

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

Before The Hon James Wood AO, QC, Commissioner

At the Bourke Bowling Club  
Corner of Richard & Mitchell Street, Bourke

On Wednesday, 5 March at 2.30pm

Counsel Assisting: Gail Furness  
Also present:  
Ms Pru Sawyer, Solicitor

THIS TRANSCRIPT HAS BEEN EDITED

PUBLIC FORUM

1  
2  
3 THE COMMISSIONER: The purpose of this public forum is to  
4 gain any experiences you may have had with the child  
5 protection system, whether it be so far as DoCS is  
6 concerned or through attempts to gain help for your  
7 families outside DoCS through agencies, through Health,  
8 Education and so on. I think it is very important for our  
9 inquiry, which covers every aspect of the child protection  
10 system, that we hear from people on the ground around the  
11 state. We are travelling right around the state as well as  
12 seeing people in the city and in Newcastle, Wollongong and  
13 the larger cities and so on.  
14

15 What is important, however, this afternoon is because  
16 this is a public forum, it is important that if you are  
17 talking about a specific child you don't actually identify  
18 that child by name or by any other details which might  
19 identify the child for the rest of you. If you happen to  
20 do that, I will try and stop you. Please, I'm not being  
21 rude, but defamation proceedings, et cetera, don't protect  
22 you here. If you do happen to say a name or give some  
23 identifying detail, I will actually have it struck out from  
24 the record which is being made in due course. If you want  
25 to talk about a case by all means do so, but just don't  
26 mention the names of the people. There may be some cases  
27 we want to follow up and if there is a case you mentioned  
28 that we actually want to follow up, we'll speak to you  
29 privately.  
30

31 The other thing is that I think some people have  
32 already indicated that they might like to speak to us  
33 outside this meeting. There are a couple of ways you can  
34 do that. There will be some staff here who can talk to you  
35 afterwards, but the other way of doing it is actually  
36 writing a letter to us setting out the details of any  
37 problems or submissions or views you may have. We will  
38 make available some contact details so that you can write  
39 to us. If you want to do that on a confidential basis you  
40 can do that, but you just need to mark your letter  
41 "confidential" and we can then receive it on that basis and  
42 you can rest assured it won't go beyond us.  
43

44 With those words, I think we'll try and start.  
45 Clearly, our interests, so far as you are concerned today,  
46 fall into three particular areas. First of all, that area  
47 where you think that you could have received or should have

1 received some support from government agencies or  
2 non-government agencies before the problem that you had  
3 with a family got into an acute situation such that DoCS  
4 had to be involved. We are well aware that many of you  
5 would like to get those kinds of assistance outside  
6 effectively the DoCS umbrella. Anybody who has any  
7 experiences in those early intervention services and  
8 particularly if you have a situation where you tried to get  
9 help but it simply wasn't available, we would like to hear  
10 about it. That's one area, assistance outside the  
11 statutory child protection system.  
12

13 The second area of interest obviously is those people  
14 who have been brought within the DoCS system and maybe have  
15 had their children removed, placed outside of their care,  
16 either for a short period or a lengthy period and we would  
17 like to hear your experiences with that.  
18

19 The other area, of course, is we would like to hear  
20 your views where children or people you know have been  
21 placed in out-of-home care and this extends obviously to  
22 those people who are out-of-home carers, kinship carers,  
23 foster carers and the like, or people who are providing  
24 support care of one kind or another. We would like to hear  
25 your views about how that has worked or hasn't worked and  
26 about any problems you may have had in dealing with DoCS or  
27 NGOs or anybody else.  
28

29 We have a number of people who want to speak. The  
30 first thing we'll do is let them speak and then we can  
31 follow up, as the need arises, if you have additional  
32 observations you want to make, either in relation to the  
33 topic they speak about or at the end of the meeting. Could  
34 I go to the first of those. There is no particular order,  
35 I've got them as they came to me, although the first ones  
36 do largely involve people who are in some kind of community  
37 grouping. Michelle Whitbread, please. Could we ask you  
38 please if you'd say who you are, what your service is and  
39 perhaps where you're based if you're not in Bourke.  
40 We have a microphone for you. We have to shout, but we'll  
41 give you a microphone.  
42

43 MS FURNESS: I might indicate that the media is present  
44 and we would certainly appreciate it if any names are  
45 mentioned, that they are not published.  
46

47 MS WHITBREAD: I am Michelle Whitbread. I am the

1 coordinator for the Yarrabin Outreach in Bourke, a  
2 disability service. I have a question regarding what  
3 happens if you've got a 16-year-old who is at risk? What  
4 help is available for them? I called DoCS in Bourke.  
5 "We can't help you. They're 16." This is a person with a  
6 disability who is at risk.

7  
8 MS FURNESS: Did you call DADHC?

9  
10 MS WHITBREAD: Not a DADHC client: can't help him.

11  
12 THE COMMISSIONER: Did you try them? He doesn't qualify  
13 for DADHC?

14  
15 MS WHITBREAD: No.

16  
17 THE COMMISSIONER: It depends on the disability, but there  
18 are obviously other situations outside DoCS, such as  
19 Health. I am not sure what the disability is, whether it's  
20 a learning disability or a mental disability or a physical  
21 disability. Can you help us with that without --

22  
23 MS WHITBREAD: No. No, because we've got a very small  
24 clientele, so it might be giving away something  
25 confidential. Even so, the child doesn't qualify for DoCS  
26 help or DADHC help, but in relation to anyone who is 16,  
27 disability or not, they could not tell me who to get help  
28 from and it was quite a worrying situation at the time even  
29 though it was resolved by us. I'm just looking into the  
30 future if something flares up again and I can't get any  
31 help and he's threatened with being thrown out of home that  
32 night.

33  
34 MS FURNESS: What actual help were you seeking:  
35 accommodation, health, housing?

36  
37 MS WHITBREAD: Just anything to give me a bit of guidance.  
38 It was Friday afternoon and they said, "Call DoCS  
39 Helpline." I waited half an hour on DoCS Helpline without  
40 getting an answer and by that time I had to go and act on  
41 what had happened.

42  
43 THE COMMISSIONER: There is a real problem with children,  
44 adolescents, particularly when you're getting to that age.  
45 If they've been in care, there are systems for  
46 transitioning and supporting them. If they've never been  
47 in care and there isn't a case of immediate risk of harm,

1 of course, depending on their age, 16 is a problem anyway,  
2 you really have to go to other agencies. DoCS isn't the  
3 universal service provider for every member of a family or  
4 every child and without knowing more about the details, it  
5 is really a question of having available help maybe through  
6 Education, maybe through Health, maybe through an NGO, but  
7 I really can't help you without more specific details.

8  
9 MS WHITBREAD: Okay.

10  
11 THE COMMISSIONER: If you want to raise it with us  
12 privately afterwards then feel free to do so and we might  
13 be able to indicate that there is something you could have  
14 done, but I think at the moment I really can't answer that  
15 question without more detail. Paula Browne?

16  
17 MS BROWNE: I am Paula Browne and I'm representing  
18 Centacare Wilcannia-Forbes. We are a non-government  
19 organisation in the diocese of Wilcannia-Forbes, the  
20 Catholic diocese. We have been offering a range of  
21 services to young people, children and young people and  
22 families in Bourke for around almost 12 years, alongside  
23 other offices in service delivery in other locations,  
24 Narromine, Forbes and outreaching from those bases.

25  
26 There were two particular issues that I wanted to  
27 highlight, specifically regarding service provisioning in  
28 rural locations and the additional pressures around that.  
29 I know there are a lot of local service providers who  
30 experience frustration with limited resources. Our  
31 experience with DoCS and I guess some other government  
32 organisations is whether it's because of limited time,  
33 their interaction with our organisation could be better, to  
34 the point where it actually assists families and children  
35 and young people more. We've got limited resources from  
36 the beginning. If we were to work more collaboratively  
37 with those organisations which are stretched as well then  
38 we could be far more effective. That is one issue I wanted  
39 to highlight.

40  
41 MS FURNESS: Just before you go on to the second issue,  
42 can you give us an example of the lack of collaboration  
43 you're referring to?

44  
45 MS BROWNE: We've got what we see as a very successful  
46 program in Bourke and we've recently commenced the same  
47 program in Lake Cargelligo, working with teenage mums,

1           Aboriginals specifically, with limited education. We've  
2           worked very closely with TAFE here in town and the local  
3           child care centre and engaged young mothers in a whole host  
4           of activities, alongside education, they've re-entered  
5           education, but it's been a whole lot of hard work and  
6           practical support, but working together. I am not aware of  
7           DoCS being involved at all in referring or connecting with  
8           that program.

