

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

Before The Hon James Wood AO, QC, Commissioner

At the Coonamble Bowling Club
Aberford Street, Coonamble

On Tuesday, 4 March 2008 at 2.06pm

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

PUBLIC FORUM

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3 THE COMMISSIONER: Good afternoon. Can I thank you for
4 coming to this public forum. The purpose of the public
5 forums is to get views of those of you who might have been
6 involved in the child protection system, either as foster
7 carers or perhaps as even people who have had relatives
8 removed, or those of you who are providing services
9 generally to people who are having difficulties in their
10 ordinary lives.

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12 As I say, we really want to hear from you this
13 afternoon, although there are clearly some issues I will
14 identify you this morning. We are recording proceedings
15 largely for our own benefit. It is a public record. If
16 you want to refer to a specific case, it's better not to
17 actually name the child, either directly or indirectly. If
18 you happen to do so, there is no problem we can edit it
19 from the transcript in due course. The situation is really
20 we do need to maintain family confidentiality and so on the
21 best we can. If you can deal with a case without naming
22 people, that will help; otherwise, we can fix it up.

23
24 Obviously the areas of particular concern to us
25 involve the extent to which the early intervention of
26 Brighter Futures program, which is now available, can be
27 used perhaps to a greater extent so as to deal with the
28 families and problems outside the traditional protection
29 system, so as to prevent or minimise the risk of them
30 getting into crisis situation which leads to the full
31 pattern, the protection proceedings in the Children's Court
32 followed by removal and so on. We want to hear from any of
33 you who have experiences or ideas in relation to the way
34 services can be provided at that early intervention stage
35 to stop people getting into a crisis situation.

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37 The next thing we want to hear is any experiences you
38 may have had, if you have come into contact with the child
39 protection system, either as relatives of children, or of
40 people who have been involved in proceedings in the local
41 court and the children's court, where removal proceedings
42 have taken place, and perhaps short term or long term
43 placements have been arrived at.

44
45 The third thing we are particularly interested in is
46 out-of-home care, whether it might to be traditional foster
47 carer or relative or kinship carer, or support,

1 accommodation whatever, or any other form of voluntary form
2 of care that might exist. Anyone who has had experience in
3 those areas, or have had particular problems in relation to
4 dealing with those situations; for example the contact or
5 getting allowances or getting support and so on. We would
6 obviously like to hear your experiences.

7
8 We have a couple of people that filled in the forms
9 who said they would like to say something. It doesn't mean
10 anybody else can't speak. We might start with those who
11 filled in the form. First of all Joan Treweeke. We have a
12 submission from you, but perhaps we can hear from you.

13
14 MS TREWEEKE: I will just give some background, I'm
15 president of a women's group who runs a safe house in
16 Lightning Ridge, and always participates in the Brighter
17 Futures program as a partnership delivering home visiting
18 programs to families in Lightning Ridge. We also run the
19 neighbourhood centre and emergency relief. We are seeing
20 families in a crisis situation, as well as when they are in
21 need before any other intervention has taken place.

22
23 The general situation is that there is a paucity of
24 services for our town. We have close to 7,000 people in
25 Lightning Ridge. It's a socially disadvantaged band one,
26 and certainly the needs of the people there are not met by
27 the services. So, it's situation of under resourcing.

28
29 The Brighter Futures is certainly an intervention
30 program we see as a bright light, because it's a program
31 that families can be on for a positive period of two years,
32 which is the length of time people need, because most of
33 the families we see have complex multiple problems and we
34 really don't have services to support them. For them to
35 get those services, they really have to leave town.

36
37 We don't have public housing. Two-thirds of them live
38 out on what has been described as third world conditions on
39 opal mining camps. We have a very poor community, not well
40 serviced. Positions may be available for various positions
41 in health, early childhood and all that sort of thing.
42 Quite often they are not filled simply because it's
43 difficult to get people to live in the more remote areas.
44 Even if we see a family and want to refer them we have
45 nobody to refer them to. Our belief is a
46 multi-disciplinary approach would be the most useful and
47 productive, but we are thinking how would you do it when we

1 don't have enough police officers, school counsellors in
2 the school, don't have child psychologists, quite often we
3 don't have early childhood nurses as well as social
4 workers. We don't have a DoCS office, which is something
5 we need; resident DoCS personnel to help us.
6

