughter.
28

29 For seven months we have lived the gates of hell. The
30 department has investigated us once again because she won't
31 return home, accusing us of being abusive parents. All of
32 these allegations of abuse have been proven wrong.
33

34 From September 2007 to today I have been bounced from
35 one government department to another. My 14-year-old
36 daughter was living with an older boy and his other
37 pregnant girlfriend in a sexual relationship for six
38 months. And they all turned a blind eye. DoCS did a home
39 visit in Grafton where they were all living, fully aware of
40 the circumstances, and did nothing. One visit in seven and
41 a half months, and I asked for it!
42

43 The caseworker even came to my home the very next day
44 saying she was getting pressure from her manager to close
45 the case. [REDACTED] was only [REDACTED]. During this seven-month
46 period any medical care was provided by me. Personal items
47 such as pads and toiletries were also provided by me, even

1 the contraception, although she is now seven months later
2 walking around with a new mobile phone she tells me DoCS
3 gave her the money for.
4

5 They didn't put food in her cupboards or provide
6 contraception, knowing full well she was [REDACTED] and having sex.
7 The caseworker told me they were using condoms.
8

9 They struggled to have food on the table, as she was
10 too young for Centrelink payments. This I know as I was
11 the person who tried to get them for her.
12

13 She was totally reliant on this 17-year-old boy. How
14 could they afford to buy condoms? This boy doesn't even
15 have a job. [REDACTED] has been admitted to Grafton and Ballina
16 hospitals with suspected pregnancies. I know because I was
17 the one who either took her to the hospitals or spoke to
18 the treating medical staff.
19

20 DoCS got access to the medical reports, although I
21 don't believe under the law they were entitled to them
22 unless she was classified at risk. But I am not entitled
23 to such reports as I have no rights.
24

25 As early as last week a contraception injection was
26 not passed by DoCS. I know this because I organised it.
27 Am I going to be standing here next year left to support my
28 granddaughter, because there is no way in hell I would hand
29 a new born baby over to you guys.
30

31 My next issue is mandatory reporting or, should I say,
32 lack of it. [REDACTED] has been a runaway in the Grafton,
33 Lismore, Ballina and Evans Head area for seven months. In
34 seven months from September 2007 until today I have phoned
35 the following services and explained the full story to all
36 of them and I am disgusted with them. Please remember
37 these are mandatory reporters: Ballina School, 21 times;
38 Ballina Police, 18 times; truant officers in all the local
39 and non local areas, six times; Department of Education,
40 five times; Grafton Police, three times; Grafton Hospital,
41 five times; sexual assault service, once; local medical
42 practitioners, four times; and DoCS, 82 times. 82!
43

44 That is without driving around to the following
45 services of Ballina High; Ballina Police, countless times
46 in tears begging for help; Centrelink, only to be told,
47 sorry, she is too young for any payments; Ballina

1 courthouse, I asked the court clerk to book an appointment
2 to speak with the magistrate and I was turned away with two
3 law access stickers; the Family Centre Ballina, I was told
4 they weren't a crisis centre; and BDCSA. And then there is
5 DoCS. Well, I do not even want to go there. They left my
6 daughter in a high-risk situation and did nothing to get
7 her out. Many occasions [REDACTED] even presented to the office
8 and the caseworker was either not there or was busy and she
9 was asked to come back or wait.

10
11 If the police did pick her up, the 17-year-old boy
12 would wait outside the office and if [REDACTED] saw him outside,
13 she would abscond with him. All of these services are
14 mandatory reporters. I ask you today, where are the
15 reports?
16

17 During the past seven months my child has been placed
18 in DoCS care. Because of her violent behaviour towards our
19 family, we are unable to have her return home. Many times
20 she has absconded from DoCS' care, even as early as
21 yesterday, and on many occasion it takes DoCS up to five
22 days to let me know. Five days before a parent is even
23 told they are on the street!
24

25 I believe the caseworkers are not getting the
26 information quick enough either. My question is, why?
27 Just because [REDACTED] is not in our care does not mean we
28 don't worry about her or don't love her. Why does it take
29 this long for the paper work to be done? Why do the calls
30 go to the Helpline and not the parents? And why is it,
31 when they abscond, there are not workers out on the streets
32 looking for them?
33

34 Please take this into consideration. We never stop
35 loving our children because we are having problems with
36 them. Lismore Police has been the only government
37 department that has done its job. What a shame I had to go
38 there to get help when I live in Ballina. Within three
39 hours of them hearing my story, Sergeant Bernadette Ingram
40 had my daughter removed from the Grafton premises and an
41 AVO served on the 17-year-old. And criminal charges are
42 pending. Ironically, it was served at the local DoCS
43 office where he waited for my daughter to come out the next
44 day.
45

46 Then the case manager tried to have the AVO changed so
47 he could have access to [REDACTED]. We drove to Grafton

1 courthouse on the day of court to make sure this didn't
2 happen. DoCS didn't attend. The AVO has been breached
3 many times and even as early as last Monday the 17-year-old
4 assaulted my daughter. He hit and tried to strangle her in
5 the street. He is the one guilty of mistreating her, not
6 us.

7
8 All of this stress in our family, and we are still
9 trying to be parents to our three other girls, so consumed
10 that when a siren goes past, we think it's her; seeing a
11 body being pulled out of the river, praying, "Please don't
12 let it be her"; hearing of a kid found dead in Evans Head,
13 thinking, "My god, how much more can we take"; one less
14 happy face coming through the door after school; a spare
15 seat at the dinner table every night and one less on
16 Christmas morning to wake you up; trying so hard to put on
17 a brave face so our other children couldn't see me crying.

