

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

Before The Hon James Wood AO, QC, Commissioner

At the Broken Hill Centre for Community
200 Beryl Street, Broken Hill

On Friday, 14 March at 10am

Counsel Assisting: Gail Furness

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ACCORDANCE WITH NON-PUBLICATION
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PUBLIC FORUM

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2
3 THE COMMISSIONER: Good morning. Perhaps we should
4 introduce ourselves: I'm James Wood and this is Gail
5 Furness. We are conducting the inquiry into the child
6 protection system. As you probably are aware, we are going
7 around various parts of the State talking to DoCS staff
8 and to the agencies and to the public to gather your
9 experiences with the child protection system. I expect we
10 have a mixture of people here from NGOs and foster carers,
11 and people who may have been involved as clients of DoCS or
12 have had children placed into out-of-home care or whatever.

13
14 What we do want to do is to understand your
15 experiences and to identify any problems you may have had.
16 Because it's important to maintain the confidentiality of
17 the children, if you are talking about a particular case I
18 would ask you, please, not to name the child. If it's
19 important for us to find out who that child is for our
20 purposes, so we can perhaps have a better knowledge of that
21 case, if that is something which can inform us, we can ask
22 you privately what the name of the child is.

23
24 We are obviously looking at three areas: those areas
25 where DoCS can encourage or facilitate the provision of
26 services at an early stage where a family might be in
27 problem, so as to avoid the matter deteriorating; secondly,
28 we obviously want to look at those cases where DoCS has
29 intervened and provided alternative care for a child or
30 been through the court process to have a formal care order
31 and placement for a child outside the parental home; and,
32 similarly, we want to look at experiences of those who have
33 had children in out-of-home care or have been carers of
34 children placed through the statutory scheme.

35
36 What I would ask you to do, if you wouldn't mind
37 identifying yourselves if you do speak. We have a small
38 number of people who have expressed an interest already to
39 say something but, there may well be some of you who have
40 come in through the back who didn't come past where our
41 staff were, who may want to speak. If you do want to speak
42 I would ask you, please, feel free to do so. This is not a
43 pass to speaking, it's just a means to assist us. If you
44 haven't filled out a form, by all means feel happy to
45 speak.

46
47 We won't do it in any particular order, we will go to

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1 the names we have here for the moment and those who want to
2 say something can do so after that. Perhaps I could ask
3 [REDACTED], please, to open.
4
5 [REDACTED]: I would like to have the levels explained
6 please. What is a level 3?
7
8 THE COMMISSIONER: You are talking about the situation
9 where children have been reported to DoCS?
10
11 [REDACTED]: Yes.
12
13 THE COMMISSIONER: What happens is that the reports go
14 through the Helpline, and the Helpline worker allocates a
15 level 1 to 4 effectively, although 1 to 3 are the most
16 important, according to the seriousness and need for a
17 quick response. For example, a level 1 requires a response
18 within 24 hours, a level 2 is 72 hours and a level 3 is
19 within 10 days. When the report is received in the
20 Helpline, it then comes out to the local DoCS office and
21 they can reallocate the level of seriousness depending on
22 what they might know about it or any inquiries they might
23 make. Do you have a particular interest or involvement
24 with a level 3 report?
25
26 [REDACTED]: Yep.
27
28 THE COMMISSIONER: Do you feel free to tell us what it is
29 or what your concerns might be because of that level 3?
30
31 [REDACTED]: It's my grandson. He left home in December,
32 he's been back with me since then and was classed as a
33 level 3 on 24 Jan. He is still with me but now they have
34 made alternate arrangements where he hasn't really been
35 considered in that arrangement.
36
37 THE COMMISSIONER: What is his age?
38
39 [REDACTED]: Nine.
40
41 THE COMMISSIONER: The alternate arrangements: Has he gone
42 into kinship care?
43
44 [REDACTED]: By the end of this month he will be living with
45 a member of his father's family.
46
47 THE COMMISSIONER: Have DoCS discussed this with you, the

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reason for it?

██████████: Very mixed signals; very mixed messages all around.

THE COMMISSIONER: It's difficult for us to comment any further on the case without knowing much more about it. For example, has it been to the court?

██████████: No.

THE COMMISSIONER: It's, in effect, a voluntary placement?

██████████: It's his mother's wishes.

THE COMMISSIONER: We can make a note of that, so far as it might tell us something about the way the system works. I really can't offer advice to you as to what should happen. If you need advice as to what should happen, I guess you will have to see legal aid, or whatever organisation you can, to get further advice about it.

Now, ██████████.

██████████: I want to approach the fact that I'm a DoCS carer and have been for about seven years. I came up to Broken Hill three years ago and was working through the system here. When my husband moved up here, because he wouldn't do the carers course, he worked at ██████████ and only came home Friday night and back Sunday, he didn't want to become a carer, they put me as inactive on the system. He went and listened to everything he had to do, the dos and don'ts et cetera, but just didn't want to become a carer. Is that appropriate that they can just make me inactive?

THE COMMISSIONER: I don't know the answer to that. There are many people, particularly grandmothers, who are sole carers and I am, in some ways, a little surprised if you have been the carer. There may be reasons known to DoCS which either have or have not been discussed with you.

██████████: They told me it was because my husband wouldn't become a carer.

MS FURNESS: Usually when DoCS authorises people to act as carers, they want them to go through a training program to

1 make sure that they understand what being a carer means,
2 and generally where there are adults living in the house of
3 a carer, they often want to look into the background of the
4 adults living in the house so as to make sure the child
5 will be safe.

6
7 [REDACTED]: He had police checks and everything like that
8 from DoCS. That wasn't an issue. It's just he didn't
9 actually become a registered carer.

10
11 THE COMMISSIONER: Did you have children at that stage who
12 have now been taken somewhere else?
13

14 [REDACTED]: The last one I had was placed somewhere else.
15 They wouldn't give me any more because they said I would
16 have to be inactive on the system through my husband not
17 becoming a carer.
18

19 THE COMMISSIONER: Again, we will take notice of that, and
20 give some further consideration as to what is DoCS' policy
21 in that regard.
22

23 [REDACTED].
24

25 [REDACTED]: I'm just here because I deal with children
26 and [REDACTED] at different times. A case has come up
27 which we know about where the mother is getting hurt from
28 the child all the time, and she doesn't quite know how to
29 deal with that.
30

31 THE COMMISSIONER: That is the natural mother of this
32 child, not a child in care?
33

34 [REDACTED]: No. The friend of ours who deals with them
35 is trying to help the situation. She just scratches her
36 head because she doesn't know what to do to get the help,
37 because he is always saying "If you do this, I will take a
38 knife to you, I will hurt you when you are asleep". She's
39 under that all the time and he did a few things wrong. He
40 won't attend school and he doesn't like doing anything but
41 just staying home on his computer and so forth. This is
42 going on everyday, day in and day out to her.
43

44 MS FURNESS: Where does she live?
45

46 [REDACTED]: She lives in Broken Hill. I won't say
47 names or anything because it's not appropriate to do that.