7 I suppose, we see people coming in in a crisis
8 situation, usually because they are homeless, or for any
9 reason, it could be domestic violence issues, it would be
10 mental illness, it could be drug and alcohol abuse, that
11 they are homeless, that is when we see them and they enter
12 our service. Quite often they come with children. We are
13 talking about parents and children. We can keep them in
14 accommodation for about a month, and then that's it. We
15 now have two small flats that we can move them into for a
16 few more months. After that there is no housing, apart
17 from a caravan park. They may spend time in town, or go to
18 family somewhere else, if there is that opportunity. That
19 is the frustration for us, that we think as a community we
20 could support these families better if we had some more
21 appropriate facilities, and housing is certainly desperate.
22

23 The other issue that is becoming more obvious is
24 homeless youth. Into our safe house we can take girls, but
25 we can only take boys up to about 14, so if their mother
26 comes, we have nowhere for the boy. You are then in a
27 situation of splitting families up and we really have
28 nowhere to house them. Some sort of accommodation for
29 homeless youth is desperately needed. So, more staffing,
30 more accommodation, some sort of multi-disciplinary
31 approach to sorting out people's issues are priorities that
32 we see.
33

34 THE COMMISSIONER: Can I just ask you a few questions
35 about that. First of all where is your nearest DoCS
36 office?
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38 MS TREWEEKE: Walgett.
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40 THE COMMISSIONER: Do you have a local hospital, or any
41 health workers in Lightning Ridge?
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43 MS TREWEEKE: We do have. For close to 7,000 we have four
44 beds, so if there is any interventional procedures needed
45 people are taken out of town into the base hospital in
46 Dubbo, 350 ks away. For example, sexual abuse, that is
47 where the forensics are done in Dubbo.

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2 THE COMMISSIONER: You also not all that far from Broken
3 Hill, I guess.
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5 MS TREWEEKE: We are close on a thousand kilometres away.
6 We are two hours directly north of here.
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8 THE COMMISSIONER: How many people can you cater for at
9 the emergency housing refuge?
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11 MS TREWEEKE: We have seven beds and two cots and one
12 bathroom.
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14 THE COMMISSIONER: Is this all funded by the Brighter
15 Futures?
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17 MS TREWEEKE: Through the SAAP program.
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19 THE COMMISSIONER: Brighter Futures is present but you
20 can't actually access much in the way of services?
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22 MS TREWEEKE: As I say, we do the home visits, so the
23 people in the Brighter Futures are in what we call early
24 intervention, so they haven't come to us in a crisis. They
25 have been referred because there are obvious difficulties
26 but they are not crisis difficulties.
27
28 THE COMMISSIONER: Are there any children in the community
29 that are in out-of-home care, having been removed?
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31 MS TREWEEKE: Yes, there are.
32
33 THE COMMISSIONER: Who are the carers? If you would
34 identify yourself by the name and by whatever organisation
35 or place you come from.
36
37 MS BARKER: Marcia Barker. I am a client service manager
38 at Lightning Ridge safe house. What was the question?
39 Where are the kids?
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41 THE COMMISSIONER: Where were the kids who are in
42 out-of-home care?
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44 MS BARKER: There is a few in Lightning Ridge, but there
45 are a few that have been taken out of Lightning Ridge to
46 other families, I don't know where
47

1 THE COMMISSIONER: The ones who are in Lightning Ridge,
2 for those children in care in Lightning Ridge, are they in
3 relative or kinship care, or with foster carers?
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5 MS BARKER: With foster carers.
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7 THE COMMISSIONER: Are they Aboriginal children or what are
8 they?
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10 MS BARKER: A few, yes, Aboriginal children, but there are
11 a few non-Aboriginal, yes.
12
13 THE COMMISSIONER: You identified some of the services you
14 need, so, I guess there is drug and alcohol, a sexual
15 assault counsellor.
16
17 MS BARKER: No, there's not.
18
19 THE COMMISSIONER: Thanks for that. DoCS office is -
20
21 MS BARKER: Yes, 70 ks away.
22
23 THE COMMISSIONER: Does anyone come from DoCS to visit the
24 community or do you have to be in touch with them?
25
26 MS BARKER: No, we have to be in touch with the DoCS
27 officer.
28
29 THE COMMISSIONER: What about housing or DADHC, do they
30 come out on a routine basis? Are there any housing
31 facilities?
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33 MS BARKER: No housing facilities.
34
35 SPEAKER: We are from Walgett.
36
37 THE COMMISSIONER: Is there an Aboriginal medical service
38 there, or any other medical service?
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40 MS TREWEEKE: There is the Greater Area Western Health
41 Service which funds the hospital and community health.
42
43 THE COMMISSIONER: Is that a visiting service at all?
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45 MS TREWEEKE: No, we would access the Walgett Aboriginal
46 medico service for some services.
47