9

10          MS FURNESS:    Do you mean in referring young Aboriginal  
11          women who are pregnant to you?

12

13          MS BROWNE:    Mums, yes. Another part of that program  
14          alongside adult education is a weekly supported play group  
15          and a gathering for the mothers where other service  
16          providers can connect. It has provided a real forum for  
17          those organisations to reach those young women who could be  
18          considered a risk alongside their children.

19

20          MS FURNESS:    Does your organisation have the sort of  
21          relationship with the DoCS office in town to enable you to  
22          call them and have a chat?

23

24          MS BROWNE:    That's not my understanding. I don't actually  
25          work in the office in Bourke, but there's limited  
26          communication.

27

28          THE COMMISSIONER:  Do you have a representative in town  
29          here or do you do it from - where are you based?

30

31          MS BROWNE:    I am based at head office in Forbes.

32

33          THE COMMISSIONER:  Is there anybody here in town?

34

35          MS BROWNE:    Certainly.

36

37          THE COMMISSIONER:  At Centrecare?

38

39          MS BROWNE:    Certainly, yes.

40

41          THE COMMISSIONER:  Have you spoken to them about what they  
42          have tried to do by liaising with DoCS?

43

44          MS BROWNE:    I haven't got any specific examples. We just  
45          consulted them in relation to ongoing involvement, but  
46          their experience is that the people on the ground at the  
47          DoCS office in town are stretched in terms of time and

1 resources and --

2

3 THE COMMISSIONER: The clients that you're working with  
4 are not themselves in a situation of out-of-home care or  
5 are picked up by DoCS. They're outside the DoCS system,  
6 are they?

7

8 MS BROWNE: I believe there will be potential for them to  
9 have some involvement with DoCS.

10

11 THE COMMISSIONER: Thank you. You had a second issue?

12

13 MS BROWNE: That was probably going back to the rural  
14 issues and the need for the local community to be involved  
15 in designing or having a say in how services should be  
16 delivered on the ground, given the unique issues out here.  
17 I wanted to highlight our organisation's experience of the  
18 Brighter Futures tendering process as an example of what is  
19 not good modelling of service provision. I think there  
20 could have been a greater deal of consultation on the  
21 ground around how that program could have been rolled out  
22 locally.

23

24 THE COMMISSIONER: Did Centrecare tender for that as a  
25 lead agency?

26

27 MS BROWNE: Yes.

28

29 MS FURNESS: Was it successful?

30

31 MS BROWNE: No. Our frustration around that related to  
32 being an organisation that had worked hard to have a  
33 presence in Bourke, amongst other small isolated  
34 communities, for a long time and the tenders were awarded  
35 to other organisations that didn't have a local presence.  
36 I think that's one. For us the questions were around  
37 resources. There are connections and organisations and  
38 services and relationships on the ground and it's almost  
39 like you have to start again.

40

41 THE COMMISSIONER: Does Centrecare in Bourke have  
42 associations with community services here that you use?

43

44 MS BROWNE: Definitely. We're actively involved with  
45 local interagencies.

46

47 THE COMMISSIONER: Can you tell us which ones they are?

1  
2 MS BROWNE: My understanding is our youth staff actually  
3 facilitate the local youth interagency. We have a large  
4 number of youth programs for young people at risk, but it  
5 is involving the PCYC, local police, Centrelink, the  
6 employment agencies and the early childhood interagency as  
7 well the Families New South Wales funded programs.  
8  
9 THE COMMISSIONER: Thank you for that. The next one is  
10 Jody Cross, please. Is [REDACTED] here?  
11  
12 MS [REDACTED]: Hello, I'm [REDACTED]. I'm a foster carer from  
13 Cobar. We've got a few things to say about DoCS. Every  
14 time we ring up DoCS to get them to do anything, like to  
15 get Medicare cards for the children that are out of care or  
16 in home care, we cannot get them. We can't even get  
17 someone to talk to us on the telephone at all. They just  
18 give the person in DoCS the number and that's it. We've  
19 had kids in care for three or four years. We have got to  
20 fight with them to get anything done.  
21  
22 THE COMMISSIONER: Are you talking about kids in your own  
23 care, in your care?  
24  
25 MS [REDACTED]: Yes, the State's kids.  
26  
27 THE COMMISSIONER: I understand what you mean, but you're  
28 talking about yourself as a foster carer?  
29  
30 MS [REDACTED]: Yes.  
31  
32 THE COMMISSIONER: Not other foster carers?  
33  
34 MS [REDACTED]: No.  
35  
36 THE COMMISSIONER: Have you spoken to other foster carers  
37 in Cobar?  
38  
39 MS [REDACTED]: In Cobar? Yes, they're exactly the same.  
40  
41 MS FURNESS: Are you ringing the Cobar office or the  
42 Bourke office?  
43  
44 MS [REDACTED]: The Bourke office.  
45  
46 MS FURNESS: What sort of things do you want from the  
47 Bourke office?

1  
2 MS [REDACTED]: We want them to answer our calls and to get  
3 something done. What I mean is --  
4  
5 MS FURNESS: What sort of things do you want them to do?  
6  
7 MS [REDACTED]: We want them to answer our calls first off.  
8 We want the kids' Medicare cards. We don't want to wait  
9 three years to get a Medicare card and a health care card  
10 and any immunisations, you know. In the first place, these  
11 kids were put with us. We think that that's your  
12 department, that something should be done.  
13  
14 THE COMMISSIONER: Are some of your calls for support to  
15 solve problems as well as wanting basic things such as  
16 Medicare cards?  
17  
18 MS [REDACTED]: Yes.  
19  
20 THE COMMISSIONER: What sort of support do you need from  
21 time to time?  
22  
23 MS [REDACTED]: Normal support.  
24  
25 THE COMMISSIONER: For example, if you have children with  
26 problems, do you want counselling, that sort of thing?  
27  
28 MS [REDACTED]: Yes.  
29  
30 THE COMMISSIONER: Have you rung up to ask for that?  
31  
32 MS [REDACTED]: Yes, many times. Some kids need counselling,  
33 even adults, but it doesn't happen. The kids don't get it.  
34  
35 THE COMMISSIONER: Do you know whether there is a case  
36 worker allocated to the children you have?  
37  
38 MS [REDACTED]: Yes. There is a case worker for all the kids  
39 that are in Cobar and we can't even get her on the phone.  
40  
41 THE COMMISSIONER: How many kids do you have yourself?  
42  
43 MS [REDACTED]: I have five children, five boys.  
44  
45 THE COMMISSIONER: All in care?  
46  
47 MS [REDACTED]: No, three of mine, two are in care.

1  
2 THE COMMISSIONER: As far as the other foster carers in  
3 Cobar are concerned, what sort of numbers in care are we  
4 talking about?  
5  
6 MS [REDACTED]: There are four children that I know of in  
7 foster care in Cobar. The rest of them are out of kinship  
8 carers.  
9  
10 THE COMMISSIONER: Okay. Thanks for that. Is there  
11 something else you want to say?  
12  
13 MS [REDACTED]: I've got heaps. With visitation, I want to  
14 know too, we've asked for escort workers to actually take  
15 children away for visitation and things like that. We've  
16 been told that we have to take them.  
17  
18 THE COMMISSIONER: What sort of distances are you being  
19 asked --  
20  
21 MS [REDACTED]: Dubbo, just going from Cobar to Dubbo. We have  
22 been told there are no escort workers or nothing. They  
23 can't even arrange it, not at all. They won't even try.  
24 They won't even come and see the child. We can't even get  
25 anyone to look at their cases. You know how they're  
26 supposed to do a report on a child every 12 months? Ever  
27 since our kids have been in care, we've had one.  
28  
29 THE COMMISSIONER: The review is necessary for your  
30 allowance to keep being paid.  
31  
32 MR [REDACTED]: We don't get them.  
33  
34 THE COMMISSIONER: You don't get the reviews?  
35  
36 MS [REDACTED]: No, they just click it over.  
37  
38 THE COMMISSIONER: Have your allowances ever been cut off?  
39  
40 MS [REDACTED]: Yes, and we've had to wait four weeks for them  
41 to get started again.  
42  
43 THE COMMISSIONER: Is that because you've gone through  
44 another year without a review? Is that the reason the  
45 allowance is cut off?  
46  
47 MS [REDACTED]: Yes, but they'll just say, "Oh, we'll flick it

1 over for you." And that's it. That's all we get. Thank  
2 you.

3  
4 THE COMMISSIONER: Thank you. Pat Amos?

5  
6 MS AMOS: Hello, I'm Pat Amos from the local school.  
7 I just wanted to ask a question. This is on the other side  
8 of the board. When a person is accused of child abuse --

9  
10 THE COMMISSIONER: Are you talking about a carer or  
11 anybody?

12  
13 MS AMOS: Anybody, just anybody is accused of child abuse,  
14 what right of reply has that person got?