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1 What sort of area has she got to stand on for protection?
2
3 MS FURNESS: There are services available for adolescents.
4 I'm not sure what is available in Broken Hill and I suspect
5 there is probably not a huge amount available in
6 Broken Hill. There are services which provide counselling
7 to adolescents in matters such as behaviour and anger
8 management, but I don't know that they are available in
9 Broken Hill.
10
11 The best thing to do would be to talk to Mission
12 Australia or Burnside or an organisation like that that
13 does operate in this area, and ask them what services are
14 available for your friend in relation to her son. There
15 certainly are services that are available in New South
16 Wales that could help her and him.
17
18 THE COMMISSIONER: There may be some mental health issues
19 as well which can be addressed.
20
21 [REDACTED]: I think they have actually started there a
22 little bit, because of the things that have happened in the
23 last three weeks. We had to get some help from somewhere.
24
25 THE COMMISSIONER: I think we might be able to provide not
26 an instant answer but more guidance for you. We have an
27 area health representative here. She's indicated a desire
28 to say something.
29
30 MS JOHNSTONE: There is a Child and Adolescent Mental
31 Health Service that is active in the community and what I
32 would probably see is a referral to that service. We have
33 a visiting child psychologist as well as a visiting child
34 psychiatrist. There is help there.
35
36 [REDACTED]: Do they come to the house rather than they
37 attend --
38
39 MS JOHNSTONE: There are options, yes.
40
41 [REDACTED]: That is another problem encouraging this
42 young fellow to get help. He is not going to leave the
43 house.
44
45 THE COMMISSIONER: After the meeting you might have a word
46 and might be able to get some directions as to where to go.
47

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[REDACTED]

[REDACTED]: I'm just going to speak in terms of kinship. I have had a grandson for almost 16 years. I went to DoCS about him when he was four years old because he was abandoned and left with me. He was left with me for three months originally, and the mother came back and said she couldn't cope, she couldn't keep him. I kept him and I have had him now for almost 16 years in July. I went to DoCS when he was about four to five years old and asked for help. At that time there was no help they could give me. That was fine. I am content with that. Then I got a granddaughter at six months old, who they could help me with, from the same mother.

Then, last year I think it was, I applied for help again for my 15-year-old grandson and I still have not heard or had a reply from them.

THE COMMISSIONER: What sort of help were you wanting?

[REDACTED]: My husband works. Anything. I can't get AbStudy or anything like that for him. It's not that I am worried about, I am worrying about how come they don't get back to you. When somebody goes to them for help, how come they don't come back and say "You are not entitled to it". They don't send you a letter back or don't reply to your phone calls or anything. They are as slack as in this office here.

THE COMMISSIONER: That is interesting. As this boy is now getting older, there is a program to assist children who are going out of care. Was there a formal care order? Did it go through the courts?

[REDACTED]: No.

THE COMMISSIONER: It was all a voluntary placement?

[REDACTED]: In the beginning it was a voluntary placement. For the first three months, it was a voluntary placement. I took him on for three months. After that he was a deserted child.

THE COMMISSIONER: We will certainly note your case. We are aware of the need for DoCS to actually to communicate back.

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1 [REDACTED]: I would like a reply from them. That is all I
2 want, a reply from them.
3

4 THE COMMISSIONER: There is a complaints unit, if you are
5 dissatisfied with the way DoCS is dealing with you, but
6 have you tried that?
7

8 [REDACTED]: I have rang the hot lines and all, dear. No-one
9 has ever got back to me.
10

11 THE COMMISSIONER: We will note that.
12

13 [REDACTED]: I'm [REDACTED] and I have lived here my whole
14 life and I have a [REDACTED] and we are going
15 through a custody battle. He bashed me. He hurt my
16 children in front of me, and she's now been sexually
17 assaulted while in her father's care, and I went to the
18 police. They said "Go to DoCS". I went to DoCS and they
19 said "Go to the hospital". I went to the hospital they
20 said "Go back to DoCS". I went back to DoCS and told them
21 every single thing. It took them six to eight weeks to
22 come to my house and ask me questions that were not even
23 relevant in the case, that I could have done down at the
24 office, and they haven't got back to me.
25

26 My lawyer wants the copies of the reports. They came
27 back inconclusive. My daughter exactly told me when,
28 where, who, why, how and they reckon that is not enough
29 evidence. She is a [REDACTED] child and she needs
30 someone to speak up and speak out for her. I am trying to
31 do that and they reckon because of that I am going to lose
32 the case. How is DoCS supposed to help a child in that
33 situation? She is going to end up getting abused more by
34 staying with him.
35

36 THE COMMISSIONER: Again, I can't give you a response to a
37 particular case, all we can do is note it. The system is
38 there for police to investigate these cases through the
39 JIRT program which is a joint DoCS/police program.
40

41 [REDACTED]: That is what they said. They took the names
42 and everything down. They said they will put it through
43 JIRT, which is another red tape system, before it goes to
44 DoCS, which took a few weeks to do. Then DoCS rings me up
45 and wants an interview. They came to my house, and she's
46 asking questions: Why did I leave home? What is his name?
47 Where does he live? Why is this happening? She didn't ask

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1 any of the questions that were relevant.

2
3 My daughter had an IQ test and she has a IQ of a [REDACTED]
4 and a [REDACTED] old and she is only [REDACTED]. She speaks just
5 like you and I are speaking right now. When she heard her
6 talk she said "She is very bright". I said "That is why I
7 believe what she has said and told me."

8
9 The police haven't looked fully into it either and
10 DoCS didn't do a full thorough investigation. All they did
11 is went to his house and asked him the same questions.
12 They didn't even get a child psychologist in to actually
13 sit there and talk to her and find out why. They just done
14 questions and then wiped their hands of it and closed the
15 case. They didn't get no evidence or didn't even sit there
16 and talk to her properly and find out and assess why was
17 she saying these things.

18
19 MS FURNESS: What you want to achieve in your custody
20 battle is that you want the father of the child not to have
21 access to your daughter?