1 THE COMMISSIONER: Thank you, that gives us an idea of
2 where the services missing in that area.

3
4 Can we go then to Jodi Burnstein from Bernados.

5
6 MS BURNSTEIN: I am senior manager with Bernados. We
7 deliver services in a range of LGAs in this area, going
8 from right to left, mid-western regional, Wellington,
9 Gilgandra, Narromine, Warren, Bogan and Cobar. In all of
10 those areas we deliver Brighter Futures services as a
11 partner agency with Burnside based in Dubbo and we offer
12 services in those areas.

13
14 We also have a range of funded projects, Families New
15 South Wales and couple of other federal funded projects
16 including a range of various youth projects which are
17 around the early intervention services. I want to talk
18 around some of the early intervention services and issues
19 related to those, in particular to the Brighter Futures
20 service. With regard to Brighter Futures service we have
21 now been established for just, in terms of taking
22 referrals, about 12 months. We are very quick to fill up
23 our community referrals. They fill up within the first
24 five months. Every single week we write to DoCS we still
25 have a capacity in DoCS referrals, but we are not getting
26 referrals made to us. Even where we do get the referrals -
27 for example, out at Cobar which is managed by the Bourke
28 DoCS office, they are not streaming at all. None of the
29 help line referrals that go out to Bourke get streamed into
30 Brighter Futures. We haven't had a single DoCS referral to
31 the Cobar area.

32
33 Where we have had DoCS referrals our take-up by
34 families is only about 50 per cent. This is because about
35 25 per cent of the referrals don't have adequate
36 information, for example they don't have an address or
37 phone number or sometimes they don't even have a surname.
38 They have come through the health line without enough
39 information. Unless my staff actually know the family by
40 name, because they live in the community, we otherwise have
41 to look in the phone book, or that's about the best we can
42 do.

43
44 THE COMMISSIONER: Do you go back to the intake team, to
45 get more details?

46
47 MS BURNSTEIN: We tried. They told us "That is the best we

1 can do". That is quite a waste of our time to try and
2 occasionally if you turn up someone. They are hoping one
3 of our staff will know the person in the community.
4

5 About another 25 per cent don't consent. We make
6 contact with them and they consent and that is primarily
7 because they don't want to have anything to do with DoCS.
8

9 THE COMMISSIONER: They make that plain?
10

11 MS BURNSTEIN: Yes. What is frustrating is we have the
12 capacity. I am not saying my staff are sitting around
13 twiddling their thumbs, but we have capacity. We would
14 like if there process whereby referrals coming from health
15 were not regarded as community referrals, but could be put
16 through that DoCS part of the contact.
17

18 MS FURNESS: Effectively you are saying the current split
19 which is 20 per cent from community pathways and 80 per
20 cent from DoCS should be changed so that either more is
21 from the community pathways or indeed health is counted
22 other than in the 20 per cent.
23

24 MS BURNSTEIN: Health and the other one would be education,
25 especially as they are government services and there could
26 be some sort of memorandum of understanding between the
27 government.
28

29 We now have half a dozen families on our waiting list
30 in the community placements part of the contract. Most of
31 those referrals have either been health or early childhood
32 services referring families who having had some contact
33 with Brighter Futures program, are now seeing this is a
34 great program, it could be really suitable for these
35 families. DoCS, as the gate keeper, haven't allowed those
36 referrals to come through and it's not because their child
37 protection cases, it's because they have come through that
38 community referrals part.
39

40 The other way to get around that is to get the family
41 to agree to do a request for assistance through the help
42 line. In two instances that has resulted in a DoCS
43 referral. That is what we keep trying to do. Nonetheless
44 as I said, we currently have a capacity to take more
45 referrals.
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47 THE COMMISSIONER: What is your capacity in broad terms?