15  
16 THE COMMISSIONER: It depends on the context. If a matter  
17 has come to the notice of the police and the police are  
18 investigating it routinely, if they think it is a case  
19 worth inquiring into they will come and interview or at  
20 least offer an interview to the person who is accused of  
21 the abuse. You have a full right of reply if you so wish  
22 and clearly, you're entitled to have a lawyer present at  
23 that interview. The interview should be electronically  
24 recorded.

25  
26 You have a full right either to give a reply or to  
27 decline to give a reply. If you decline to give a reply,  
28 that can't be used against you. If you do give a reply  
29 then that can obviously be evidence in the case. If it is  
30 not a police matter and you, for example, were a carer  
31 through DoCS and the child made an allegation that the  
32 carer was abusing you, then DoCS would need to respond to  
33 that and it can do a number of things, including removing  
34 the child if they're sufficiently concerned and carrying  
35 out an investigation and you obviously are entitled to give  
36 your side of the story if they are doing that  
37 investigation.

38  
39 MS FURNESS: You could also appeal to the court if you  
40 wanted to.

41  
42 THE COMMISSIONER: If, for example, DoCS then said,  
43 "The allegation is sustained and we're going to remove the  
44 child and strike you off the list of being a carer" then  
45 you have appeal rights to the Administrative Decisions  
46 Tribunal. Does that answer your question?

47

1 MS AMOS: Yes, thank you.  
2  
3 THE COMMISSIONER: I think you also said that you're  
4 involved with the school here.  
5  
6 MS AMOS: Yes.  
7  
8 THE COMMISSIONER: Do you have any particular experiences  
9 so far as your school children are concerned and the child  
10 protection system generally, whether it be Department of  
11 Education involvement or Police involvement or DoCS  
12 involvement or any other involvement?  
13  
14 MS AMOS: A few years back, yes. That was why I asked the  
15 question because I felt at the time that the accused person  
16 really didn't get much of a chance to reply to the  
17 allegation.  
18  
19 THE COMMISSIONER: Do you have any other issues about how  
20 the system works?  
21  
22 MS AMOS: No, and I just wanted to be clear about that,  
23 thank you, just as a point of knowledge. Thank you.  
24  
25 THE COMMISSIONER: Of course, the logical first point is  
26 if you are accused of something or someone is accused of  
27 something and you're not happy with the response, the  
28 obvious thing to do is consult a lawyer pretty smartly to  
29 get advice as to your rights. ██████, please.  
30  
31 MS ██████: ██████. I am from Cobar and I am a  
32 custody carer. ██████ and I did get together and made a  
33 list, but the main one for me as a foster carer was support  
34 through DoCS. I don't feel that we get anything,  
35 especially if we've got a child who has behavioural  
36 problems. I feel like the child is dumped into care. As  
37 long as they've got care, just leave them. I've asked for  
38 medical help for one child, care for her. I've had this  
39 child for nearly four years and not much has been done.  
40  
41 THE COMMISSIONER: You have asked DoCS for assistance?  
42  
43 MS ██████: Yes.  
44  
45 THE COMMISSIONER: Have you also tried health  
46 professionals, the local health service or your GP?  
47

1 MS [REDACTED]: I've called through the school and some things  
2 have been arranged through that, but to me the child needs  
3 ongoing support all the time. This once a month or once in  
4 a blue moon is not good enough for the health of this  
5 child. She has issues and that was just one of them. Like  
6 [REDACTED] said, the follow-up on information, the type that I  
7 need, I have another little boy in care who I haven't had a  
8 Medicare card for and I've had him for 15 months. His  
9 immunisation records are at the child care centre and I  
10 asked for those and for the older person I didn't have a  
11 Medicare card for three years. I have to chase these up  
12 and I shouldn't have to do that.

13  
14 THE COMMISSIONER: What did you do in the meantime for  
15 their medical needs? Did you pay yourself?  
16

17 MS [REDACTED]: The doctor's receptionist rang for the Medicare  
18 number for one child and we received that Medicare number  
19 and DoCS verbally gave me one.  
20

21 THE COMMISSIONER: I am sorry?  
22

23 MS [REDACTED]: DoCS did give me a verbal one over the phone of  
24 the number, but I feel I should have the card and his  
25 records and things like that, just basic stuff.  
26

27 THE COMMISSIONER: Again, have you from time to time asked  
28 for any other support, if you have a child with problems,  
29 but haven't got it, such as counselling or something like  
30 that?  
31

32 MS [REDACTED]: I've asked for counselling through DoCS in  
33 Bourke and they said, "Yes, we'll arrange something through  
34 the school" and there has been occasionally a counsellor up  
35 there. If this child won't want to speak there's nothing  
36 they can do, but I feel that maybe it should be a different  
37 counsellor through the main system and one that would work  
38 for her. That's one thing.  
39

40 THE COMMISSIONER: Thank you. Now, it's Belinda Colless,  
41 please.  
42

43 MS COLLESS: My name is Belinda Colless. I have been in  
44 Bourke for about five and a half weeks, and I have been  
45 employed by Bourke & District Children's Services. For  
46 those of you who aren't aware, Bourke & District Children's  
47 Services is the proposed amalgamation body for Bourke

1 mobile, Bourke childcare centre and the preschool.

2  
3 Currently at the moment a part of my task is to  
4 evaluate each service and the funding bodies associated  
5 with each service and the funding money to comes into each  
6 service.

7  
8 At this point in time, one of the issues that we are  
9 finding, in particular, with the Bourke preschool is that  
10 for the children and the children's needs that we have we  
11 are being forced to have a look at a restructure which  
12 means a fee increase of approximately \$32.50 a day.  
13 Currently we are looking at half-day sessions for \$5 a day  
14 which means that the preschool is actually running at a  
15 huge loss at this time.

16  
17 My issue at the moment is I'm aware of the preschool  
18 reform program. I have been provided with some information  
19 about how to access that, and some of the funds that may be  
20 available. I'm also aware of the SKAN program. That is a  
21 different issue I will get to in a moment. At the moment I  
22 am constantly being told that I have to keep within the  
23 staff ratios that DoCS provides for the associated funding.  
24 That 's fine, but the kids of Bourke and the needs of the  
25 Bourke community don't necessarily fit into a statewide box  
26 that is governed to every other community. Trying to do  
27 what we are doing is actually a huge benefit to the Bourke  
28 community, because we are looking at amalgamating a lot  
29 more than the services, but some of the community resources  
30 and, in particular, the city leaders of our community into  
31 one body.

32  
33 At the moment, between those three bodies you are  
34 looking at about 27 volunteers, community volunteers that  
35 have families, have jobs and have other commitments and  
36 they are trying to run these entities as businesses. It's  
37 becoming second fiddle to the rest of their other  
38 commitments. We are trying to be responsible in the  
39 management of these entities, but it's very, very difficult  
40 as I have explained to both federal and state government  
41 bodies, that to create this amalgamation takes time, money  
42 and resources before there will actually be benefits at the  
43 other end.

44  
45 I guess, the thing that I really ask this forum to  
46 take away from it that your one box fits all approach to  
47 child care and in particular, and the availability for some

1 of the most socially and economically disadvantaged  
2 children of this community, to access preschool for two  
3 days a week, as is the federal government's wish, is very  
4 difficult when are asking parents to pay \$32.50 to access  
5 that. That is not on the table at the moment. That is one  
6 of the things we are having to look at.

7  
8 MS FURNESS: Whose pays for your position?

9  
10 MS COLLESS: My position has been funded by each one of the  
11 entities and Bourke Shire Council.

12  
13 MS FURNESS: Who funds each of the entities?

14  
15 MS COLLESS: It's a mixture of FaHCSIA, DoCS and DET  
16 funding.

17  
18 MS FURNESS: The shire council is paying for you to do an  
19 evaluation of each of them with a view to amalgamating  
20 them.

21  
22 MS COLLESS: We are prepared to amalgamate and to look at a  
23 strategy in which each of those can exist viably in terms  
24 of delivering a service. One of the issues with viability  
25 is actually recruiting and retaining qualified staff, and  
26 the other issue is our civic leaders and volunteer  
27 organisations, that we are drawing on the same people over  
28 and over again to be the leaders of our communities. I  
29 mean, Bourke has had, in the last five years, a third of  
30 its population just about, 28 per cent -- not quite a  
31 third, my maths isn't that good -- pack up and leave this  
32 area. What is being left behind are the most disadvantaged  
33 populus. That is one of the issues that is very high on  
34 the agenda of the Bourke & District Children's Services.  
35 It's not there to represent one child, it's there to  
36 represent the community and the children of Bourke &  
37 District Children's Services.