22
23 [REDACTED]: I have never denied him access. After he
24 rearranged my face and we broke up, he had her every
25 weekend. Then I stopped the weekends because he kept
26 verbally abusing me in front of my child when I picked her
27 up. I told the lawyer and police and they said "Stop it".
28 He didn't see her for four or five month. Then [REDACTED]
29 [REDACTED] and, bang, straight from court he got 50:50 week
30 about. He automatically got it. All I am asking for is
31 Monday to Friday and he has her on weekends. That is about
32 it. He doesn't want her, it's his parents that want her
33 not him. If his parents weren't here, I would end up with
34 her. I am not stopping him from seeing her for the
35 weekend. I don't want him to have her for a full length of
36 time. Therefore, he can't influence her in her violence,
37 because what I am trying to do is break the violence chain.
38 He's abusive to me because his father was abusive to his
39 mother, and so forth. I am trying to break the chain, and
40 every time I do I hit a brick wall and there is nothing out
41 there. I have tried to ring counsellors and everything.
42 "You need a referral. We are booked out." No-one can help
43 me at all. I am under that much stress for it. She's only
44 [REDACTED].

45
46 MS FURNESS: What you want is, in your application before
47 the court, to change the access arrangements so he has less

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access than he does now?

██████████: That is what I am trying to do.

MS FURNESS: You have been told to help you do that you will need a report or referral from someone.

██████████: Child's counsellor referral; only DoCS can do that. DoCS didn't even supply me that me that through the investigation.

MS FURNESS: Have you tried to get a counsellor through other means, other than DoCS?

██████████: I can't because it's due to sexual assault. It's to do with DoCS. No-one won't touch it because of that.

MS FURNESS: Your lawyer has told you you need a report for your case?

██████████: Yes; hard evidence, proof. I have done an affidavit up but I have only her word. I have no evidence or proof.

THE COMMISSIONER: There may be some response, do you have some solution?

MS OGDEN: My name is Heidi Ogden from the Broken Hill Sexual Assault Service. We do accept referrals from DoCS, and that might come through a JIRT investigation, but you are also welcome to come to the hospital yourself and ask for a referral. Children are prioritised for counselling. There is a waiting list at times. Because they prioritise they usually send over straightaway a child sexual assault. If you want to talk to me afterwards --

██████████: I got legal aid for it but legal aid has been dealing with this for the last 18 months, and they have wiped their hands of me. Me and him aren't getting no lawyer. I mortgaged my house. I am ██████████. I am ██████████ in debt because I have to pay for a barrister. I am trying to do everything out there because the barrister, if I go and get him to do certain things, I have to pay for him. I can't afford that. I am out doing my stuff for myself which is very hard and I don't want my daughter to become one of those statistics that ends up being abused

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1 and then on drugs and then dies.
2
3 MS OGDEN: Another part of the sexual assault service role
4 is to act as an advocate for victims and non-offending
5 family members. Rather than you feeling you have to do it
6 by yourself, as an advocate we can help you stand up for
7 your rights in the process so you are not alone. There are
8 other things like the victim might be able to claim things
9 like victims compensation to reimburse for any associated
10 cost falling from the impact of the sexual assault.
11
12 [REDACTED]: It's not just me that is going to get upset
13 through us, it's my other eldest child who is her sister
14 and he didn't give me her on her own birthday because he
15 wants to be a real prick and nasty.
16
17 MS FURNESS: Can I suggest that after this you two might
18 have a chat?
19
20 [REDACTED]: Yes, please.
21
22 THE COMMISSIONER: [REDACTED].
23
24 [REDACTED]: I want to know why DoCS can come into
25 somebody's home and give the kid the world, and then turn
26 around and deny it?
27
28 THE COMMISSIONER: I think you need to tell us a little bit
29 more as to what your concern is than that. Can you tell
30 us?
31
32 [REDACTED]: DoCS came into my home, told the kid that he
33 would not have to go back to his mother and now they are
34 just denying everything.
35
36 THE COMMISSIONER: You are a carer are you, foster carer?
37
38 [REDACTED]: No, I'm not.
39
40 THE COMMISSIONER: The child is in your home?
41
42 [REDACTED]: He was in my home with his [REDACTED].
43
44 THE COMMISSIONER: You were looking after the child?
45
46 [REDACTED]: No, I wasn't looking after the child at all.
47 It was my house where he had to stay of a night-time.

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THE COMMISSIONER: Why was he staying there overnight?

██████████: Because he couldn't stay home.

THE COMMISSIONER: The situation is that children just can't be permitted to wander around at their own choice, especially if they are young, and DoCS does have an obligation.

██████████: I know they can't walk around on their own. I want to know why they lie.

THE COMMISSIONER: I am not sure what they have lied about for the moment. DoCS does have a responsibility to look after children in that situation and make sure that they are placed somewhere safe; either formally by going through the court process or by arranging substitute care. They certainly have the right if a child is living away from their home, and out of control as it were, to intervene. So, unless you can give us more details --

██████████: She was an abusive mother.

THE COMMISSIONER: There are proceedings. If you can report this to the Helpline.

██████████: DoCS already know about this, and they still deny everything that was said in my home. That is what I want to know, why they can do it.

THE COMMISSIONER: The answer is they can't come into your home and tell you lies. They can come into your home and exercise their powers. What is the situation of this child at the moment? Are there care proceedings in the court?

██████████: No.

THE COMMISSIONER: I really can't provide an answer to this case on the basis of the facts you have given to us, but I assume DoCS may be looking at. If DoCS have done something in relation to you, I imagine they are looking at it. All I think you can do is go to DoCS and ask for more explanations.

██████████: You can't go there because they lie.

1 THE COMMISSIONER: I don't think we can take that any
2 further.

3
4 Di Merritt.

5
6 MS MERRITT: I am a counsellor for Lifeline. I have a
7 couple of questions. We are curious as to what are the
8 mandatory requirements for us as counsellors and also for
9 our telephone counsellors that are volunteers. Are there
10 mandatory reporting requirements for them?

11
12 MS FURNESS: The legislation requires that people who work
13 generally with children are required to report if they have
14 a reasonable suspicion that a child is at risk of harm and
15 there's 10 or so indications of what a risk of harm might
16 be. Lifeline provides counselling primarily to adults?

17
18 MS MERRITT: All.

19
20 MS FURNESS: Adults and children?

21
22 MS MERRITT: Yes.

23
24 THE COMMISSIONER: Under the legislation anyone can report
25 to DoCS if they have a reasonable belief that a person is
26 at risk of harm. If, in the course of your work or your
27 colleagues' work, you form the view that somebody was at
28 risk of harm because perhaps they were living in a house
29 where there was significant violence, where the parents
30 were substance abusers or affected by alcohol or other
31 drugs, or there's mental health issues in the family, if
32 you believe for any of those sorts of reasons that a
33 child is at risk of harm, you could report to DoCS.