18
19 I even lost my job over the Christmas break because of
20 the stress, but then the financial pressures started and I
21 had to go and ask for my job back. At least then I didn't
22 have to worry about the bills. Trying to get through the
23 really bad days when you can't see out of your eyes because
24 you cannot sleep at night wondering if she is dead or
25 alive, having the darkest day of your life knowing you
26 cannot leave this world just in case your other children
27 had to go through this and asking yourself, "Who would be
28 there to fight for them".

29
30 I am not entitled to any Legal Aid because we are a
31 middle class working family, so I go to court when needed
32 and face the magistrate and all of the DoCS solicitors on
33 my own. And I will go every day if needed to ensure my
34 child's needs are being met.

35
36 But the 17-year-old grub that has committed crimes
37 against my child is entitled to Legal Aid. I am a mother
38 and yes, I am angry, angry and upset that the very system
39 that was put in place to protect our children could be the
40 very system that is making our society mad.

41
42 Our children can learn to manipulate the system to
43 their advantage, accuse their parents of terrible things
44 and we are guilty and have to prove our innocence. No
45 wonder our kids are dying in your care and slipping through
46 the cracks in the system. Yes, the system and the laws are
47 there, but with no-one to man them.

1 additional comments. It is obviously an important matter
2 for us to have as an example. [REDACTED], please.
3

4 THE SPEAKER: My case is to do with my grandchildren, who
5 are in Queensland. They have been in foster care now for
6 three years last December. They were taken from me one
7 morning. The younger children had got up and got some food
8 out of the cupboard, made a mess on the floor, and their
9 father came out angry, was yelling at them, and then DoCS
10 came and took the whole lot of them away.
11

12 We have only just found out that the Children's Court
13 a couple of weeks ago has extended the term for another two
14 years being in foster care, and also we are only just being
15 told in the last few weeks/six months about kinship caring.
16 We weren't notified of that before. Obviously that is
17 important, so about six months ago, the kinship caring, it
18 was not mentioned to me.
19

20 Even though we have the room to have the children, we
21 don't have the extra furniture and whatever else we need to
22 have the kids, or a car to handle that many kids if we were
23 to have them. Some of the children, we weren't told about
24 the blue cards. This has been going on for three years
25 now.
26

27 Also, my daughter was denied Legal Aid because they
28 didn't think they would have a hope of winning, so Legal
29 Aid would not give them assistance unless they had \$5,000.
30 And there is no way that any of us could get that money.
31 We were prepared to go up, my younger daughter and I,
32 because the younger daughter had one of the children for
33 six months because they ran out of carers, and we are in
34 New South Wales, they are up in Queensland, and then after
35 six months they were taken back to foster care up there.
36

37 My daughter is a very good parent. Her partner has
38 been to anger management but she didn't start until 18
39 months after they were taken. This is when they started
40 courses for anger management and parenting. There is no
41 physical abuse in the family, it is all verbal between the
42 parents. I know that the kids are around it but at the
43 same time they have never been physical.
44

45 When they used to live down here near us, because my
46 daughter does not have a car or a licence, and neither does
47 her partner, we used to go and get all the children with

1 both our cars, bring them over every Sunday for dinner for
2 the kids to play, because a couple of places they were
3 renting they had only got the wire school fences, which the
4 kids could easily climb out of, and our place we had at the
5 time had six-foot paling fences so the kids could never get
6 out. We used to do that every Sunday to give them an
7 outing.

8
9 DoCS have been saying that because we only just found
10 out about the kinship caring, they are saying because I did
11 not return the forms before the court that, in her own
12 words, she said that it was going against them, they were
13 using that against us. When we were going to court the
14 other week my younger daughter and I wanted to go up there
15 and have a say on all the different things. Because my
16 daughter did not have Legal Aid we could not be called as a
17 witness. And DoCS had 18 witnesses, including carers and
18 doctors and other things. There are six children involved
19 ranging from 12 to 6, that is their ages now, and --

20
21 THE COMMISSIONER: Can I ask, was that in the Children's
22 Court in this state or in Queensland?

23
24 THE SPEAKER: The Children's Court in Queensland. There is
25 another order for two years. Two of those children had
26 actually been returned home altogether, like they did it,
27 they started off with a day at home, then a weekend at
28 home, then weekly until it became full term. A third child
29 was halfway home. This was on weekend visits at the time.
30 My daughter had to move house because the owners were
31 selling the house. They had to find somewhere else. They
32 didn't find a place quick enough, in time. The children
33 got returned to foster care and they have not been home
34 since. That is six months ago.

35
36 My daughter was staying with another daughter I have
37 as well and there wasn't enough room to have all the
38 children there, as the other daughter only had two bedrooms
39 and she had a child of her own as well.

40
41 THE COMMISSIONER: The agency looking after this is the
42 Queensland equivalent of DoCS?

43
44 THE SPEAKER: Yes.

45
46 THE COMMISSIONER: There are some real problems on these
47 cross-border cases which we are looking at, so thank you

1 for that illustration. I think it is --

2

3 THE SPEAKER: Can I just say one more thing. When they
4 were first taken, apparently my daughter was asked if there
5 was any other family member that could take the children
6 when they first went. She said, "Yes, but they are in New
7 South Wales". We were not given the option back then to be
8 kinship carers. We have just found out about that.