38  
39 MS FURNESS: Your concern is there is not going to be  
40 sufficient funding to enable a quality service that is  
41 affordable to be run in this area?

42  
43 MS COLLESS: Correct.

44  
45 THE COMMISSIONER: Tell us in a little bit more detail what  
46 are the services that together you want to provide.

47

1 MS COLLESS: Currently we are providing a mobile service,  
2 which is funded by FaHCSIA.  
3  
4 THE COMMISSIONER: What actually is the mobile service?  
5  
6 MS COLLESS: The mobile service is basically a truck that  
7 goes out and provides a mobile children's service to  
8 different locations in the Bourke area. It might go out to  
9 Enngonia for a session, it may go to Louth, it may go down  
10 to the Indian Sisters, it may set up in the park.  
11  
12 MS FURNESS: A session of what?  
13  
14 MS COLLESS: An actual program session of play for children  
15 zero to six. It's licensed for 20 places. That is  
16 obviously a FaHCSIA issue. We have a childcare centre  
17 which is licensed to 39 places, which is partially DoCS  
18 funded. It operates five days from quarter past 8 to  
19 quarter past 5. They have had three increases in their  
20 fees in the last six months to ensure that they are  
21 financially stable or viable. There is a preschool that  
22 currently has 29 places and provides bus service for  
23 children, so that some of the most disadvantaged children  
24 are actually having assistance in accessing that service,  
25 and ensuring they are attending some sort of program for  
26 their development.  
27  
28 THE COMMISSIONER: You mentioned you heavily depend on  
29 volunteers. Apart from yourself, are there paid employees  
30 providing these services as well?  
31  
32 MS COLLESS: In terms of actually delivering children's  
33 programs, yes.  
34  
35 THE COMMISSIONER: How many paid employees would there be  
36 within this amalgam?  
37  
38 MS COLLESS: Within this amalgamation -- staff with  
39 children contact, or administrative staff also?  
40  
41 THE COMMISSIONER: If you managed to combine all three,  
42 how many paid staff will there be?  
43  
44 MS COLLESS: Equivalent to 17 full-time positions. It will  
45 become one of Bourke's larger employers.  
46  
47 THE COMMISSIONER: You mentioned the numbers you presently

1 cater for. Will there be a bigger pool that you can cater  
2 for that has a need?  
3  
4 MS COLLESS: I was doing some research on statistics and  
5 there are approximately 136 children going off the 2006 ABS  
6 statistics that would be able to access this service.  
7 Currently, we are probably getting to half of them.  
8  
9 THE COMMISSIONER: That number you mentioned, you estimate  
10 they are all disadvantaged?  
11  
12 MS COLLESS: No, I estimate with that 46 per cent of  
13 families in the Bourke area are actually under the \$41,500  
14 wage line which is where the subsidies do start coming into  
15 place. We have 46 per cent of our community, I don't know  
16 if they are attached to those children or not, I can only  
17 go on the statistics I have at hand, and that is huge when  
18 you start comparing what the average income is across local  
19 government areas. It is quite disadvantaged.  
20  
21 THE COMMISSIONER: Thank you for that.  
22  
23 MS COLLESS: I have more. With the SCAN funding, which I  
24 have recently become aware of, one of the issues we have  
25 there is actually trying to access -- there was another  
26 lady from Cobar that has the same issue, about actually  
27 trying to access professionals to help in the early  
28 intervention and to be able to pick up some of the  
29 behavioural disabilities that young children do have.  
30 Again, that comes back to this idea of ratios. If we can't  
31 access the professionals to assist these children, or do  
32 the assessment on these children, it's really hard to  
33 access that additional SCAN funding that then provides you  
34 with the funding to pay for more staff to actually help  
35 them one on one.  
36  
37 MS FURNESS: SCAN?  
38  
39 MS COLLESS: Now you have got me, it's a DoCS funding.  
40  
41 MS FURNESS: Maybe someone from DoCS can tell us what SCAN  
42 stands for.  
43  
44 SPEAKER: Supporting Children Additional Needs.  
45  
46 MS COLLESS: That is, again, another issue, having access  
47 to the sorts of professionals out here. Look, the whole

1 aim of Bourke & District Children's Services is, yes, we  
2 are looking at a financial amalgamation. In three or four  
3 years the aim is to have a physical amalgamation where the  
4 three services can find a lot more economies of scale, and  
5 to be able to promote and make it accessible to this  
6 community, some of those additional services. We don't  
7 want to stop with a mobile and preschool and childcare  
8 centre. We want to be a one-stop shop for families that  
9 have young children; that if you need to access an OT, or  
10 you need to access a speech therapist, or you need to have  
11 some sort of additional support, it's your first port of  
12 call to go to when you need some sort of assistance.  
13 Obviously, that will come later in building interagency  
14 networks. Thanks for your time.

15

16 THE COMMISSIONER: I'm not sure about the writing, is it  
17 Phillip Sullivan?

18

19 MR SULLIVAN: Phillip Sullivan from Bourke. I work with  
20 the Department of Environment and Climate Change as an  
21 Aboriginal Heritage Officer. Probably the comments about  
22 this thing where you have to ring up on the telephone, who  
23 you have to ring up if you want to get an issue solved over  
24 the phone, I think just listening to some of the comments  
25 from the last speakers, I think the Act and the policies  
26 that are coming out of government, wherever they come from,  
27 has taken the responsibility away from the people like in  
28 the room and putting it in a handful of people's pocket, I  
29 suppose, and not really giving it to the people who are on  
30 the ground, the building to look after one another on the  
31 ground. It's been put into a policy of law and that has  
32 really damaged, particularly an Aboriginal culture setting,  
33 I suppose. It's taken away that responsibility of the  
34 mother and father, and it has put it in writing and not  
35 given it to the people who should have the responsibility.  
36 So, when I am ringing up on a Saturday night for some  
37 children who are out on the street, with this telephone  
38 number I have to ring, which is a 1800 number, whatever it  
39 is.

40

41 THE COMMISSIONER: That is a Sydney Helpline.

42

43 MR SULLIVAN: I don't know where it is. It could be on the  
44 moon for all I care. The issue is they are not going to  
45 get any help, only the telephone line. The people who can  
46 give the help are the people that in the community and know  
47 about the children in the community.

1  
2 We cannot touch the child on the street because it's  
3 against the law. We have to ring this number to give the  
4 help to the child, but I have done this once and I have  
5 spoken to the DoCS officers in this community. They only  
6 work from Monday to Friday, and when you come to Saturday  
7 and Friday night and Sunday night, that little one, that  
8 little child is still on the street. Like I said before,  
9 the responsibility of the people in the community, all that  
10 responsibility has been taken away from them and put in a  
11 policy and law, where it should be the other way around.  
12 It's top heavy with paperwork and not with community people  
13 doing the work.

14  
15 THE COMMISSIONER: We are very much aware of the need for  
16 the local community to be carefully involved in these  
17 issues. There are a couple of ways which either DoCS or  
18 police can intervene in the situation you mentioned. It's  
19 possible, if you have an indigenous problem with a child,  
20 to go directly to the local CSC. I appreciate they are  
21 closed at night, and you are not going to get an immediate  
22 response. But the police also have a capacity to intervene  
23 if they think that a child is at risk by being loose on the  
24 streets late at night, particularly in bad company.

25  
26 MR SULLIVAN: I agree with you. I think the officer in the  
27 room will agree with me that there is also their workload  
28 too that they have within the community. They prioritise  
29 that workload to where it is supposed to go, and if you are  
30 talking about a car crash out on the road, compared to a  
31 little child on the street, there's a priority that pays.  
32 Like I said, there are people in the community that can  
33 actually grab onto that situation straightaway, but they  
34 are not able to because of the laws and the policies that  
35 are written. I think that is very unfair on our children.  
36 I will just leave it at that anyway.

37  
38 THE COMMISSIONER: Thank you. [REDACTED].

39  
40 MS [REDACTED]: My name is [REDACTED]. I work for the  
41 Bourke Brewarrina Family Violence Legal Service. The  
42 question I want to ask today is why your DoCS workers in  
43 Bourke here won't even have the decency to come out and see  
44 a lot of young women that go over there. They got to sit  
45 for hours before they can see any of them. [REDACTED],  
46 [REDACTED], she won't even come out. She won't even  
47 answer your calls.

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THE COMMISSIONER: I think we will leave the name out for the moment. You say one of the caseworkers at the DoCS office doesn't answer your calls.

MS [REDACTED]: Yes. I have left that many messages for her to wring me back. She has never rang me back once.

Another thing is I want to know how can DoCS just walk into a school and take a little boy out of school, take him away from his parents? His parents didn't even know they took him. They didn't even come and ask, get family members to look after him, but my brother put one family member forward. They said she wasn't a proper person to look after him and they put him in Burnside care. We had 13 family members. They did not come to another family member and ask them, if one of the others will go up there.