34
35 MS MERRITT: Our voluntary counsellors?

36
37 THE COMMISSIONER: Anyone can report.

38
39 MS MERRITT: Is that a mandatory requirement for our
40 volunteer telephone counsellors?

41
42 MS FURNESS: I suspect without having the Act in front of
43 me at the moment that you probably do not fall within the
44 description of a mandatory reporter, but if, indeed, you do
45 feel that a child is at risk of harm you should report
46 whether or not the law tells you to or it's the right thing
47 to do, you should be reporting. I think the best advice to

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1 your colleagues is if they have a reasonable belief that a
2 child is at risk of harm they should ring the Helpline.

3
4 MS MERRITT: Also, do you have training requirements for
5 mandatory reporting, for the organisations that do
6 mandatory reporting?
7

8 MS FURNESS: It's usually a matter for the organisation.
9 But, most organisations, particularly police, education and
10 health do provide regular training for their staff who are
11 mandatory reporters.
12

13 MS MERRITT: What would be the minimum training on that?
14

15 MS FURNESS: I don't think the legislation prescribes any
16 minimum training, and I'm not sure whether DoCS has a
17 policy on what minimum training it believes that mandatory
18 reporters should have. It is more a matter for the agency
19 concerned. It might be of assistance to talk to the area
20 health service in your area to ask them what they do for
21 training, because they will no doubt have a training
22 package they use for staff, and you could probably have a
23 look at that and adapt it to your purposes.
24

25 THE COMMISSIONER: We are looking at the whole system of
26 mandatory reporting, and you may well have put your finger
27 on an area which is uncertain. I don't know that it has
28 ever been thought about as to whether Lifeline people -- I
29 can indicate this: if as a result of your intervention or
30 receiving a call, say from someone, probably an adolescent
31 who is suicidal and you refer them to a health worker, then
32 a health worker does have a mandatory obligation of
33 reporting. It's a very interesting question. I am
34 grateful to you for raising it with us as well. We will
35 take it further.
36

37 [REDACTED]

38
39 [REDACTED]: One of my main questions, I went to DoCS, I
40 went to a lot of other family groups first because I
41 believe my child has ADD; a lot of energy, very difficult
42 to deal with. I'm just finding out from the school now,
43 they are just finding out and telling me, which I knew
44 three years ago, and tried to address the problem ringing
45 the mob down here, where the lead centre is; no help. I
46 asked for a check-up to get him checked up, get all this
47 stuff sorted out before school. No help. Went here, went

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1 there, went to the family groups; finally went to DoCS,
2 signed up for Brighter Futures. Signed up, they asked the
3 questions, done this, done that, and all of a sudden I find
4 I'm kicked off the program because this [REDACTED] happens to be
5 friends with [REDACTED] and that's a bit too close
6 to home. I find this out. I got people to come in and say
7 [REDACTED] was found naked running around and drunk and
8 she's a [REDACTED]. I don't know how old this girl is.
9 As soon as I found out she is there, that is why she
10 doesn't want to deal with my case.

11
12 THE COMMISSIONER: If that is a reason you are taken off
13 the program that would not be a good reason for doing it.

14
15 [REDACTED]: That is what I thought. I got a letter though.
16 I got plenty of letters.

17
18 THE COMMISSIONER: There is a Brighter Futures program that
19 is designed to deal with that kind of problem and you have
20 done the right thing by seeking Brighter Futures
21 assistance.

22
23 [REDACTED]: And not received it.

24
25 THE COMMISSIONER: If you are not happy with that
26 response --

27
28 [REDACTED]: No, I wasn't. I rang the complains and didn't
29 get a response.

30
31 THE COMMISSIONER: -- what you can do is make a complaint
32 to the complaints unit of DoCS.

33
34 [REDACTED]: I did. I have got the numbers.

35
36 THE COMMISSIONER: What has happened to that?

37
38 [REDACTED]: I have that.

39
40 THE COMMISSIONER: What has happened with the response?

41
42 [REDACTED]: I got a letter saying I was too violent to deal
43 with. I was asking for another caseworker, I believed the
44 [REDACTED]. "There is no other caseworker, we
45 can't help you." I said "A big town like this, you have to
46 have more than one caseworker in town." "No, no, no, we
47

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15

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1 don't. You get what you get." I said "Well I can't really
2 deal with this [REDACTED]
3 [REDACTED]." "No, no." Then I received a letter. I
4 wrote to complaints and they told me the same thing. The
5 manager down here rang up ahead of me. I couldn't do a
6 damn thing. I am stuck up against a brick wall.
7

8 I am doing what I know best, looking after him because
9 DoCS didn't do nothing, not protecting him from his mum. I
10 found out yesterday his mum in a fit of rage runs and drops
11 the kid and smashes his TV up, and he is only 13 years old,
12 and my boy sees that, gets scared. I can't report that to
13 DoCS because I don't trust them no more. I can certainly
14 tell police or someone like that, but generally that
15 worries me. I have an AVO currently with the police
16 against my ex because my son seen guns, and he comes home
17 and tells me he is going to shoot me or his mum is going to
18 shoot me, [REDACTED] is going to shoot me, they are going to
19 slice my throat. These are the things kids shouldn't be
20 thinking about or hearing about.
21

22 THE COMMISSIONER: Some of those things the police can
23 respond to.
24

25 [REDACTED]: They are responding to it. I am going to court
26 on the 18th.
27

28 THE COMMISSIONER: How old is the boy now?
29

30 [REDACTED]: Which one? My boy or the one that got his TV
31 smashed?
32

33 THE COMMISSIONER: The boy you are particularly concerned
34 about.
35

36 [REDACTED]: His older brother. I am particularly concerned
37 about all them children out there, to tell you the truth,
38 with that sort of thing going on.
39

40 THE COMMISSIONER: So far as the assistance with the
41 children, if you have tried Brighter Futures, I'm not sure
42 what other agencies are in town.
43

44 [REDACTED]: I tried. I was doing all this. I didn't care,
45 I am not exactly a model stand-up sort of father, but I
46 wanted to help myself to help him, things like that. I
47 wanted to be a better person so I could be a better person

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16

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1 for my son. I was denied that by basically being denied
2 the Brighter Futures program. I signed up for it.

3
4 THE COMMISSIONER: Thank you for that. We will note that
5 as a matter of interest to us.

6
7 Are there any other people.

8
9 MS FURNESS: Wilcannia Women's and Children's Safe House:
10 I think there are two representatives from the safe house.
11 We would be quite interested, if you are willing to, to
12 tell us of your experience with how the safe house
13 operates.