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MS BURNSTEIN: It depends how complex the case is. Some families that have been referred have 10 children. We count that as two. Contractually we are contracted to take 39 families. At the moment we have about 28 families. At any given point in time there would be half a dozen where we are trying to see them.

THE COMMISSIONER: As far as the services you can provide for those that come on board are they adequate where they are?

MS BURNSTEIN: With regard to the Brighter Futures program we now have been operational and taking referrals for 12 months. With some of those families we have seen incredible results. Because of the intensity of the program, we started to see after six to eight months families really turning around and building their own capacity. One example, is a mother who initially came to us, with concerns around domestic violence. First couple of months dad was still living there. He trashed the property and they had to move out. He then beat up the mother and she ended up in hospital. He was released on bail and we had to find some emergency accommodation for her and the three children. He subsequently has been kept in prison and in the last three months all the children are in child care or at school, she has managed to get her own housing and she's taking the littlest one to play group each week and going to a TAFE course to develop her own skills. We have organised the transport around that, and the children are in child care and she is doing that. That for us is an incredible turn around. The other great difference is the mother is coming in smiling, which is also amazing.

With regard to the adolescent services, as I mentioned we do the reconnect services throughout this region. It's a federally funded program for 12 to 18-year-olds who are homeless or risk homeless. It's a holistic approach so we work with the young person, their family and aim to reconnect the young person with community, family, education and employment. Within that contract that is scope for community capacity building. There is a lot of work on building capacity to cater for the young children or young adolescent in their community. By that I mean there's capacity to do a lot of interagency work, joint projects with other services, and to jointly deliver

1 programs where other people are engaged, and work within a
2 very early intervention stage.

3
4 In the areas I work there are no facilities, there is
5 no refuge, no facilities at all for homelessness, which
6 means we really forced to work very hard with the young
7 person and their family around finding somewhere safe for a
8 young homeless person to stay. The nearest refuge for us
9 is Dubbo or Bathurst, and taking a young person to refuge
10 is absolutely a last resort for us, in the sense that means
11 disruption from school, peers, extended family and any
12 punitive supports that might be in place.

13
14 The outcomes for young people when they go to the
15 refuge are not great, compared to if we keep them in the
16 community. This means we do a lot of work around working
17 with the family or friends, or other people in the
18 community, who might be able to provide some safe
19 accommodation for that young person in the first place, and
20 then to work with us to reconnect that young person with
21 their community, education and their family.

22
23 We have now been delivering that service for seven
24 years. Each year around about 98 per cent of young people
25 are housed safely who have come to us through this. What
26 we do find is no matter how many notifications are made to
27 DoCS, we do mostly get a response from DoCS with regard to
28 teenagers. Where they do get involved they're fantastic
29 and it makes a big difference. It gives us a lot more
30 leverage to work with the family. In the main part, we get
31 no response at all and no feedback. The other thing that
32 we notice is that there is a really big gap in service for
33 the 8 to 12-year-olds and quite often where we're working
34 with families where we can see there are problems, there
35 are younger children, that we can work it to some extent,
36 but it's pretty obvious that they're going to become
37 clients in the next few years.

38
39 In most of these areas, apart from sporting
40 activities, there are not a lot of activities for young
41 people to get involved in and quite often the reason why
42 the problems started in the first place is that there
43 aren't sufficient extra-curricular activities, so then
44 people tend to get into more destructive behaviours and
45 they tend to get more involved with drugs and alcohol,
46 whereas if you can deliver projects or activities which
47 target that age group in an appropriate way and give them

1 activities that are not destructive and build self esteem,
2 then you end up with lot better results.

3
4 For example, the Federal Government has recently
5 funded a project for us out in the Cobar-Nyngan area called
6 "Arts in the Dust" which is offering a range of
7 circus-based skills for 8 to 12-year-olds and theatre work
8 for that age group and working with them to develop their
9 expressive language around their feelings of how the
10 drought has affected the community.

11
12 THE COMMISSIONER: Who actually is putting that program
13 into being? It is funded by the Federal Government, but
14 who is actually implementing it?

15
16 MS BURNSTEIN: Bernados and we're working in partnership
17 with the Australian Theatre for Young People. As I said,
18 it is very rare that we do get a response from DoCS when we
19 make notifications about young people. The ones where we
20 do get a response, there is no rhyme or reason why they
21 decided to get involved in this case rather than another
22 case we might have assessed that was more serious and
23 that's something we rarely get feedback on.