THE COMMISSIONER: One of the requirements under the Act for a Koori child is that the first priority for a placement out of home would be with someone in the community. So, I'm not sure why that happened.

MS [REDACTED]: They said they didn't want him in Dubbo; they said they wanted him out of Dubbo. We have family members out of Dubbo.

THE COMMISSIONER: I understand. Where was the child?

MS [REDACTED]: Burnside. He still is in Burnside.

THE COMMISSIONER: Where was he before he was removed.

MS [REDACTED]: With his father in Dubbo.

THE COMMISSIONER: DoCS were of the view he should be located outside of Dubbo?

MS [REDACTED]: Yes.

THE COMMISSIONER: There may have been reasons for that that we can't go into here.

MS [REDACTED]: You would think he would go to a family member first before you put him with somebody else.

THE COMMISSIONER: Certainly if DoCS knew there was a

1 suitable kinship placement, then that should be the first  
2 priority.  
3  
4 MS [REDACTED]: But they never come and assessed our family.  
5  
6 THE COMMISSIONER: We will take that on board. But, to  
7 say in theory that shouldn't happen, it will only happen if  
8 for a number of reasons DoCS was satisfied that had to be  
9 the appropriate course. I think in some of these last  
10 questions which have been raised there may be some  
11 impression we are from DoCS. In fact we are not.  
12  
13 MS [REDACTED]: I know. We are putting our complaints to you  
14 about DoCS.  
15  
16 THE COMMISSIONER: I understand that. Just in case  
17 anybody thought we were.  
18  
19 MS [REDACTED]: No, everybody knows where you come from.  
20  
21 THE COMMISSIONER: That's good. Do you have any other  
22 problems? The family violence program that you are  
23 involved with, can you tell us what you are actually doing  
24 with that program?  
25  
26 MS [REDACTED]: I'm in reception there, and I acting CEO at  
27 the moment.  
28  
29 THE COMMISSIONER: Where are you based?  
30  
31 MS [REDACTED]: In Bourke. We deal with family law and AVOs,  
32 sexual assault.  
33  
34 THE COMMISSIONER: Can you tell us of any problems you may  
35 be having in that area? You mentioned a problem about  
36 getting a response from DoCS, are there other problems you  
37 are facing, for example, in getting a refuge or support or  
38 other solutions to getting the victims of domestic violence  
39 into a safe situation?  
40  
41 MS [REDACTED]: Well, my coordinator would be better answering  
42 that.  
43  
44 THE COMMISSIONER: We might hear from her.  
45  
46 MS [REDACTED]: I still have a couple more questions.  
47

1           █: My name is █. I coordinate Bourke  
2 Brewarrina Family Violence Legal Service. It's a legal  
3 service that is specifically for indigenous women and  
4 children that are victims of sexual assault and family  
5 violence. We also deal with young boys up to the age of  
6 12. We cover, as █ has already said, family law. We  
7 also deal with AVOs, we also assist with compensation  
8 claims, care and protection of children. We also get  
9 involved there. We also provide a service that we can  
10 transport the victims of family violence to a refuge if  
11 need be, or we also can do referrals to other service  
12 providers.

13  
14 THE COMMISSIONER: We understand domestic violence is a  
15 problem. Are there any other areas where you would like  
16 more support or more services or more assistance in  
17 providing your service?

18  
19 █: There's a whole list. I can go into that later  
20 with you, if you like. I can't think of it at the moment.

21  
22 THE COMMISSIONER: I understand that. If you can, it  
23 would be helpful for us to know. There are two ways you  
24 can do it: You can talk to one of our staff here  
25 afterwards, or if it's easier, you could write us a letter  
26 setting out the problems as you see them, or the needs that  
27 you think you would like to have addressed.

28  
29 █: I was going to see how this was going today and  
30 then follow up that opportunity later on to you, to do a  
31 written --

32  
33 THE COMMISSIONER: That would be great. We will give you  
34 details of who to write to. Thank you.

35  
36 Do you want to say any more or has that opportunity to  
37 write to us covered your other wishes?

38  
39 MS █: One lady asked me today, she is here today,  
40 but didn't want to speak, she wanted me to let you know  
41 that she's had her two little grandkids in her care. Her  
42 daughter has incarcerated. She had one baby while she was  
43 incarcerated. DoCS did not help her out in any way. One  
44 little boy is six years old now and the other little boy is  
45 three. She has no help from DoCS. She has been battling  
46 with these little kids for the last six years and every  
47 time she goes over there, they say they are still working

1 things out. That is not good enough. This lady needs help  
2 with her grand kids.

3  
4 THE COMMISSIONER: Have the children both been removed?

5  
6 MS [REDACTED]: They just put the children in the  
7 grandmother's care because the mother was incarcerated.  
8 But, you would think DoCS would have helped when she went  
9 and got that baby down in Sydney. You would think DoCS  
10 would have helped out with her. They have not helped this  
11 woman in one way. What does she do? Does she write a  
12 complaint to you or what happens?

13  
14 MS FURNESS: She could ring up the complaints unit of DoCS  
15 or she could make a complaint to the Ombudsman or she could  
16 write to the DoCS office. There are three ways of doing  
17 it.

18  
19 MS [REDACTED]: But there is no help in the mean time?

20  
21 THE COMMISSIONER: The situation is if they are living with  
22 the grandmother at the moment they are probably being cared  
23 for, are they?

24  
25 MS [REDACTED]: Yes, they are cared for. You would think DoCS  
26 would help out in some way with her.

27  
28 THE COMMISSIONER: Has the grandmother sought any help  
29 from DoCS?

30  
31 MS [REDACTED]: Yes, she has. She has no help from them  
32 whatsoever.

33  
34 THE COMMISSIONER: What help has she asked you --

35  
36 MS [REDACTED]: The same help you give every other foster  
37 parent or carer or kinship person.

38  
39 MS BEETSON: My name's Grace Beetson and my other worker  
40 here is Mrs Dianne Hardy. We work for the Gurgunya Women's  
41 Safehouse in Brewarrina that provides services to  
42 Aboriginal women and children to keep them safe. There are  
43 many gaps in DoCS's services that are provided out in the  
44 western area. Our priority is the protection of women and  
45 children in all facets of their lives, which includes child  
46 protection from sexual abuse and any other sorts of abuse  
47 that children are experiencing. We have had a very

1 difficult time in trying to be able to provide services to  
2 the community, which has very few services in relation to  
3 addressing these sorts of issues.  
4

5 I probably should have done you a written submission  
6 because I could probably talk all day on the gaps that  
7 there are in DoCS's services out in our community. I can  
8 only really refer to Brewarrina, but I know there are  
9 similar circumstances in other towns that surround our  
10 communities.  
11

12 THE COMMISSIONER: Can I ask you to do this? Can you just  
13 tell us now what you think is lacking and if you want, you  
14 can write a fuller submission to us.  
15

16 MS BEETSON: Yes, I think I need to. I would just like to  
17 use a case scenario. Prior to Christmas last year, 2007,  
18 we had a "Rabbit Proof Fence" intervention take place in  
19 our community. The mother who was placed in care when she  
20 was five years old and was sexually abused in a home that  
21 she was put in was never listened to by DoCS workers way  
22 back then and she had to suffer for 30 years of her life in  
23 silence because the people that were caring for her didn't  
24 listen to her.  
25

26 As she had her own children, her children came  
27 immediately under the jurisdiction of DoCS. Yes, there  
28 were orders made in relation to the protection of these  
29 children and they were placed through the court with their  
30 grandmother. The grandmother had problems and she couldn't  
31 provide for these children for various reasons and she  
32 returned these children back to the mother.  
33

34 There was very little support that was given to this  
35 mother to be able to address the issues that she was having  
36 in being able to raise her children and the visits were  
37 very few. Two of her girls grew up and they had their  
38 babies very young. There was a seven-year gap and even  
39 though there were court orders put in place that these  
40 children were to be put with their grandparents, there was  
41 no DoCS intervention to come in and to work on assisting  
42 this woman to fix up the problems she was having with her  
43 children.  
44

45 Then the girls had their own babies and the mother  
46 also had a couple of young children in her family - three,  
47 actually. They ranged from 12 to five years old. This

1 woman constantly rang DoCS workers - constantly - and said,  
2 "I need support." "I need support." "I need support."  
3 Prior to Christmas they turned up, the DoCS case workers,  
4 both Aboriginal and non-Aboriginal. They had the police  
5 and, like I said, they did a "Rabbit Proof Fence" style  
6 intervention. They ripped the babies from the arms of the  
7 two young mothers.