14
15 MS WILSON: I'm Virgean Wilson from the Wilcannia safe
16 house and this is Aileen, my off-sider. We have great big
17 problems. We haven't got a permanent DoCS worker. The
18 majority of our children are at risk 24/7: No DoCS workers
19 on the ground. We don't get to see the DoCS workers until
20 every Tuesday, and if we are lucky we will get them
21 Tuesday/Wednesday with an overnight stay. All these levels
22 they go under, to me DoCS doesn't give a damn what levels
23 they go under.

24
25 We are mandatory reporters, we report. They go
26 through. Our children are at risk, like I said, 24/7 seven
27 days a week. Until they get out there, until they come out
28 and see our children, until they get to the level that they
29 want to get to, then our kids get looked at. Tell me about
30 it.

31
32 MS HARRIS: DoCS comes in and takes our kids from us, and
33 there's no follow-up for the parents. There are no
34 programs. It's like it was years ago: Take our kids and
35 don't bring them back. They just leave. The parents are
36 left there and there are no programs with them. It hurts
37 us. We don't want our kids taken away from us, and the
38 parents are just drinking and drugging on and forgetting
39 about it. There are no programs.

40
41 MS WILSON: We run programs. We can't force people to do
42 programs. If you have DoCS coming in, giving them support,
43 if there is a severe case and the child is at risk and they
44 say to the parents "Do a program", then most certainly we
45 will stand by them and give them support and put them
46 through programs. Until DoCS comes to us and says "Okay
47 these people need your support, we need you to set up some

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17

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1 programs, we will support you", then we will run the
2 programs.
3
4 THE COMMISSIONER: This is the very kind of thing we are
5 looking at and one of the reasons we are out here is seeing
6 what services or support is missing. We have heard very
7 favourable things about your refuge in Wilcannia. I will
8 be interested to know if you had the resources and the
9 staff, and so on, what additional things you could provide.
10
11 MS WILSON: If you have buckets of money I'm looking for
12 them.
13
14 THE COMMISSIONER: Can you tell me what you could provide
15 if you could get the resources?
16
17 MS FURNESS: What would you like to have?
18
19 MS WILSON: Upgrade the services in town.
20
21 THE COMMISSIONER: Which services?
22
23 MS WILSON: Give more flexibility for the people. You must
24 meet the people's needs whatever the needs are.
25
26 THE COMMISSIONER: What, in particular, is missing that you
27 want?
28
29 MS WILSON: Drug and alcohol counselling; that is a big
30 problem in our town. Alcohol and drugs break down the
31 family. Kids go without. You need to give me money to set
32 up programs, bring in the alcohol and drug counsellors.
33 But, they must be there on the ground for the people. They
34 can't wait once a week. They have to be there seven days a
35 week for these people to do follow-up programs.
36
37 THE COMMISSIONER: Are there any other services that you
38 particularly want out there?
39
40 MS WILSON: Sexual assault. I don't need to see you people
41 once a week or once a month, I need to see you people every
42 day of the week.
43
44 MS HARRIS: So the people can get used to you.
45
46 [REDACTED]: Can I add something to do? Not only that, I
47 think our streets need DoCS workers after hours. Not

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18

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1 ringing up hot lines, what is a hot line going to do for
2 you? You shouldn't have to ring a hot line.
3
4 MS WILSON: They just frustrate them more, that is all they
5 do.
6
7 [REDACTED]: Our little kids are roaming the streets late at
8 night. That is when DoCS should be out. When I lived in
9 Wilcannia, we used to do sniffing patrols. All hours of
10 the night us women would be out, mainly the women driving
11 around looking for our little sniffing kids. I sat in
12 hospital with kids in Wilcannia who were sniffing because
13 their parents were off drinking or drugs, or something.
14
15 MS WILSON: Until we have programs put in place, and until
16 we have that follow-up nothing is going to change in
17 Wilcannia; nothing. We have to have the people on the
18 ground.
19
20 THE COMMISSIONER: We understand that.
21
22 MS WILSON: It's not going to stop it. We are going to
23 have it for ever and a day but it will slow the process.
24
25 THE COMMISSIONER: There are some programs which will be
26 considered and developed. What you have told us is very
27 helpful, thank you. If there are any other areas of
28 assistance.
29
30 MR WILLIAMS: My name is John Williams. I am the member
31 for Murray Darling. I have constantly raised the problem
32 of Wilcannia in parliament in regards to a permanent DoCS
33 office located there. Currently they have a one week
34 visitation. This is an area of the greatest need. We have
35 to find a way of getting a DoCS officer there. If it's a
36 matter of incentive, whatever the process is they must be
37 about. Currently police resources are being used to do
38 some of the DoCS work to transport kids to DoCS offices in
39 Broken Hill. It's not a suitable arrangement at all. We
40 are in a high demand area. We need to be giving it some
41 support. At this stage I seem to be hitting a brick wall
42 in parliament. They seem to be ignore the need for this
43 area.
44
45 THE COMMISSIONER: These are the very things we were
46 talking about yesterday when we spoke to the DoCS staff
47 here and also to the interagencies, including police. We

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19

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1 are aware of the real problems which exist and one
2 particular case was brought to our notice where there was a
3 serious incident in Wilcannia at night. DoCS staff really
4 couldn't safely go out there, a 200km drive at night and so
5 on, and so the police had to respond. JIRT gets involved
6 and DoCS eventually gets involved. These are the kinds of
7 things we are discussing and looking at as to what is
8 needed in outlying areas and Wilcannia is not alone. We
9 know there are limited resources for DoCS staff in other
10 areas that Broken Hill has to serve as a hub.

11
12 MR WILLIAMS: I assume it's a very difficult position to
13 fill, but it's a very important one.

14
15 THE COMMISSIONER: The question of incentives and training
16 and recruitment of staff are critical and we are looking at
17 all of that, including what incentives there might be for
18 staff to come to remoter parts of the State.

19
20 All I can say, you should continue to make
21 representations and when our report is tabled, no doubt,
22 it's something you can advance. There is a very clear
23 need. We are not unaware of it.

24
25 [REDACTED]: One question I would like to say, Broken Hill
26 is one of the richest towns in Australia, produces billions
27 upon billions of tonnes of ore, millions of dollars. One
28 of the biggest companies in the world, BHP, the royalties
29 they pay. We had good health, we had everything here. It
30 was going good. Mines died down, everything died down.
31 The mines are picking up again, they are paying royalties.
32 Do we get a bit of help from them royalties, because the
33 money is taken out of town? Do we get a bit of that back,
34 because from what I know all the money that came from this
35 town in all the years of mining, cities like Sydney,
36 Canberra, stuff like that --

37
38 MS FURNESS: I think we are getting a bit away from why we
39 are here which is talk to about child protection services.
40 Can I come back to your mandatory reporting point? The
41 volunteers that you referred to are not required to
42 mandatorily report because the legislation specifically
43 says it's those people who in the course of their
44 professional work or paid employment; it's those people in
45 professional work or paid employment who deliver health
46 care, welfare, education, children's services, residential
47 services or law enforcement wholly or partly to children.