9

10 THE COMMISSIONER: Again, sorry to interrupt, but what you
11 are saying is a real problem between cross-border cases as
12 to who has jurisdiction and which court can manage it.
13 What you have said is a good illustration of the problems,
14 which we are aware of, and I am grateful for that
15 illustration.

16

17 THE SPEAKER: Also one of the children has been on
18 medication for ADD, and since she was put on it, I knew
19 straight away that she didn't have it. I knew that child,
20 I knew what she was trying to do, she plays up on purpose
21 hoping that they will send her back home to her parents.
22 She plays up on purpose. After two years of that
23 medication, they have now found out she does not have ADD,
24 it is to do with the separation from the parents, a form of
25 detachment disorder.

26

27 THE COMMISSIONER: Again, that is something we understand
28 and it is a common situation. We just need to move on, but
29 thank you for what you have said.

30

31 MS NUNN: Do you mind if I interject here? I have just
32 noticed - I am an impartial person, [REDACTED]x
33 [REDACTED]
34 [REDACTED] - I am noticing not only a lack of
35 communication between departments but a lack of education.

36

37 First time parents, with no parenting education;
38 people who are given first teenage status, with no
39 education or support. These people need better systems.
40 We need to set up some sort of a place where people can go
41 where they are not being judged, where they are not being
42 condemned, not being made to feel like hopeless low income,
43 middle income whatever they might be people, who cannot
44 deal with their lives in a situation that is a first time
45 situation.

46

47 THE SPEAKER: But not just that family, the kids need

1 somewhere to go.

2
3 THE SPEAKER: I see kids in these situations where my husband
4 works. They don't know why they are in that situation.
5 "Why was I removed from my home when my other brothers and
6 sisters are still there?". "Why am I being made to feel
7 that I am the one that is wrong?", yet I have a man who
8 works in this agency and he can't get through to a DoCS
9 Helpline when kids abscond and he has to go looking for
10 them. He is having problems getting through on a line that
11 is not only used for workers but is also used for the
12 everyday public. It is the one and same line. These
13 problems I think need to be addressed.

14
15 THE COMMISSIONER: Perhaps to assist you, one of the things
16 we have been looking at in each of the towns and regions we
17 have been to is this question of getting interagencies to
18 work together and the kind of problems you have identified
19 to be actually looked at. But there is one organisation,
20 Create, which actually represents kids in the system. You
21 may not have heard of that but it does exist. It probably
22 is not well known.

23
24 One of the problems we recognise is that DoCS often
25 does not have available to it the kind of information,
26 brochures that someone mentioned previously, telling foster
27 parents and birth parents just what is available by way of
28 support agencies and other entitlements. That is the kind
29 of thing you probably need to know about.

30
31 MS NUNN: And education. That needs to get out amongst the
32 general public, we need public advertising, TV, more people
33 aware of their rights and responsibilities.

34
35 THE COMMISSIONER: We have to move on, thank you.

36
37 MS MARSHALL: I went to the opening, the launch of a
38 department, the Southern Cross Uni, a new department, about
39 four or five years ago, on children's care issues, a very
40 exciting concept of the doctors who see abuse and teachers
41 and principals of schools. And all the different agencies
42 were going to connect up so that they could work together
43 so that it wasn't one department giving an anger management
44 sort of program to a family and another department doing a
45 different approach, so that they could all come together in
46 one place for the family.

47

1 THE COMMISSIONER: That is exactly what we have been
2 talking about this morning in this town and we have been
3 talking about in other towns.

4
5 MS MARSHALL: The Southern Cross University has that
6 program. They can go out and teach the community.

7
8 THE COMMISSIONER: We are aware of that and we are aware
9 of the importance of people working together and having
10 that kind of program. Thank you again for that, but it is
11 something we have focused on and are discussing in each
12 town to see what can be done to get that interagency
13 involvement and the support that young mothers in
14 particular need before the problem develops into a crisis
15 situation.

16
17 Having to remove a child should be the very last step.
18 Everything should be done beforehand to stop that and we
19 are focused on that.

20
21 MS MARSHALL: The other issue is the free will of the
22 teenagers. When the parents go to take them home, DoCS say
23 "You can't force them physically".

24
25 THE COMMISSIONER: That is another question. Lois Dixon,
26 please?

27
28 MS DIXON: I have 20 years experience of surviving child
29 abuse. One thing that stands out to me immensely is the
30 fact that children are being taken from their families
31 because the family has done something to them. In the case
32 of my friend I have brought up here, he was taken at the
33 age of seven and I think he wrote to you last week. He was
34 taken from the family at age seven because his stepfather
35 brutally bashed him, then he went to school, DoCS saw the
36 police and so they removed him from the home.

37
38 The problem I am seeing over and over is that the
39 child is being punished for what the adult is doing. He is
40 now in the mental health system because he has his own
41 problems. "Why are my brothers and sisters at home and I
42 am going from foster parent to foster parent?", where he
43 was abused in every family that he went to, until he ended
44 up in the psych ward. I am also seeing many people with
45 the same thing happen to them. This is just not a one-off,
46 this is what I am seeing all the time, that the victim is
47 removed and the offender is left there to rear the other

1 members of the family.