8  
9 These two girls were only visiting their mother on the  
10 day and the mother was waiting for DoCS to come to see her  
11 because she thought she was getting a visit so that they  
12 could help her with the support she'd asked for. They came  
13 with the police and literally ripped the children out of  
14 their mother's arms by force. Of course the father is  
15 going to react when they're doing a visit and someone comes  
16 in and says, "I've taken the kids" and does that and pulls  
17 them out of their mother's arms. The father was sprayed  
18 with capsicum spray and thrown in the back of a police  
19 wagon. The children weren't even put into a DoCS car to be  
20 taken away. They were put in the back of the police car,  
21 no child restraints, to take them from the scene and then  
22 these children were taken out of town.

23  
24 Our service has been lobbying DoCS and various other  
25 government departments for the past seven years to set up a  
26 safehouse for women and children that is big enough to  
27 cater for the needy in our community. We have obtained an  
28 old age care facility where we've been lobbying everywhere  
29 to get some repairs and maintenance done. We have had  
30 in-kind support from a team of builders in Sydney that have  
31 offered over \$300,000 worth of labour free if the  
32 government puts up the funding to repair that place where  
33 we will have a 20-unit hostel to address the issues that we  
34 have in our community.

35  
36 I heard brother Phillip talk just now about our  
37 children who at risk. Like he said, there is no  
38 legislation at the moment for us, as grassroots workers, to  
39 be able to pick these children up off the streets at the  
40 time we see their needs of high risk. We have a local  
41 patrol that works in a voluntary capacity in our community.  
42 The bus was given to us through the Variety Club of New  
43 South Wales, but the women have been constantly lobbying  
44 for services so that we can provide appropriate services in  
45 a community that has very little services that address  
46 these issues.

1 We heard the Government's "Sorry Day" speech a few  
2 weeks ago to the Stolen Generation and I applaud that, but  
3 if DoCS doesn't change their way of doing business in  
4 Aboriginal communities, we're going to have a second  
5 Stolen Generation. Our women's service has been lobbying  
6 the DoCS people in this room today. I tell these people to  
7 their faces that we have done the business plans that we've  
8 been told to do. We've done 10-page reports. We need to  
9 address these issues immediately. Immediately.

10  
11 I heard that young lady talk about the attitude of a  
12 DoCS case worker that came out. That same case worker came  
13 to our community and she came to our service after and  
14 said, "I didn't know you were here." I said, "We have been  
15 liaising with DoCS for seven years for safehouse services  
16 for our women and children and your department in Bourke  
17 and Walgett knows very well." I sit on interview panels  
18 with children and women where the kid are at risk and DoCS  
19 has come to intervene, as an interpreter and a person to  
20 support families so that our kids are not taken out of our  
21 communities, but that they have a place in the community  
22 where we can go out and support them.

23  
24 Our service is grossly underfunded, understaffed and  
25 underresourced. We run a 24/7 women's safehouse in  
26 Brewarrina with one paid position. Our yearly budget is  
27 equivalent to the community facilitators that come out  
28 20 years down the track and tell us the same things that  
29 we've already told them 20 or 30 years prior. There's  
30 duplication of services.

31  
32 MS FURNESS: How many beds do you have at the safehouse?

33  
34 MS BEETSON: We are meant only to take seven clients. If  
35 we've got two women who have three children each, it's  
36 full. There are times when our refuge has over 14 people  
37 there at the one time, both women and children, but like I  
38 said, coming back to that thing of there needs to be some  
39 sort of change where our services are recognised as being a  
40 provider in the community, where we can pick up these  
41 children. I got home one afternoon to my mum's house and  
42 she lives close to a dam and it's in the Aboriginal flats.  
43 There was a family who were all drinking. We know we've  
44 got these problems. We've got huge drug and alcohol  
45 problems in our communities. There were five or six little  
46 kids heading to the dam. I should have immediately been  
47 able to get those children and take them to the safeplace,

1 but because of DoCS's rules we couldn't do it. All I could  
2 do was go in and say to the parents, "Come out. Your  
3 babies are going to be dead." This was a week after we'd  
4 buried a little baby that was found murdered in Sydney.

5  
6 These are the sorts of issues that we as grassroots  
7 workers are experiencing with no support or very little  
8 support. They want to put us in a box, you know, saying,  
9 "All you're put here to do is domestic violence." When  
10 women come to our gate they are mostly self-referrals.  
11 Police numbers are down, so they come to the local services  
12 first. They don't come there just about domestic violence.  
13 They come there because they've been sexually abused in  
14 their lifetime. Their children are at very high risk.  
15 They have no other alternative accommodation. We have been  
16 crying and struggling to try to get these services  
17 happening in our community and they're not there. I heard  
18 Belinda. She talked about all the different buckets of  
19 funding that she gets. We get one bucket. One bucket of  
20 funding.

21  
22 THE COMMISSIONER: Where that's from?

23  
24 MS BEETSON: It comes from the Supported Accommodation  
25 Assistance Program, through SAAP. Reviews have been done  
26 in this Murdi Paaki region which showed that the five  
27 safehouses in this region at Wilcannia, Bourke, Walgett,  
28 Brewarrina and Lightning Ridge are grossly underfunded,  
29 underresourced and understaffed. Child protection issues  
30 like these are not going to go away. We're about trying to  
31 get at the severe child sexual assault cases. We know that  
32 the children have to be immediately removed and we support  
33 that happening and we don't not disclose those sorts of  
34 things if they come under our thing, but we're about  
35 working together with the families to heal the families and  
36 to protect the children.

37  
38 THE COMMISSIONER: Thank you. We understand that.

39  
40 MS BEETSON: I have a couple of papers that you're quite  
41 welcome to take back. I will do a written submission.

42  
43 THE COMMISSIONER: That will be great. Thank you.

44  
45 MS HARDY: Thank you. My name is Dianne Hardy and I'm  
46 chairperson of Gurgunya. Just like our manager,  
47 Grace Beetson, I won't take up much of your time as you've

1 been given an overview of our service. Believe me, there's  
2 just been sheer frustration over the last seven years.  
3 Even though we have had many government departments,  
4 I think they call them consultancies - you know how they  
5 bring them in all the time - come in and even though we've  
6 identified the issues that need to be addressed in our  
7 community, even though we're Aboriginal women and we know  
8 it, yet, they're not listening. They'll listen to an  
9 outsider that's going to come in and yet, they want to  
10 determine the decision or direction for our community. It  
11 is totally wrong.

12  
13 It's about time that they start taking us into  
14 consideration. Our women work at the forefront. I would  
15 just like to say, if I can briefly, in terms of our  
16 staffing, like Grace said, there's only one paid position  
17 and that's Grace's position, but Grace shared her position  
18 with the other support workers that came in. She shared  
19 it.

20  
21 THE COMMISSIONER: Just on that, how many support workers  
22 or women do you have actually working with you who are able  
23 to support the women who are subject to violence?

24  
25 MS HARDY: There are about six.

26  
27 MS BEETSON: Six.

28  
29 MS HARDY: Six all together, that's including Grace, but  
30 the only way we've been able to survive is with the job  
31 networks, with OEC and Joblink and CDP. When you look at  
32 it, Brewarrina is in the top band, in the top end, in the  
33 top 5 per cent of the state in the national statistics for  
34 the social indicators, you know, with domestic violence and  
35 child abuse. Like I said, even as far as we have come, it  
36 has been a long, hard struggle. We're going to be around  
37 for a long, long time because we're stubborn too. We're  
38 there because we've got a heart for the people. We can  
39 walk away any time we want to, but we won't because we live  
40 in Brewarrina and we see it every day and we're confronted  
41 with it 24/7. Workers go home. They work between 9 and 5.  
42 Our hours never stop because we're 24/7 too. I take my hat  
43 off to the women we do have. They are women who have  
44 volunteered their time. They go out on the streets until  
45 2am and like I said, the only thing that we've got  
46 ourselves is the little bit of funding that DoCS has given  
47 us.

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Like I said, with the amount of work that we do, we don't just sit down and look at the time and say, "Okay. It's time to knock off." We don't do that. Like I said, it's only but for the job agencies. We shouldn't have to do that. We've been away to State and Federal Governments and seen them and like I've said, all the things, you know, the review that came out on the Far West Women's Refuge, the Orana report that came out through the women's refuge movement that was funded by DoCS, something like \$200,000 was injected into that for that report to be done, but like Grace said that report actually confirmed what we've stated all the time, that we were grossly underfunded, understaffed and underresourced. Yet, like Grace said, they're putting us in a box and they're saying that our core business is domestic violence.

You have to take into account that when you live in isolated or remote areas you're disadvantaged straight up, because you're in a rural area, but when you're in a metropolitan area, in the city, they have their choices of where they can go to safehouses for refuge. If they don't like it they can go over to Marrickville or they can go to any part within the city. You can't do that out here. That's what they've got to start, you know.