24
25 MS FURNESS: It might reflect their case load at the time,
26 that one might be more serious or less serious depending
27 upon the other cases they've got on their books at the
28 time.

29
30 MS BURNSTEIN: What they tell us is that they're always -
31 and I believe this - understaffed and their case loads are
32 such that they can't manage anything at all in the matter
33 of services, and that they are always understaffed. In the
34 time I've worked out here, I don't think their positions
35 have ever been filled.

36
37 THE COMMISSIONER: One of the things which has been
38 identified in some of the public forums in Sydney has been
39 the possibility of moving a greater share of the
40 out-of-home care to the NGOs. Is that feasible in this
41 part of the state? Can the NGOs provide the capacity to
42 take on a greater share of out-of-home care?

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44 MS BURNSTEIN: I believe they can, yes.

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46 THE COMMISSIONER: To what extent is Bernados involved in
47 that at the moment?

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MS BURNSTEIN: Bernados submitted a tender for it and we haven't got the details of the contract at this stage.

THE COMMISSIONER: You have to find foster carers?

MS BURNSTEIN: That's right - and kin carers. I think on the whole, with respect to the NGOs - and I can speak for Bernados - we work very well with the Aboriginal communities. About half of my staff are Aboriginal and we take very much a team approach. There are some families where even if they're Aboriginal, they need a non-Aboriginal person to work alongside with the Aboriginal person, the staff member, because it's sometimes too hard to say no, so we try to work in a team, to take a team approach.

With both the Aboriginal and the non-Aboriginal staff, we learn from one another all the time. It's a very respectful and collaborative approach. It has been recognised in the community that we get a very high take-up by Aboriginal families. In our regional services about 60 per cent of our homes are Aboriginal. In Families First, it goes up to about 80 to 90 per cent.

THE COMMISSIONER: The other thing which has become important to us as being a bit of a problem in several of the towns in this region is the high level of absenteeism from school: truancy at all levels. Is anything being done by agencies such as yours or other agencies to try and address that, to get those kids actually into school?

MS BURNSTEIN: That's a tricky one. From memory, I think they're still called truancy officers. A truancy officer will come and talk to us and make a referral to our service. Our services are still voluntary and it's still up to the young person whether or not they want to engage the service. Where they do engage, the chances are that we can have a good outcome for that in terms of either going back to school or accessing the TAFE college. It's accessing education in a different way.

THE COMMISSIONER: We have also had interest from Marcia Barker.

MS BARKER: What I wanted to say is that this lady said pretty much what I wanted to say about when you make a DoCS

1 report, that there's no feedback or response from DoCS. We
2 get a fax back saying, you know, "Thank you for making a
3 report on the child born on this day", but there's no
4 feedback or any response on a report that has been made.

5

6 THE COMMISSIONER: The kinds of reports that you might be
7 making would be what kinds of reports?

8

9 MS BARKER: Child abuse, child sexual assault. It's a
10 fairly high priority.

11

12 THE COMMISSIONER: Yes. If you had feedback from DoCS as
13 to whether they were taking up the case or not and what
14 they were doing, would that assist you in your other work?

15

16 MS BARKER: I am sorry?

17

18 THE COMMISSIONER: If you had a response from DoCS as to
19 whether they'd taken the case up or not or as to what
20 they're doing, would it assist you to have that knowledge
21 in dealing with that family or that situation?

22

23 MS BARKER: It would, yes.

24

25 THE COMMISSIONER: At the moment, if you go back to DoCS
26 and say, "Look, we can do this with this family, but we
27 need to know what's happening," what is the response?
28 It's nothing, is it? No reply.

29

30 MS BARKER: No.

31

32 THE COMMISSIONER: There are clearly restrictions on
33 recent information, but that's something we are otherwise
34 addressing. Thank you. Karen Kennedy, please.

35

36 MS KENNEDY: I'm Karen Kennedy from Coonamble Links.
37 "Links" is Linking Safely Across the Community. I actually
38 do Coonamble and Gulargambone. I'm employed two days a
39 week mainly dealing with referrals and educating as to
40 domestic violence.