2

3 Why is he good enough to rear those when he was not
4 good enough to rear one? That is where I see a big flaw,
5 that children are returned to the abusive family within
6 three months, or after three months. They love their
7 parents even though the parents abuse them, they love them.

8

9 I believe intervention is the way, if you hear these
10 things, step in and holistically heal the family with
11 knowledge and information. I have seen it work in my case
12 and in this young chap's case now, working with his
13 parents, his own grandmother, all of them, to make them all
14 realise where their fault is, in the belief systems that
15 came in and allowed this to happen in the first place, then
16 take responsibility and be able to live a proper life from
17 then on.

18

19 This is the answer, information given to the parents,
20 not punish the child who did nothing until he ends up in
21 the psych ward.

22

23 THE COMMISSIONER: I think everyone would agree with you
24 that one should be addressing the problems as best you can
25 before it gets to a removal situation where some child is
26 at physical risk of harm. That is the kind of thing we are
27 looking at, but thank you, we agree with everything you
28 have said.

29

30 Next is Josephine Conway. I think we have a
31 submission from you. We are well aware of your case. We
32 know the situation you want to talk about, but we are well
33 aware of your interest.

34

35 MS CONWAY: Yes, but whether anything will occur is a bit
36 of a problem. Will there be any sorts of resolutions and
37 will anything come of it? I am hearing a lot about, "We
38 are looking at the problem." With great respect, I have to
39 say that this turns out to be just rhetoric. Nothing takes
40 place. There are a number of people here who have the same
41 issues that I do. They have not suffered the same fate I
42 have - yet; it is just a matter of time.

43

44 A number of people who are sitting here have said to
45 me, "Caseworkers are saying one thing and writing down
46 another. I am not getting it in writing." They are
47 telling me on the phone this, that and other. They are

1 making things up about me that are not true.
2 Whistleblowers are getting crucified through Health Quest.
3 Nobody is standing up and doing the right thing for the
4 children. Parents have lost all their rights.

5
6 You probably don't know this. My child died in DoCS
7 alleged care. She was found in a stolen motor vehicle
8 752 kilometres from home - at 1 o'clock in the morning.
9 Police have done a sensationally poor job of investigating
10 how and why she died because she is "known to DoCS".
11

12 That has to stop. Something has to be actually done -
13 not just talked about, but actually enacted, in law. You
14 can't have caseworkers continuously saying one thing to
15 parents and then writing down another. They have accused
16 me of being a violent alcoholic. I rarely drink at all. I
17 would have one drink occasionally. How do they trump this
18 up? Can I ask anybody else here if you have had a false
19 accusation made about you to please raise your hand - I
20 think the defence rests.
21

22 THE SPEAKER: I might say one more thing just quickly, thank
23 you. The day that my first child, our first child, was
24 removed, I had four other children in my care. I had four
25 other children on weekends and school holidays prior to
26 that.
27

28 On 22 June when they took our daughter, a week after
29 that, the school holidays began and we had four siblings
30 come into our care. DoCS didn't even care. They didn't
31 want to know.
32

33 What I think should happen with the Department of
34 Community Services is you should just abolish it, get rid
35 of it. All the delinquents who work in it and think they
36 are highly professional people need to go back to training.
37 Instead of the millions in that report of the
38 director-general's message that are given to the Department
39 of Community Services for intervention, this other service,
40 that other service, we should scrap it all. They should
41 all be sent back to university and shown how to really look
42 after children. Then the system can be brought back in
43 five years time - for the care of children and the care of
44 parents. At the end of the day, it is a hard job to look
45 of a child 24/7, especially for single mums who have three
46 or four children, or one or two children. My mother was a
47 single mother.

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THE SPEAKER: And single dads.

THE SPEAKER: There is no support, there is no help at all out there - there is nothing. So get rid of it all and put the funding into education.

THE SPEAKER: Give gender parity too, have men in the organisation too.

MS CONWAY: You can see what a terrible man this man is with his child. The way he is able to control this child in a meeting like this shows that he is obviously doing a great job as a father.

THE COMMISSIONER: Luke Crawley, please.

MR CRAWLEY: I have been in foster care since I was eight years old. I got out at 18, in 1998. When I got out of foster care, they put me straight into Mental Health because they thought I had a problem. I was abused by my stepfather. Like my friend said, they took me away and left him. Now, the same thing has happened to all these other children. They all have problems in the family, but there is no debating about things.

I think that there should be more education. There should be more funding. We should be looking at all these people that do the offence, and not the people that don't do it. I was nearly choked, I was nearly dead because I moved the bed one night. I think there should be more funding and if there is not more funding, this situation should be looked into a lot better than it is because I have had no relief.

I was in foster care since I was eight years old and I am 28 now. I came out when I was at 18. At 18 I went straight on to Mental Health. They put me on all sorts of medication. I went into a drug-induced coma for three days. I woke up three days later and I didn't know where I was. There are a lot of things that have to be done.

THE COMMISSIONER: Mo Hughes, please.