It's a known fact where we are located, but those women know when they come to us they've got to be provided for, regardless as to what. I've seen at times when, like, we can only take in, like Grace said, seven people because of what we come under through the council guidelines. It's just as well that we've got a good working relationship and partnership with the Brewarrina Shire Council and they know the need. It's only with the essential services, with the Brewarrina Shire Council and with the police and the hospital and the mental health team at Brewarrina and Bourke, with that support, that we take a whole range of clients in, but yet, DoCS is saying, "Domestic violence is your core business. That's all you need." How can you say that to families that come and knock on the door? They all stem from, as Grace said, D&A, drug and alcohol and substance abuse, because you get a whole range of things and it's a multitude of issues when they come through that door, but we don't turn them out. Like I said, it's a struggle and a fight that we've got to put up, but if we've got to take it to the nation, we'll take it.

1 At the end of the day, our vision is focused, even  
2 though our own community wouldn't listen to us. Our own  
3 community tried to stop us. They didn't support us. They  
4 demoralised us. They tried to discredit us. They  
5 blackballed our service. They stopped other government  
6 departments from coming in and listening to us. They tried  
7 to shut our mouths up.

8  
9 Even though they came in, and even though COAG stands  
10 for coalition of government and Aboriginal organisations,  
11 and they said, when it was first started back seven years  
12 ago, it wasn't about new moneys, no new moneys or new  
13 programs, it was only to build up those existing services,  
14 what we still see today is duplication of services. But,  
15 those other existing services, and we are one of them, we  
16 don't get no support, but yet they find it and still come  
17 in today and set up other services.

18  
19 Where it's wrong, where they should be propping up --  
20 I heard a lady that spoke about a one-stop shop. Our  
21 vision, we have for Brewarrina and the facility that we  
22 did, we were able to retain that asset, and we had to go  
23 outside our own community, but we did it. We went outside  
24 our region, outside the Murdi Paaki region, and we went to  
25 the Manley community, and that Manley community, they ran  
26 an appeal for us, so we could acquire that facility. We  
27 had \$30,000. They raised that money in a week. They come  
28 back in kind, even with the core building across  
29 boundaries, it's a group of tradesmen. If we have to shame  
30 the government into doing it, it will be. We are strong  
31 women and we are going to take up the fight.

32  
33 Like I said, now our vision is to keep women and  
34 children safe, that's our vision. That is our work, what  
35 we do is to keep our women and children safe. We will work  
36 toward that vision and that is the only thing we have done.

37  
38 MS FURNESS: Thank you, very much.

39  
40 THE COMMISSIONER: [REDACTED].

41  
42 SPEAKER: [REDACTED] would like to discuss her matter privately,  
43 it's too sensitive.

44  
45 THE COMMISSIONER: We will talk to her later. [REDACTED].

46  
47 MS [REDACTED]: Good afternoon, my name is [REDACTED] and I

1 work for Family Support. It's DoCS funded, but my issue is  
2 not in regards to that, it's in regards to investigations  
3 that DoCS put on carers. I have had my grandchild taken  
4 January last year, and it's March this year, 2008. Why is  
5 the investigation taking so long in assessments? Why do  
6 you have to wait 12 months before you get an assessment  
7 done to have your child?  
8

9 I got a letter from Sydney foster care to say that I  
10 was a registered foster carer. My niece and nephew was  
11 taken, and I want to know why they wasn't put in my care.  
12 DoCS said to me, when I went to the office here, I had to  
13 have another assessment done on me, where I was already a  
14 foster carer at the time.  
15

16 THE COMMISSIONER: Without knowing the details of the case  
17 I really can't give you an answer to your question. But,  
18 where have the children been placed?  
19

20 MS [REDACTED]: Brewarrina, and they only get to see them once  
21 a month, the parents.  
22

23 THE COMMISSIONER: Are they with family?  
24

25 MS [REDACTED]: Yeah, distance relatives.  
26

27 THE COMMISSIONER: I think we would have to look more  
28 precisely at your case. We are looking at the system as a  
29 whole, rather than being a complaint body for individual  
30 situations. If you think the proceedings are going too  
31 slowly or unsatisfactorily, you could always make a  
32 complaint.  
33

34 MS [REDACTED]: I have been making complaints for 12 months  
35 now, and still nothing has been done. I have been onto  
36 Wagga Wagga. I have been ringing Orange, all head offices  
37 in the state.  
38

39 THE COMMISSIONER: Have you written a letter?  
40

41 MS [REDACTED]: We put a letter together and wrote to the  
42 minister.  
43

44 THE COMMISSIONER: Writing to the director-general may be  
45 the better way to do it. There are cases that work well  
46 and there are cases that don't work well, and we really  
47 can't solve your problem here today. We certainly take

1 note of your experience.  
2  
3 MS [REDACTED]: Another thing, I'm the rep for the Koori carers  
4 group which DoCS set up with a recent DoCS worker that was  
5 working here in this office; from Bourke. She set up a  
6 Koori carers group, and we have been keeping it going,  
7 getting all the carers together for monthly meetings. We  
8 have been writing letters to DoCS inviting them to come  
9 along to the meetings to let the carers know what changes  
10 have been happening moneywise, and all their payments and  
11 things, to let them know. They don't even reply back.  
12  
13 THE COMMISSIONER: Have you had any meetings with them?  
14  
15 MS [REDACTED]: We have meetings monthly.  
16  
17 THE COMMISSIONER: With DoCS, or your own group?  
18  
19 MS [REDACTED]: Our own group. I write the letter to DoCS  
20 inviting them to come along. They don't even ring to say  
21 they can't do it. They can't come to the meeting.  
22  
23 THE COMMISSIONER: How many carers do you represent in  
24 this group?  
25  
26 MS [REDACTED]: There is about 43 carers in Bourke, kinship  
27 carers; mostly all kinship carers.  
28  
29 THE COMMISSIONER: Your group represents all of them?  
30  
31 MS [REDACTED]: Yeah, we meet once a month.  
32  
33 THE COMMISSIONER: It would seem quite sensible for you to  
34 be able to put your grievances, if you have any, or  
35 questions to DoCS at that meeting.  
36  
37 MS [REDACTED]: Yes, but when you write a letter and you invite  
38 them to a meeting they don't even answer. I don't get a  
39 reply. What can you do?  
40  
41 THE COMMISSIONER: It is something we will obviously look  
42 at. Would it be possible for you to give us a sample of  
43 the letters you have written asking for the meetings?  
44  
45 MS [REDACTED]: Yes. How long will you be here? I have copies  
46 of the letters.  
47

1 THE COMMISSIONER: If you give them to us, it would be a  
2 great help for us to see, and we can follow it through. We  
3 will be here until tomorrow.  
4  
5 MS [REDACTED]: I can catch up tomorrow.  
6  
7 THE COMMISSIONER: We could give you an address to post  
8 them to us, if that is easier.  
9  
10 MS [REDACTED]: I know where to post them to; to the main  
11 office here in Bourke.  
12  
13 THE COMMISSIONER: If you want us to look at the problem  
14 it's best to send them to us. You can do two things: If  
15 someone can get them to us this afternoon, you get it to  
16 us; it might be easier to send some copies to us, at an  
17 address one of our workers will give you.  
18  
19 MS [REDACTED]: Okay. Thank you.  
20  
21 THE COMMISSIONER: Does anybody else want to say anything  
22 in relation to the issues we have raised this afternoon,  
23 either in relation to a lack of services or the protection  
24 way or out-of-home care? If you have any wishes or  
25 concerns, this is the time to raise it with us.  
26  
27 MS [REDACTED]: My name is [REDACTED]. I'm a member of all  
28 the Aboriginal organisations in Bourke. Why I am here  
29 today is to talk about DoCS. I'm very frustrated with them  
30 because of their attitude. People think DoCS are a saint.  
31 They are not. They are not saints at all. I have been to  
32 them. Since 2007, 14 November I had my payments stopped.  
33  
34 THE COMMISSIONER: Are you a carer?  
35  
36 MS [REDACTED]: I am a carer.  
37  
38 THE COMMISSIONER: How many children in care have you?  
39  
40 MS [REDACTED]: I did have a few, they are all grown up. I  
41 only have one that is young now. I rang them and I said  
42 "Why am I cut off?" They didn't tell me that, and I ended  
43 up getting a letter and I took that down and I asked the  
44 caseworker again "What is this for?". Then I had to fill  
45 out some forms and I gave them all back, and I still didn't  
46 get anything. I kept on asking when the payments would  
47 start. She wouldn't give me a reason why. I was just

1 frustrated; ringing, ringing and no answer from them. A  
2 couple of times I did come down, and then I couldn't see  
3 them because they had the door locked; they weren't in. It  
4 was just too much for me at that time. I only got my  
5 payments on Wednesday of this week. That is the payment.  
6 I have waited that long.