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20

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1 To be a mandatory reporter, the work you and your paid
2 colleagues do would have to be probably welfare services
3 delivered partly to children to make you a mandatory
4 reporter. I suspect that you are probably not, but
5 nevertheless if you do have a reasonable belief that a
6 child is at risk of harm you and your colleagues, including
7 your volunteers, should seriously consider reporting to
8 DoCS.

9
10 THE COMMISSIONER: So far as you might be concerned about
11 privacy considerations you do have a protection in the Act
12 if you are acting honestly and responsibly in reporting.
13 There is no fear of any legal come back on you, if you do
14 report.

15
16 MR STOLTENBERG: My name is Mick Stoltenberg. I am a duty
17 officer here and I also have coverage of Wilcannia. I
18 worked in JIRT for five years from 1999 to 2004 in western
19 and remote New South Wales including here. It's a
20 question, that I have asked since 1999. Police have got
21 them, health has got them, education has got them and they
22 are called liaison officers or Aboriginal liaison officers.
23 Why can't an organisation such as DoCS have Aboriginal
24 liaison staff placed within the community who are on the
25 ground 24/7? They are known, they are trusted, they can do
26 their job and receive the outreach supervision or any hard
27 decisions that need to be made, such as the child welfare
28 at risks, the uplifts or removals things like that, there
29 can be a response from the supervising office such as
30 Broken Hill. It's 200 kilometres; go and constantly
31 support them. At least those people are on the ground.
32 Why can't that be done?

33
34 MS WILSON: You know what, we are them. We are the liaison
35 workers with DoCS but we don't get recognised by them.

36
37 THE COMMISSIONER: It's an excellent point to make and
38 it's a way of filling a gap but obviously it needs proper
39 funding arrangements and proper employment arrangements.
40 We are looking at various ranges of qualifications for
41 employment in different capacities for DoCS. The point you
42 make can probably be addressed I would think. Thank you
43 for that.

44
45 MS FURNESS: Is there anyone else who wished to make a
46 comment on the child protection system?
47

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21

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1 [REDACTED]: I agree with what he said.

2
3 MS FURNESS: Anyone, before you speak again?

4
5 SPEAKER: I would like to make a comment to support Virgean
6 and people's concerns in this role about mandatory
7 reporting and a centralised call system. I worked in child
8 protection in the 70s before that system was introduced and
9 I worked in South Australia. I think there's a lot of
10 fallacies around the merit of mandatory reporting and a
11 central phone basis. It does a few things. It makes
12 people feel as if there is going to be a response and when
13 you have a tier 1, 2, and 3 system we all know that that
14 doesn't mean that the tier 3s are ever responded to but the
15 people in this room would think they would be.

16
17 It looks at each incident. It doesn't look at what is
18 happening to kids. The number of reports are not keeping
19 track of what really is happening to kids, because each
20 incident is assessed, not the situation of that child. If
21 you look at Western Australia where they have never had
22 mandatory reporting and there is a response rate, the
23 research done by the university of Western Australia shows
24 you get just as many responses and percentage of response
25 whether or not there is mandatory reporting.

26
27 The other thing it does, it means a lot of people,
28 like police, who have a requirement to report regularly on
29 each incident, are filling out forms but, as Virgean said,
30 what is actually happening to the kids on the ground, and
31 the assessment process means that there is a huge delay in
32 response, and whether or not the response actually gets any
33 outcome is the real issue. What the social workers are
34 going out and actually assessing is whether or not an
35 incident happened. It's not the overall situation of is
36 that child safe, what should be done and how should it be
37 done. I would actually advise you to look at what is
38 happening in New Zealand. The assessment isn't just being
39 done by the statutory organisation. They have gone into
40 partnership with other agencies on the ground which are
41 doing things like sitting in on the assessment process. I
42 understand it's about 85 per cent response now isn't
43 happening as the statutory system.

44
45 Someone like Professor Dorothy Scott, who has the
46 chair of child protection in South Australia, describes
47 what is happening with DoCS and the system across Australia

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22

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1 as being like what should be in a hospital setting, an
2 acute intensive care unit. What is happening is everyone
3 is responding, they are not assessing. They are like an
4 overcrowded outpatients unit and it's not functioning.
5 It's not for want of effort by the DoCS worker, it's the
6 model that is fundamentally wrong.
7

8 The other part about it that is fundamentally wrong is
9 that the assessments are being done by people in a call
10 centre, sitting in a room not engaging with the local
11 people on the ground. The people who should be helping
12 with the assessments in Wilcannia are the people of
13 Wilcannia. If you had a different system where the people
14 who are local are the people required to respond, whether
15 or not they are a statutory organisations, if it's a good
16 partnership, people like Virgean, people like the people in
17 the safe house and the teachers, whatever, are in a local
18 system. Fundamentally, you have got to look at your
19 legislative base. You have to look at your requirements,
20 and you have to look at what is actually required. It's
21 looking at a child's situation holistically, looking at it
22 culturally, looking at it in the context of the local
23 community, not a call centre sitting miles away.
24

25 MS FURNESS: Thank you very much for your comments. Are
26 you working in child protection now?
27

28 SPEAKER: No, I have worked in child protection in the ACT
29 and in South Australia.
30

31 MS FURNESS: We are very familiar with the work of
32 Dr Dorothy Scott. Indeed, we are having conversations with
33 her about her work and other academics. The point you make
34 about, firstly, feedback is a very important one that has
35 been made by many others. There appears to be very little
36 feedback and certainly no timely feedback to mandatory
37 reporters and others. They simply don't know what is
38 happening to their reports. That is an important matter
39 for the inquiry.
40

41 SPEAKER: It's not just feedback. Of course, people want
42 feedback, but it's about capacity and appropriateness of
43 response.
44

45 THE COMMISSIONER: We are not confining ourselves to the
46 feedback question. That is one aspect of a bigger
47 proposition. We are looking at the partnerships and all

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1 the kinds of things you have raised, we are looking at all
2 of those things very closely including other models.

3
4 MS FURNESS: It has been raised with us frequently, the
5 need for a more holistic response rather than looking at it
6 on an incident basis and, as you say, assessing whether the
7 child is at risk of harm on the basis of that one incident.
8 They are all matters we are looking at very carefully and
9 they have been raised with us by a number of people.