MS HUGHES: I've been working for the homeless children for nearly 20 years. With the kids, we put together a system that works for the homeless and the needy in our

1 community. It is a support system for our government and
2 the parents of our children.
3
4 THE COMMISSIONER: What is your body?
5
6 MS HUGHES: I am talking about single mums with little
7 babies to 18 or 19-year-olds.
8
9 THE COMMISSIONER: Does your organisation have a name?
10
11 MS HUGHES: We named it KOTS, Kids off the Street. We
12 were a registered charity, but we stopped being a charity
13 because we became people helping people. Our solution is a
14 community solution. I have a model of our solution here,
15 our system.
16
17 MS FURNESS: Perhaps you can just describe it for us.
18
19 THE COMMISSIONER: Do you have a document setting out what
20 your system is?
21
22 MS HUGHES: I'll give that to you, but I would like to
23 read this for a moment. The KOTS solution has been
24 approved and accepted by the authorities, and this is over
25 20 years. It was registered as a charity. It has been
26 accepted as a submission and a solution by Peter Staples
27 way back and has been received by a Prime Minister for a
28 new re-evaluating program on homelessness back in June of
29 1993.
30
31 Our solution was put together by the children and
32 communities alike in support of our government and our
33 country. It runs at no cost to the government or community
34 only requiring a donation of time, energy and resources
35 from within each community. We have shopkeepers who donate
36 throw-aways. We have schoolchildren supporting, with
37 families donating all throw-aways for creative workshops.
38 Also market people are donating produce.
39
40 The common statement is, "Thank God someone is doing
41 something. How can I help?" On a walk we did with the
42 homeless children in 1992-1993 from Brisbane to Bairnsdale
43 in Victoria, the most common statement was, "Are you
44 government funded?" We said no. "Are you a charity?" At
45 that point we said no, because we weren't, and they said,
46 "Are you getting government funding?" We said no, and they
47 said, "Thank God, how can I help?" People will help if

1 there is no funding. People want to help. They all say,
2 "We would love to help but we don't know what to do."
3

4 We took a list with us of all the things that people
5 can do within their community to support the kids and how
6 they can help. Out of that we have seen a lot of changes
7 come about. So let the community help. They want to be
8 free to set an example on how that can be done.
9

10 KOTS creates jobs for the unemployed who have skills
11 to teach. It is a missing link within the welfare
12 structure. We can show how we can all work together to
13 solve this problem. It will not interfere with the
14 workings of our welfare structure. The community wants to
15 assist our welfare services.
16

17 At a meeting I attended in 1993 - it is a long time
18 back, but it is relevant to today - welfare, police,
19 council and politicians were all crying out help and that
20 they didn't know what to do about the street children as
21 their hands were all tied through the bureaucracy. If you
22 can see a way in releasing the shackles, please help us in
23 any way you can. The children need your help.
24

25 The Universal Declaration of Human Rights, article 1
26 states that all humans are born free and equal in dignity
27 and rights. They are endowed with reason and conscience
28 and should act towards one another in a spirit of
29 brotherhood. Article 5 states that no-one shall be
30 subjected to inhumane or degrading treatment or punishment.
31 The children are suffering. KOTS works on this convention
32 on the rights of the child. Part 1 article 2 number 2
33 states in part --
34

35 THE COMMISSIONER: Can I interrupt you, we are aware of
36 the universal declaration that relates to children's rights
37 which are very, very important
38

39 MS HUGHES: But I don't think the people here are aware of
40 it, are they?
41

42 THE COMMISSIONER: The purpose of this meeting is to help
43 us with our Inquiry, which is to try and reform the whole
44 system in relation to child protection. What would be more
45 helpful for us really at this stage would be to know what
46 it is that you do in a practical physical sense to help the
47 kids off the streets that we could encourage.

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MS HUGHES: Because I have had two heart attacks dealing with the bureaucracy and I have had problems within my family that I have had to deal with - family separations - I have not been housing the children myself for a few years now. This system that I am introducing does work. What we need is a village outside every town and every city. We have to have land and an alternative educational system that helps the children and the parents. We need to get the children off the streets into a safe creative environment, not a destructive environment.

It is a long-term housing situation, but the main objective is to bring the children and families together. The parents can go and stay in this village and work with the children on whatever creative ideas they are working on with the hope - and it does work - that the family and children become united and then they can go back home and live a productive life.

This system works. It has worked for 15 years. We housed over 300 children in that time with the support of the community and my family. There were only three that we lost. Some came from DoCS. DoCS sent people in to stay with me. They tried to have me up for having an illegal dwelling and DoCS said, "You have our kids. This is illegal." I said, "Excuse me, I have found your kids living on the streets and they asked to come home and live with me and these are my premises." I said, "If you don't leave my premises, I'll have you arrested for trespassing." DoCS said, "But you have our kids." I said, "I'll sue you for system abuse and neglect because I found your kids living on the streets."

They left us alone, and from that time on, they would ring me up, "Mo, I've got a couple of kids. Can you house them?" So they started sending the kids to us and the Police started sending the kids. So we know we were approved in that way. That's why I believe that it is important to have a safe place for these kids to come, which is this village model that I was wanting to present but you can see it later, if you want to open it up.

I believe that if the government were to put its energies into supporting this program, we would solve the problem of what is happening today. The children could have a safe creative place to be, long term, until the

1 parents can reunite with the kids again. I think the most
2 important thing in this life is to get the family back
3 together again, not divide them.

4
5 THE COMMISSIONER: Thank you for that. Do you have all
6 the details in this document?

7
8 MS HUGHES: I have it all on there.

9
10 THE COMMISSIONER: Thanks, that's good. We can look at
11 this later. Robert Neal, please.

12
13 MR NEAL: I have a written submission and I am not going
14 to go over it again.

15
16 THE COMMISSIONER: We have it. We got that today, thank
17 you.