7  
8 THE COMMISSIONER: Was there any explanation when you got  
9 the payment as to why they held it up?

10  
11 MS [REDACTED]: No, no. I didn't get anything from them. All  
12 I did get was that she said "You should have your  
13 payments", but it was the wrong time that she said it. It  
14 was earlier than Wednesday. I only got it Wednesday. It  
15 wasn't the full payment, it was only half of it.

16  
17 THE COMMISSIONER: Did you write to the complaints unit?

18  
19 MS [REDACTED]: I didn't know at the time whether I was right  
20 by doing that, but I thought I would take it to the DoCS  
21 office, not here, further down the line, or the minister  
22 for the department. That is where I was going to go to, to  
23 give them my version of what DoCS is all about, here in  
24 Bourke, not doing their jobs properly. I agree with all  
25 the rest of the people that spoke about DoCS this morning,  
26 and we all fit in the same basket of eggs. Thank you very  
27 much.

28  
29 THE COMMISSIONER: Does anyone else want to -

30  
31 MS [REDACTED]: Hi, my name is [REDACTED]. I am a kinship  
32 carer. I have had the child in my care for three and a  
33 half years, since he was four days old. Just the situation  
34 how he came about being in my care was DoCS intervened when  
35 he was a couple of days old, basically put him in my care.  
36 Five months later, like the DoCS had taken an application  
37 to the court to have the parental rights taken away from  
38 the parents. When he was five months old DoCS dropped that  
39 application to the courts, and he has been in my care ever  
40 since because the parents signed a temporary care  
41 agreement.

42  
43 He is still with me. I'm actually going to court  
44 tomorrow to have parental orders put in place because I  
45 can't deal with DoCS any more. The lack of response I get  
46 from them, the communication from them, like everybody has  
47 said, you ring them, you have got an issue about something

1 to do with the child, whether it be a payment or whether it  
2 be something they need, and you get no response until they  
3 are ready to ring you back. I can't personally deal with  
4 them any more at all.

5  
6 If I have a problem with them now, I ring the head  
7 office or complaints line, because it's just too difficult.  
8 It's too much of a stress thing to deal with them. I could  
9 stand here all day and go on and on and on.

10  
11 Three and a half years I waited for his birth  
12 certificate. I got that three weeks ago and there have  
13 been many times I have needed that. Three and a half years  
14 I waited for a life book from them to make a diary of his  
15 life; just started filling that out because I only just got  
16 that a couple of weeks ago.

17  
18 Basically, yeah, the carers at Bourke are treated like  
19 rubbish by DoCS. I went in there asking them "Why have I  
20 been cut off from my payments?". They wouldn't tell me  
21 straight out why. The day before my payments were cut off  
22 I was talking to DoCS because they hadn't organised an  
23 access visit that they were supposed to organise two months  
24 ago. I am still waiting for them to organise it.

25  
26 They didn't even have the decency to tell me the day  
27 before my payments were cut off on the phone that "By the  
28 way, tomorrow your payments are going to be cut off". I  
29 had to wait four weeks for them to be reinstated and still  
30 with no reason as to why they were cut off. I rang head  
31 office and they said "There should be no reason why your  
32 payments are cut off while the review is going on". I  
33 didn't know it had been cut off because of the review until  
34 they came to my house to do a review, which is the first  
35 time DoCS came to my house in three and a half years to  
36 even have a look at where we live.

37  
38 My house at 135 years old. I am a single parent. I  
39 have a mortgage on the house. I don't have the money to do  
40 anything with it. DoCS won't help me with the house to  
41 make it any better for the child to be living in a better  
42 house. They say they can't help me because I'm not a  
43 registered foster carer. We just have to live in the old  
44 house and make do with what we have got and they just  
45 basically, every time I am asking for help, they won't give  
46 it.

1 I went in there when they cut me off and I said I  
2 needed a food order. They gave me a \$150 food order to go  
3 to the supermarket. The next fortnight when there was  
4 still no money from them, I went back to them again to get  
5 another food order, and they flat out refused me because  
6 they said I had taken an income statement in from  
7 Centrelink, which is apparently one of their requirements,  
8 but when I took it in they said "We also need one from your  
9 daughter because she is an adult and lives at home. We  
10 need an income statement of hers as well to find out how  
11 much money goes into the house before we can give you  
12 another food voucher to go to the supermarket to get food  
13 for the kid you care for". That is the situation I am in.  
14

15 I go to these Koori carer support group meetings. I'm  
16 not Aboriginal, but they support me, because that is the  
17 only support that I have got as a carer. Thank you.  
18

19 THE COMMISSIONER: Does anybody else want to?  
20

21 MS CRAWLEY: I'm Gerry Crawley, a community facilitator  
22 for Bourke under the Murdi Paaki partnership project.  
23 Everything we have heard today really relates back to a  
24 lack of resourcing and decent resources that DoCS needs  
25 here in small rural communities. The difficulty of being a  
26 service provider in these small communities is you are  
27 always at work. When you are at the shops you are always a  
28 DoCS worker. You are facing the same issues.  
29

30 I think that to recruit and retain staff out here  
31 there needs to be systemic change within DoCS. It needs to  
32 be looked at. These are the communities that are  
33 suffering. As we heard before, with lack of resources,  
34 with our population base, they are really high need  
35 communities. Something systemically needs to be done to  
36 address the recruitment, retention and fully supporting  
37 staff here.  
38

39 THE COMMISSIONER: We have discussed that this morning with  
40 the agencies.  
41

42 MS CRAWLEY: Good. I think a lot of the criticisms that I  
43 have got here also relate to that. We have got two  
44 programs that have been set up in Bourke related to DoCS:  
45 One was the intensive family based service, which to my  
46 knowledge still hasn't got a caseworker to forward  
47 referrals from the main CSC office. We had a different

1 service set up to deal with some of the high needs issues  
2 here, without ever having first implemented the basic point  
3 of referral.  
4

5 Similarly, with the Brighter Futures program, to date  
6 they have not received a referral from the DoCS CSC. Any  
7 referrals that do come have been through the Wagga office,  
8 so again, you have people working very intensively in  
9 communities, with other community services, but the DoCS  
10 link is the one that is missing because of resourcing.  
11

12 I think the other thing that is coming through, if you  
13 have staff here, you have got better community interaction  
14 and better community education, which would probably be  
15 addressing a lot of the issues we are hearing today.  
16 That's it.  
17

18 THE COMMISSIONER: Any other? All right.  
19

20 MS [REDACTED]: I have one more complaint. I can give you a  
21 lot of complaints. I went over to DoCS office one day with  
22 my mother. She didn't get paid for three months. She has  
23 had three grandkids in her care. I think she only got paid  
24 in early February this year. November they stopped it, I  
25 think. When we went over there, one of bosses -- I can't  
26 mention his name -- he was very arrogant, sitting up, with  
27 the other caseworker that I mentioned, at the table,  
28 chewing gum. My mother is 71 years of age. She didn't  
29 need him sitting there, chewing gum and telling her that  
30 she wasn't getting her money. So, I got onto the  
31 complaints unit then, and they helped us with it. As soon  
32 as I got onto them she got paid.  
33

34 This DoCS here, it needs a good clean out because  
35 people are sick of them. We are sick of going there, not  
36 able to see anybody there. We sit there for an hour or so;  
37 I sat there for nearly two hours with my old mother one  
38 day. I said "Come on, mum, get out of this office; even  
39 with him." I said "Get out of here, you don't need to  
40 listen to him; chewing gum to you."  
41

42 THE COMMISSIONER: I think we have got the point.  
43

44 MS BROWNE: Just a further reflection on the resources.  
45 All this seems to go back to the multiple responsibilities  
46 placed on DoCS. They have got involvement in early  
47 intervention, out-of-home care and child protection which

1 are all complex issues that deserve their own specific  
2 attention. In terms of systemic change, I was thinking  
3 about an opportunity for child protection to remain DoCS'  
4 core responsibility and core business, and other models of  
5 funding outside for delivering out-of-home care and early  
6 intervention.

7  
8 THE COMMISSIONER: You can safely assume that has been  
9 raised with us by a number of agencies. It's something we  
10 are certainly aware of.

11  
12 I think we have come to the end of this meeting.  
13 Thank you very much for your assistance again. All this  
14 helps us with our understanding of what is happening around  
15 the state, and where problems might be or where things  
16 might be working. Thank you very much for coming this  
17 afternoon and your input, I can say, is valuable. If  
18 anybody else wants to speak to us privately you may do so.

19  
20 AT 4PM THE PUBLIC FORUM ADJOURNED ACCORDINGLY

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