41

42 I agree 110 per cent with all the ladies who have
43 spoken so far. We have no accommodation. We have no
44 refuge. We have no Bernados. We have very little help
45 with domestic violence. I have a really good rapport with
46 DoCS, although I can relate to what Marcia has said. Last
47 week I rang DoCS three times in relation to a client and

1 they were going to get back to me and I've heard nothing,
2 so therefore, I can't follow up on what I need to follow up
3 on.

4
5 We have a lot of other services here, but they're all
6 limited. To get into a counsellor, you have to wait for
7 weeks to get in to see somebody else. It is just a waiting
8 game and I think we can't afford to wait. Things have to
9 be done straight away. Coonamble is actually rated third
10 highest in the state for domestic violence on a per capita
11 basis. That's not very good and, like I said, we've got no
12 help at all.

13
14 THE COMMISSIONER: We are certainly aware of the lack of
15 domestic violence workers and even of a domestic violence
16 liaison officer for the police in this area. That is
17 certainly something we've taken on board. We have had some
18 discussions to the effect that the situation as to domestic
19 violence might be worse here than, say, Coonabarabran. Can
20 you identify any reason why the domestic violence level is
21 so high here?

22
23 MS KENNEDY: Unemployment, drugs and isolation, I guess.
24 It is not just that type of abuse either. It's the
25 isolation factor of domestic violence, mental abuse, the
26 drought, everything else, all that comes into it, and
27 expensive living.

28
29 THE COMMISSIONER: A lot of those features are common to a
30 number of rural communities in this state, under varying
31 outcomes, as to rate of domestic violence. Some of the
32 differences may be due to a difference of reporting levels,
33 but in some communities there might be some strategies that
34 are actually working to lower domestic violence. Do you
35 think it is the situation here that a significant factor is
36 the absence of those services to deal with domestic
37 violence: that is, counselling and the other kinds of
38 services?

39
40 MS KENNEDY: Partly. There is the isolation factor. For
41 a start, we haven't got enough police to be on duty 24/7.
42 We don't have the criteria to help these families because
43 we're under some different government mileage, or whatever
44 they call it, you know, everything's got different barriers
45 and I just think we're isolated. Professional services
46 can't get here because they've got to go here, here and
47 there and then someone has to go there, there and there and

1 you're so many kilometres away and everybody else is on a
2 set rate, so they can only go here once a fortnight, or
3 whatever the circumstances are.

4

5 THE COMMISSIONER: Thank you for that. It is an important
6 thing we can take on board. Is there anything else you
7 want to say about your organisation's work?

8

9 MS KENNEDY: We're funded by SAPS, which is great, but I
10 think our funding is going to terminate at the end of June.
11 I am not 100 per cent sure, I'm not on the management
12 committee, but I know they've been meeting and have been
13 trying to get sufficient funding to continue the service.
14 Again, I'm only educational referral, but it comes down to
15 I think DoCS or SAPS only want it to be, you know, actually
16 dealing with a crisis. There's a great need out there for
17 domestic violence workers across the board.

18

19 THE COMMISSIONER: How long was your funding initially
20 granted for?

21

22 MS KENNEDY: Five years.

23

24 THE COMMISSIONER: June is getting fairly close. What is
25 your understanding as to that? Are expressions of interest
26 being sent or asked for to renew or is there just silence
27 about renewal?

28

29 MS KENNEDY: No, they've been to meetings and they're
30 trying to adjust or readjust the criteria to fit the
31 program. Can I hand over to Carol?

32

33 THE COMMISSIONER: Yes, if there is someone who knows more
34 about it. Yes, Carol.

35

36 MS PTASZINSKI: My name is Carol Ptaszinski. I'm on the
37 management committee of Linking Women with Safety Across
38 the Communities. What has happened with the funding is
39 that we weren't working within the guidelines of the
40 original specifications, which is only education and
41 referral. We had six workers over the communities, Warren,
42 Narromine, Nyngan, Coonamble, Gilgandra and Coonabarabran,
43 and some of the workers were, because of the need, working
44 in crisis situations, so we had to pull our reins back and
45 work within specifications.

46

47 Our funding is due for renewal in June and the

1 management committee is working their behinds off to try
2 and get within the specifications by then. We're fairly
3 hopeful it will be okay, but we have to do that. Karen's
4 right. She's employed 14 hours a week and it is
5 information and referral. There is a huge need out there
6 for crisis and domestic violence services.