18
19 MR NEAL: What I have to add to that written submission is
20 the time frame of systemic problems with DoCS from my
21 personal experience, which goes back 28 years, and I have
22 knowledge going back 46 years. There were systemic
23 problems with DoCS and the way they have done their
24 business.

25
26 Apart from that, I think it is extraordinarily curious
27 that our society should create one system for crimes
28 committed within the family and another for crimes
29 committed outside the family. The police look after crimes
30 outside the family, yet we have set up the system,
31 basically under DoCS, to look after crimes committed within
32 the family. All processes that have been established in
33 common law and established with the Police Service don't
34 seem to apply inside the DoCS system. I would like to see
35 the offenders prosecuted, not the victims. I don't
36 understand that. I would like to see families supported.

37
38 Another important point is that DoCS seems to me to
39 have three functions, first, there is adoption; second,
40 there is family welfare; and third, there is intervention
41 and prosecution. There is no need for those three aspects
42 to be contradictory. However, we need very morally and
43 ethically pure people to administer that situation because
44 one can drag from one to another, and that is what happened
45 in my case.

46
47 Finally as a long-term public servant, I would like to

1 give help to people here who are having trouble getting
2 documentation out of DoCS. It is not a problem. What you
3 do is you write an "I confirm" letter: "I confirm your
4 conversation of yesterday in which you said..." - send it
5 to them me. The public service works on its paperwork.
6
7 MS CONWAY: Yes, but it gets lost. Why keep doing it?.
8
9 MR NEAL: Well, do it. Continue to do it. It is illegal
10 and eventually someone will decide that this behaviour in
11 the public service is reprehensible and wrong and will stop
12 it.
13
14 MS CONWAY: I have been fighting for nearly six years.
15
16 MS NEAL: The other thing that I just talked about here is
17 that, in my experience with DoCS over 28 years, I never had
18 any problems with the ministerial office, but I did have
19 lots of problems with management. To me that's where I lay
20 the problems of DoCS. It is not the legislation, it is not
21 the minister's office.
22
23 THE COMMISSIONER: Thank you. I was just wondering do we
24 have any foster carers here? Do you have any views that
25 you may not have expressed so far in relation to how your
26 dealings with DoCS have progressed?
27
28 THE SPEAKER: At the moment I am caring for two children
29 with disabilities. Her three brothers were removed in
30 October. She wasn't born till May. She was left there for
31 two more years under duress and neglect, and it wasn't
32 until after 40-something reports that she was removed. I
33 blame DoCS for her disabilities - she was neglected for so
34 long. I think there need to be a lot of answers.
35
36 THE COMMISSIONER: Do any other foster carers have
37 anything to say about how they found their dealings with
38 DoCS?
39
40 MS McDONALD: I have spoken before, but this is another
41 issue. I don't know if it is just a DoCS thing or a
42 general thing, but it seems to me that some of the issues
43 of neglect and abuse with children mainly deal with the
44 mothers. There are fathers out there as well. The thing
45 is that if the father was to commit some of these crimes
46 against children, he would be in gaol. The mothers are
47 doing a lot worse quite often and they are still walking

1 the street, having more children and doing the same thing
2 to them. That seems to be an issue.

3

4 THE SPEAKER: My name is [REDACTED]. My husband is a
5 caseworker with DoCS and I am involved in kinship
6 placement. I have contacted a DoCS office, which is
7 different from the office where he works, for a Medicare
8 card for the child I have. It has now taken 12 months and
9 I am still waiting for the Medicare card.

10

11 I relate to this lady's story. My husband and I did
12 five months with DoCS because my 15-year-old son, who is
13 now 31 and still lives at home, accused us of being abusive
14 parents, and we were guilty as sin until we proved that we
15 were innocent. My husband actually worked for department
16 the whole time we went through that. But that was 15 years
17 ago. It is the same thing. He was 15 and he said his
18 father verbally abused him. Our son lived out of home in a
19 refuge for about five months and on the streets. In
20 hindsight, I don't know if I would have pulled him back
21 because he still lives at home and he is 31.

22

23 THE COMMISSIONER: There are two things in relation to
24 that: first of all, we are looking at the situation.
25 There does seem to have been consistently a delay in
26 providing the blue book and the Medicare card. We are
27 trying to work out how that is.

28

29 THE SPEAKER: I've had the child for years.

30

31 THE COMMISSIONER: We are well aware of the problem. It
32 is state-wide and we are going to make sure that's
33 addressed. As to the second thing in relation to
34 allegations against carers and parents, again we have been
35 looking at this. Indeed we will have meetings this week to
36 see how that system can better work because there is a real
37 concern --

38

39 THE SPEAKER: Serious concern.

40

41 THE COMMISSIONER: -- as to the way allegations are made
42 against parents and against carers.

43

44 THE SPEAKER: And teenage kids just learn to manipulate the
45 system.

46

47 THE COMMISSIONER: Again we are aware of the dynamics of

1 human behaviour. Some of these kids are dysfunctional.
2 They are street-smart and if they don't get their way, they
3 will make allegations against parents, so we are looking at
4 all of those things.

5
6 Are there any representatives of NGOs here who have
7 not spoken and would like to say something in this forum
8 about the way the system works, doesn't work, or could be
9 assisted. Could you just identify yourself and your
10 agency?