10
11 Equally, the New Zealand experience is something that
12 has been brought to our attention. We are looking at how
13 they operate and the use of family group conferencing in
14 New Zealand. All the matters you raise are under very
15 serious consideration by the inquiry. Thank you.

16
17 [REDACTED]: What DoCS actually needs to get rid of is the
18 Helpline and make it a 24-hour service which also will stop
19 the length time of doing all the red tape, it will stop,
20 and will give the police more time to go out there and grab
21 the criminals and just make it 24 hours and have actual
22 people like psychiatrists and everything else on standby.
23 Make it 24 hours, not 9 to 5 and one day a week close it
24 for bloody training. That needs to be a 24 hours service
25 that anybody of any race, culture or age should be able to
26 go in there at any stage. Then it stops the JIRT process,
27 which is extra length of time, which therefore makes the
28 child have more risk of getting abused. Cut that out and
29 just have it as a 24-hour thing. Then it's all dealt with
30 in the one place, one person, it's all there.

31
32 THE COMMISSIONER: Thanks for that. Anybody else want to
33 say something?

34
35 SPEAKER: I reported a sexual assault that had to do with a
36 child once. It started going through the procedure through
37 DoCS and through the police. DoCS decided because the
38 child wouldn't make a disclosure on the first visit, which
39 any young child which is frightened of police or different
40 strangers, a lot of them don't open up on the first or
41 second time, but as far as I'm concerned, DoCS should have
42 followed it up and made arrangements for that child to be
43 seen to again so that a disclosure could be done. Instead
44 they put "no disclosure/case closed". That's now causing
45 that child to be abused further in life.

46
47 I can understand what this lady here is going through,

1 because if they are going to do that to every child that
2 has been sexually assaulted, you might as well not have
3 DoCS, and just let the people go wild.
4
5 THE COMMISSIONER: We are very much aware of the kind of
6 problem you have mentioned. As you said, where there is an
7 allegation of sexual assault it goes to the JIRT which is
8 the police/DoCS assessment, if the child doesn't disclose,
9 then it goes back to DoCS to assess what next they should
10 do. It does appear a lot of those cases get closed because
11 DoCS really can't take it any further. We are very much
12 concerned that that can arise.
13

14 It's not really an answer, if there is a further
15 allegation of sexual assault you can report it because you
16 repeat the process but we are looking at ways to deal with
17 that very problem.
18

19 SPEAKER: Any child needs to have confidence in the persons
20 they are going to talk to.
21

22 [REDACTED]: How can they when they sit back and lie to the
23 kid?
24

25 THE COMMISSIONER: Was that case, that you made a report, a
26 recent report?
27

28 SPEAKER: Yes. Actually six years I made a report of
29 another child that I think was sexually assaulted and
30 nothing was ever done, and the DoCS worker turned around
31 and says "Children do act like that sometimes. You just
32 don't take no notice of it".
33

34 THE COMMISSIONER: Thank you for that. We will note as an
35 example of a matter we are now looking at.
36

37 Are there other comments?
38

39 SPEAKER: I would like to bring one other issue up. I have
40 had two children in my care, siblings, for the last 15
41 months. When they first came to me, they had been in care
42 of another lady and another family previous to that. I
43 know they have been in care for two and a half years now.
44 In that time they still have not had full assessments done
45 by DoCS, the whole period of time they have been with me.
46 It's a constant "We must get these children fully
47 assessed". I am getting minimum payment for them. These

1 are very hard to look after. They are children that no-one
2 else in Broken Hill will have at the moment. I have had
3 those children now in my care for 15 months. They still
4 have not been assessed.
5

6 In the last two weeks I have had another two children
7 put in my care that are able to be assessed in the last two
8 weeks. Constantly I am on the phone to DoCS saying "These
9 children need to be assessed, why can't they be assessed?".
10 It's all about funding. They don't want me to receive any
11 more funding. If these kids are assessed to be of high
12 calibre, it means me as carer will get a bigger payment of
13 money, and that is an issue down here with DoCS. From day
14 one it has been. There are a lot of carers I see around
15 here. They have been trying to get children assessed for
16 that whole time, and still can't have them assessed because
17 they are afraid of paying any more out in payments. That
18 is not fair to us.
19

20 If we have the 24-hour-a-day job of looking after
21 these children, and they need to be assessed by medical
22 teams, we get constantly told the services aren't here,
23 they can't get them. They have got the other two children
24 assessed; [REDACTED]. I have
25 a counselling session this afternoon. I had a counselling
26 session last week. [REDACTED]

27 [REDACTED]. They have been able to get these
28 children into assessment. Why couldn't they get the two
29 Aboriginal children living with me into assessment? It
30 really makes me angry. They need to be assessed. There
31 needs are just as great as anybody else's. I am upset
32 about that.
33

34 These children were taken from Wilcannia. As this
35 lady says, they are brought from Wilcannia. These children
36 have been down here [REDACTED], they are from a
37 family of [REDACTED]. [REDACTED] of their siblings we see quite
38 often, the [REDACTED] child is in the mother's care now. The
39 older one is out of the mother's care, but these children
40 have not had contact with the grandparents, the grandmother
41 that lives in Wilcannia. Last school holidays, Christmas
42 time of last year, when they first came into my care, I
43 said "If you could arrange a day I am more than willing to
44 go up and stay overnight in Wilcannia so the children can
45 see the grandmother". They have no contact with their
46 mother who has a drug and alcohol problem. It should be a
47 big issue for DoCS to try and keep them. They see their

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1 siblings but none of their other family. They miss their
2 aunties and uncles in Wilcannia. They have not been back
3 there.

4
5 MS WILSON: Children are our future.

6
7 SPEAKER: They are homesick. They talk about Wilcannia,
8 what they did in Wilcannia. I know they didn't have a good
9 life in Wilcannia. They have great needs in Wilcannia and
10 there needs to be services on the ground up there so the
11 children can be taken back there.

12
13 THE COMMISSIONER: Thank you for that. It's a matter we
14 will take on. It's one of the things we need to look at.

15
16 [REDACTED]: There are a lot of issues.