7
8 THE COMMISSIONER: If you were to get a broader funding
9 base, you could carry on with the services that you have
10 been providing which you've had to withdraw from: is that
11 the case?

12
13 MS PTASZINSKI: We are existing with the current funding
14 levels. For what the specifications are, they're adequate.
15 We need different funding or funding from another source
16 for crisis workers for domestic violence, but we're not
17 looking at that at the moment. We're just looking at
18 preserving what we've got.

19
20 THE COMMISSIONER: If DoCS could fund you to do some work
21 on domestic violence, would you have the staff and the
22 ability and the training and so on to deal with that as
23 well?

24
25 MS PTASZINSKI: We have the structure of a management
26 committee and I'm sure we'll be able to look at that. We
27 haven't gone into that area simply because we're trying to
28 get ourselves in order at the moment.

29
30 THE COMMISSIONER: I fully understand that. What is your
31 geographic reach?

32
33 MS PTASZINSKI: Six communities, so it's out to Warren,
34 Nyngan, Narromine, Gilgandra, Coonamble and Coonabarabran.
35 Those are the communities that we reach.

36
37 THE COMMISSIONER: Is anybody else providing a similar
38 service in other parts of this area of the state?

39
40 MS PTASZINSKI: We have inquiries through the management
41 committee from other areas looking at our model, but our
42 model is in a bit of disarray at the moment, so we'll get
43 our act together first before we can market it to anyone
44 else. There's quite a lot of interest and it is quite a
45 good system.

46
47 THE COMMISSIONER: Who actually created it in the first

1 place?

2

3 MS PTASZINSKI: I wasn't there at the beginning of it. It
4 happened in about 2000. It was a group of women from
5 Coonamble --

6

7 SPEAKER: It was a group of women from Coonamble who got
8 together with others from other communities through their
9 other collectives and also through their work where they
10 were dealing with young families and children and that's
11 how it all got started, but that's all I know and then it
12 grew from that. The application was lodged and the money
13 was granted.

14

15 MS PTASZINSKI: There are representatives from each
16 community on the management committee and each community
17 has a worker and that was what the community was asking of
18 the workers, but without proper direction. We went with
19 that for a while, but we had to pull our reins in.

20

21 MS KENNEDY: There is a huge need for that service of the
22 crisis workers. I am employed 14 hours a week to do what I
23 do, but it reaches far beyond there just to help out the
24 people you're helping who are out of work, because there's
25 a need there and there's nowhere for them to go.

26

27 THE COMMISSIONER: I understand that. Do you have any
28 formal contact with DoCS in relation to the work that
29 you're doing?

30

31 MS PTASZINSKI: Yes. We work with DoCS all the time.
32 There is continual backwards and forwards liaison with DoCS
33 and they're assisting us through this process of getting
34 back on track, yes. I think it is the Community Division.

35

36 MS FURNESS: Can I just go back to the representative of
37 the Yawarra Meahei Women's Group. Thank you for your
38 submission which we just received and I've just read. You
39 provided us with a large number of scenarios: is that
40 right?

41

42 MS TREWEEKE: That's correct.

43

44 MS FURNESS: Each of those scenarios concerned Bourke's
45 CSC: is that right?

46

47 MS TREWEEKE: No, Walgett.

1
2 MS FURNESS: All of them concerned Walgett?
3
4 MS TREWEEKE: Yes.
5
6 MS FURNESS: Can you tell us when they occurred? I think
7 you have in some cases. The first one you said was in
8 early 2007. The second case concerning the 15-year-old
9 mother with the seven-month-old baby, when did that occur?
10
11 MS TREWEEKE: We've got supporting documentation with the
12 letters and what have you. We can give you that.
13
14 MS FURNESS: Thank you.
15
16 MS TREWEEKE: Would you rather we do that?
17
18 MS FURNESS: Yes, that would be good, thank you. In
19 relation to one of them, you're referring to writing a
20 letter to the DoCS manager in Bourke.
21
22 MS TREWEEKE: That's correct, yes.
23
24 MS FURNESS: And that concerned the Bourke CSC, not the
25 Walgett CSC.
26
27 MS KENNEDY: What's "CSC", I'm sorry?
28
29 MS FURNESS: The DoCS centre.
30
31 MS KENNEDY: Oh, the DoCs centre. It was regarding the
32 DoCS office, but we wrote to the DoCS regional manager and
33 got no response from there either.
34
35 MS FURNESS: Thank you. Could you pass up the additional
36 documents? Do you need copies of those or can we have
37 those?
38
39 MS KENNEDY: They are copies. That's all right.
40
41 THE COMMISSIONER: While we're talking about submissions,
42 can I indicate that we advertised a closing date for
43 submissions, but we're more than happy to receive any more
44 submissions from any of you if you have particular views
45 that you want to give to us and if you want to do it
46 confidentially, all you need do is mark them as
47 "confidential" and we'll treat them as such. It won't go