11
12 MS ROCK: My name is Angela Rock. I am from Community
13 Programs Incorporated, which is in the Clarence Valley and
14 it covers the area of Grafton, a bit further south and up
15 to Iluka and surrounds. There are three towns and
16 approximately 43 villages that our service covers. We have
17 services ranging from aged care and disability services to
18 mental health support service. We have Families New South
19 Wales financed services. We also have family support
20 services, parenting education and a youth accommodation
21 service. So we cover almost from cradle to grave, for want
22 of a better way of putting it, and we deal with DoCS
23 regularly on an everyday basis.

24
25 I would like to reiterate some of the things [REDACTED] ^
26 [REDACTED] said earlier about a lack of consistency. We come
27 across some families where we advocate very strongly to
28 have the children removed and this doesn't happen for an
29 extremely long period of time. This is despite consistent
30 reports put in either by our workers or other agencies.
31 That creates a lot of concern and angst amongst the staff
32 in our organisation obviously and the family and the
33 children themselves. We also have incidences where
34 children seem to be removed quite quickly but we were
35 advocating for them to remain.

36
37 DoCS is full of people, not machines, so these
38 decisions are not and can never be completely objective, we
39 understand that. But when we have bodies of evidence that
40 point to either direction, we think that our staff have the
41 expertise which should be called upon and acknowledged.
42 They should be consulted and their opinions should be
43 considered in any decisions that DoCS make, which does not
44 always happen very effectively.

45
46 We also have some issues around I think the case plan
47 meetings, documentation, which is around --

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THE SPEAKER: What case plan meetings?

MS ROCK: We get them sometimes. We have issues around communication. Some clients may have, say, four caseworkers in a 12-month period or sometimes an even shorter period. Caseworkers are being overloaded. There are problems actually negotiating with managers around issues to do with funding for clients. Some of the caseworkers are fantastic. The majority of them are overloaded, some are fantastic despite being overloaded, and they have difficult jobs to do, as do we. That is taken as a given, as Trish said. But we really do struggle with some of the decisions despite consistent interventions on our behalf particularly with our family support workers.

We have early intervention programs where we do work with young parents. We are understaffed. We are underfunded. We have a huge area. We have three part-time family support workers to service the entire Clarence Valley, with one person doing parenting education that services an area of 43,000 square kilometres from Dorrigo all the way to Iluka down to Macksville.

MS FURNESS: Where do you get your funding?

MS ROCK: From the education program through FaHCSIA, and we get other services mainly from DoCS.

THE COMMISSIONER: Thank you for that. Are there any other NGO representatives here?

MR FARRELL: My name is Damien Farrell. I am the coordinator of the Byron Emergency Accommodation Project (BEAP). We are a refuge in Byron but we do target different groups. We probably fall in that line between being a DoCS-funded organisation and mandatory reporters, yet we support families in crisis as well. So there is that line where we as a staff need to acknowledge and recognise when a child is at risk, but at the same time we have a role of advocacy in supporting parents who remain together.

To reiterate what Trish says, my hope for those people who are frustrated and in difficult situations with DoCS is the Brighter Futures program for children at risk under five and that is a voluntary thing. It has just begun in

1 our area. For me, working in an NGO in amongst government
2 agencies as well, that is a good thing, but really it is an
3 acknowledgment that we have been running on almost zero
4 resources.

5
6 I feel some empathy towards those DoCS workers, but I
7 do see inconsistency. Some are really committed to doing a
8 good job. There are other workers who do not seem to be so
9 committed and I can understand the level of people's
10 frustration. Again I would put that down to lack of
11 resources for those people. As another gentlemen said, in
12 a way some of those workers do need to go back and get
13 further educated.

14
15 I guess there is some line there between finding the
16 right balance ultimately for children but also
17 acknowledging the distress that it is causing parents. The
18 overwhelming thing is that we are under-resourced. A lot
19 more services are required, particularly in the DoCS places
20 as well. It also puts stress on the carers as well.
21 Apparently there is not a big pool of carers out there.
22 So it is stressful. Unfortunately, no-one is paid very
23 well and we need another level of funding again.

24
25 Trish mentioned a lot of the things that we NGOs come
26 across --

27
28 THE COMMISSIONER: What's the capacity of your refuge?

29
30 MR FARRELL: Our refuge is like a two-storey brick house
31 with eight beds.

32
33 MS FRANCIS: Does it take girls?

34
35 MR FARRELL: Our criteria is 18 years plus; however, we
36 end up with families, so a 14-year-old is not outside our
37 brief. In fact, with a 14-year-old, there is a service
38 gap, as you would recognise.

39
40 THE COMMISSIONER: Just pausing there, you say anything
41 under, what, 16 or 18 is a service gap?

42
43 MR FARRELL: Well, there is a kids house in Byron as well.
44 They target 16 to 24. We target 18, sometimes 17, but
45 18 to the grave. Then we have some medium-term housing for
46 children fleeing domestic violence, a recovery house, and a
47 youth exit house. I won't speak on behalf of the youth

1 house, but I do know that if a 14-year-old presented to the
2 youth house, they would need to get a directive from DoCS
3 to take that person in because it is outside their duty of
4 care.

5
6 MS BOWLES: Previously some people have been extremely
7 badly treated by DoCS. When it comes up to a case plan
8 they are not only frightened, but they feel degraded about
9 going into these case plans. We have a notification now
10 that there is no support worker or advocate allowed to go
11 into these case plans. I think that is absolutely
12 atrocious.

13
14 THE COMMISSIONER: That is something that came to our
15 notice very early in some of our public hearings in Sydney
16 and we are certainly going to look at that very closely.