17
18 SPEAKER: I'm like a fairly young mother. I had my kids
19 early. My partner and I have two children. We both work,
20 we own our own home. We are in a position where we could
21 take some school age children into our home and look after
22 them, but speaking to girlfriends and other family members,
23 their concern is as a carer, what can be done to ensure my
24 kids won't be put at risk by other children in my home. My
25 kids are my priority, but it's a double-edged sword. You
26 don't want to take the risk if there is no --

27
28 SPEAKER: You treat your kids as your own kids and treat
29 them all the same and you get a better response out of
30 them. I have been a foster carer for quite a few years.
31 My latest foster kids now are 17, one will be 18 in
32 November, the other one will be 19 in March. I have had
33 them from two and three years of age from Wilcannia. Prior
34 to that, I had the sister in my care for three years before
35 they were taken from Wilcannia, and I rang up to the
36 manager at the time when I heard that these kids were being
37 taken from their grandmother, if I could take over the care
38 of those kids to keep the three of them together. Those
39 kids have been the best out of all the kids I have cared
40 for over the years that I have been caring for DoCS kids,
41 and the older one now is 24, and the other one 19 and the
42 other one is 18 in November.

43
44 I have had continuous meetings with family members.
45 They knew me, their grandmother came over here and stayed
46 with me to spend time with the kids. She was going to
47 another family's place and she said to me "[REDACTED]", I don't

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1 feel comfortable going to this other place to stay. Is it
2 all right if I stay here with you and the kids and just
3 visit them?" So that went on.
4

5 One of the aunties came to me and she asked what the
6 older child was doing for Christmas. I said "We are
7 planning on going to [REDACTED] for Christmas." She said
8 to me "I'm going to see DoCS about this, because I want her
9 to come over to Wilcannia, and she's not allowed
10 interstate." I said "You go and see DoCS, arrange all
11 that, in the meantime we will be in [REDACTED]." I went to
12 [REDACTED] but I contacted the manager at the time and he
13 said "Those children are to be in your care", and like she
14 said "Can the kids be placed in care until I finish my
15 bachelor degree at the [REDACTED]?" and the
16 magistrate said "Sorry, these kids are not only going to be
17 needing care until you get your bachelor's degree, they
18 need care now".
19

20 THE COMMISSIONER: Just pausing there for a moment, you
21 don't need a degree to be a carer.
22

23 SPEAKER: I know, she wanted to finish her degree before
24 she could take over the custody of these kids. The
25 magistrate told the solicitor for her that the kids needed
26 care now, not when she finished her university. I have had
27 them for 17, 18 years. Another situation where my daughter
28 was --
29

30 THE COMMISSIONER: I think we will probably have to stop
31 you there. You have told us of your experience, it's a
32 positive one.
33

34 SPEAKER: I want to talk about the mandatory situation. My
35 daughter was in a violent relationship with her partner.
36 [REDACTED]
37 not one of those bloody people that was supposed to be
38 mandatory reporters reported the incident that she went
39 through.
40

41 THE COMMISSIONER: It should have been reported. The
42 system does --
43

44 SPEAKER: No, it wasn't.
45

46 THE COMMISSIONER: The system is designed to deal with that
47 situation. Can I move on --

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1
2 SPEAKER: I want to say something more. We were talking to
3 someone, someone from DoCS when this subject about the
4 \$5,000 for anybody who is having babies now, and my
5 daughter said to this DoCS worker "I think that's wrong,
6 it's going to cost the kid. It's forcing kids to go and
7 have kids when they are only kids". She said "Oh well, I
8 can be assured that I have a job in the future." This came
9 from a DoCS worker. I think things like that stink. They
10 are looking that they are going to be paid in the future
11 for kids who are having kids and can't look after them,
12 they is going to go into the system and then keep them in
13 jobs.

14
15 THE COMMISSIONER: We understand the problems you are
16 raising and there are various thing we are looking at. Is
17 there anybody else who wants to say something?
18

19 I think we are back to your problem. It is a choice
20 you have to make. It's a real consideration. It's
21 desirable that children are matched with carers and the
22 situation they are going into but it is certainly a
23 problem. If it doesn't work out, of course, then you can
24 simply tell DoCS that it's not working and the children go
25 back.
26

27 SPEAKER: A lot of people are in a situation where they can
28 take on children. They are just scared there is no
29 guarantees of the safety of their own children.
30

31 THE COMMISSIONER: If anybody does want to be a carer there
32 is a good training program to tell you what is involved.
33

34 SPEAKER: I think the system needs to redeem itself.
35 People see DoCS as a joke.
36

37 THE COMMISSIONER: There needs to be encouragement for
38 people to care. Is there anybody else to say something?
39

40 [REDACTED]: If there are programs I will have a go.
41

42 [REDACTED]: I would like to speak again on behalf of
43 Wilcannia. Back a long time ago, at the school we used to
44 have breakfast programs and things like that for the little
45 kids, which was really good for our little kids at that
46 time. They have taken all that away. They had a time out
47 room for the little kids. If they played up in the class,

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1 maybe because of lack of sleep or because they are hungry,
2 there was a time out room they could go into and sit down
3 and rest, read a book, listen to some music. They have
4 taken all that away from them. That is just through
5 fundi ng.

6
7 THE COMMI SSIONER: Those very kind of programs do exist in
8 some towns, some schools and obviously will be encouraged.
9 If they are missing in Wilcannia, thank you for that we can
10 take that on board.

11
12 I think we have probably gone through the range of
13 issues that are important here. If anybody wants to write
14 to us, with any other particular problems they face they
15 may do so, we can give you some contact details, but as I
16 say, you have given us an appreciation of some of the
17 problems which do exist in this region and we will take
18 those on board.

19
20 MS WILSON: What is going to happen from this? Is there
21 going to a report sent back?

22
23 THE COMMI SSIONER: What is happening from this is at the
24 end of our inquiries, which go right around the State, we
25 will be reporting to the government, and the government are
26 committed to making that report public, and thereafter it's
27 a matter for the political process to either implement
28 either in whole or in part. We will expect, because of the
29 concerns which have been expressed and which are common to
30 the whole community, that our report, so long as it's
31 sensible and reasonable and so on, would be implemented.
32 That is out of our control. We are looking at the system
33 as a whole independently, identifying the problems,
34 identifying the areas of change and making recommendations
35 to the government.

36
37 MS WILSON: When you say "reports that are sensible" what
38 is your comment on today?

39
40 THE COMMI SSIONER: You have identified the kinds of
41 problems we have seen in other communi ties.

42
43 MS WILSON: Every one of these comments made today were
44 sensi ble.

45
46 THE COMMI SSIONER: I don't suggest they weren't. What I am
47 saying is our if recommendations are sensible, we would

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expect them to be implemented. What you have said is reflecting views we are getting from other parts of the state. I don't for a moment suggest they are other than genuine, real concerns that you have.

██████████: One thing I would like to say is the baby bonus has gone up.

THE COMMISSIONER: I think we understand the problem.

██████████: What about support for the system to deal with these extra kids?

THE COMMISSIONER: That is exactly what we are looking at. Thank you very much.

AT 11.30AM THE COMMISSION ADJOURNED ACCORDINGLY