17
18 MS BOWLES: I hope so, because we advocate somebody to go
19 in with them, and also into court and places like that.
20 That's one of our main roles.

21
22 THE COMMISSIONER: Thank you for that. We will certainly
23 have a look at it. Right over in the far corner, please.
24 This might have to be the last speaker, I think.

25
26 THE SPEAKER: My name is [REDACTED]. I am a full-time
27 foster carer and previously have worked for an NGO, one of
28 our local ones, and I don't need to mention the name. I
29 have been in a unique position in the foster care operation
30 of being able to see two sides of the story. There is the
31 flip-side of working for the non-government organisation in
32 foster care and seeing the stress and the pressure and the
33 lack of funding that departments have been under. I have
34 had a close working relationship with DoCS and I am also a
35 foster carer.

36
37 I don't underestimate anyone's story here. I can only
38 speak for any own experience, but I can say that, through
39 the Ballina department anyway, there is a great awareness
40 of a lot of the problems that have been happening over the
41 years. They have been happening over the years. These
42 things are layers upon layers. They are quite deep and
43 will take time to work through.

44
45 I have been fortunate enough to have been involved
46 with a foster care advisory group with the department. As
47 foster carers, we have been working closely with department

1 people to present our problems. We have actually been able
2 to work on solutions which has been really great.
3

4 What I am trying to say is on a more positive note is
5 that there are changes happening. They may not be seen
6 yet, but these things have been there for years and I know
7 there are many wonderful people in the department who are
8 aware of this and people, carers, are actually being
9 listened to. There is a beginning. It has to start
10 somewhere and it is starting. One of the fantastic things
11 we have seen as carers is a communication policy that is
12 being developed between foster carers and the department,
13 but these policies will take time until the penny drops in
14 certain agencies.
15

16 I know I am seeing the fruits of the communication
17 policy within our agency. Departmental workers now have a
18 certain time within which they have to respond to a phone
19 call. So be encouraged. I know that there are a lot of
20 stories, a lot of terrible things have happened in the
21 past, but I do know also that there are people working to
22 improve the system.
23

24 THE COMMISSIONER: I think that the foster carers support
25 agencies are very important and if there are foster carers
26 here who feel that they are not getting the support they
27 need, then to approach an agency such as this or some of
28 the other agencies is very important because a body that
29 represents a group of foster carers has a greater capacity
30 to deal with DoCS and to get a response than an individual
31 who just represents themselves.
32

33 So, please, we encourage anybody here to take
34 advantage of those foster carer situations.
35

36 One last speaker.
37

38 THE SPEAKER: I would just like to make myself clear. I am
39 not so optimistic about DoCS' ability to support families.
40 I think that DoCS makes many claims but doesn't follow
41 through with the claims it makes. One of those would be
42 that a friend of mine's daughter was molested by her
43 boyfriend and DoCS said to her, "You keep seeing this man
44 and we will take your kids from you, cease your
45 relationship", and this man has his 12-year-old daughter
46 living with him. That case is closed.
47

1 Secondly, like these people over here, the couple who
2 spoke, they go with what is easy for them, they leave
3 children and families in peril; and families who need
4 support they hound them and accuse them.

5
6 THE COMMISSIONER: I think you probably made the points
7 you wanted to make previously. These are fairly general
8 observations and we are more inclined to get specific
9 observations. But we have heard what you have said and
10 your concerns about the system.

11
12 Thank you very much for participating this afternoon.
13 What you have told us is a very valuable part of our
14 learning experience, to see where the problems are and
15 where the solutions are.

16
17 I am not quite sure whether everybody understood what
18 our role is, but our role is to look at the problems, to
19 look at solutions and to advise the Government by way of a
20 formal report later this year as to how the system as a
21 whole should be, and can be, appropriately revised. So
22 everything you have said to us --

23
24 THE SPEAKER: Can we get a copy of the report?

25
26 THE COMMISSIONER: The report will be given to the
27 Government. It goes first to the Governor, then it is
28 tabled in the parliament. It is a public document that is
29 available to anybody who wants to get a copy. That is what
30 will happen in due course and it is then up to the
31 political process to implement our recommendations.

32
33 MS BELLAMY: How do you get a copy?

34
35 THE COMMISSIONER: There are various ways of getting it,
36 but through the Government Printing Office is one way of
37 getting it. I think you can assume that, once it does get
38 released to the public through the parliament, there will
39 be widespread media coverage that will outline all of the
40 key recommendations.

41
42 The report will be thick, it will be detailed, but the
43 essential elements will be well and truly available to the
44 public via the media. And, of course, they will be
45 available on line and through acquisition through the
46 government.

1 THE SPEAKER: On the Internet?
2
3 MS FURNESS: Yes, on the Internet.
4
5 THE SPEAKER: Why do DoCS fund so many small spin-offs and
6 there is not just one major department that deals with it?
7 Why is there this place and these people and then there is
8 these others?
9
10 THE COMMISSIONER: The simple answer is that there are a
11 whole lot of agencies out in the community who are able to
12 deal with families in a smaller way and provide specialist
13 services, such as hospitals and --
14
15 THE SPEAKER: That is how they get lost, because there are
16 so many different services that people have to go through.
17
18 MS FURNESS: We thank you all for coming today. We are
19 having a public forum in Lismore tomorrow, thank you.
20
21 AT 3.55PM THE COMMISSION ADJOURNED ACCORDINGLY
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