1 past us.
2

3 We have heard from each of the persons who expressed
4 an interest in speaking. Does anybody else have anything
5 to say to us about your experiences with either attempts to
6 deal with problems before they become crisis situations,
7 or any of you who have become involved in an actual trial
8 for removal and placement proceedings or in out-of-home
9 care, foster care or otherwise? Can I ask you, please, if
10 you'd say who you are.
11

12 MS TYM: Wendy Tym, sexual assault counsellor. I'd just
13 like to add to that my frustration as well that when we're
14 working with clients in the smaller towns, it takes such a
15 big effort for people to come forward to notify about a
16 child protection issue, particularly sexual assault and the
17 if the services aren't there, it can all fall down in a
18 screaming heap, if they've brave enough to come forward and
19 talk about a family member or someone known to them, with
20 just the aspect of recrimination, the children being
21 bullied at school, people being harassed, being threatened
22 and their homes being threatened. This is very real stuff.
23 The violence that is about is very real and people just
24 don't want to take the lid off that can and if they do and
25 DoCS let them down, we're pulling our hair out trying to
26 get some sort of feedback on how to contain the family
27 which has come to us. We've made the notification and are
28 supporting them through the process. It puts families at
29 risk and it can put us at risk as well.
30

31 THE COMMISSIONER: Where are you based?
32

33 MS TYM: Coonamble. I did work very closely with the
34 sexual assault worker out at Lightning Ridge, but she's no
35 longer there. They do have someone else coming on board.
36 I was hearing the same thing out there. With respect to
37 domestic violence, we work very closely for two days a
38 week, which is inadequate. We're trying to deal with drug
39 and alcohol issues, mental health issues, all sorts of
40 things on the ground. These people have come to us first
41 because of the amount of trust they might have placed in us
42 and with a collaborative approach with other services it
43 can work really well and it will move ahead, but it only
44 takes one bad experience for a family working with DoCS and
45 that news spreads very quickly. Yes, we do the best we
46 can.
47

1 THE COMMISSIONER: Are you finding that these families are
2 coming to you first before they've gone to the police or
3 DoCS to notify?
4

5 MS TYM: It can vary. This is my third year. I'm wearing
6 another hat as well. I am an Anglican rector, so people
7 are getting to know me through those ways. It can come
8 through the school, it can come through JIRT, it can come
9 informally to me on the street, it can come through an
10 Aboriginal health worker. It tends to come in roundabout
11 ways rather than straight from DoCS or JIRT.
12

13 THE COMMISSIONER: Are you the only sexual assault
14 counsellor here?
15

16 MS TYM: Yes. There is no counsellor at Coonabarabran.
17 I'm covering this region, as well as Gilgandra and
18 Comboyne.
19

20 THE COMMISSIONER: What sort of case load have you got?
21

22 MS TYM: It's very full. I love my work, but it can get a
23 bit overwhelming and that's the reality of what was here,
24 I guess.
25

26 THE COMMISSIONER: Thank you for that.
27

28 MS FURNESS: Can I just ask you again about your
29 submission? Would you have any objection if we provided
30 that to DoCS for DoCS to respond to?
31

32 MS TREWEEKE: No, we don't have any objection.
33

34 MS FURNESS: Thank you.
35

36 THE COMMISSIONER: Are there other people who would like
37 to say something about any of those areas of early
38 intervention, domestic violence, sexual assault, removal
39 procedures or out-of-home care, those of you who have had
40 experience with it?
41

42 MS JOHANSSON: Yes, I would just like to make a comment.
43 I am here with the Yawarra Meahei Woman's Group
44 representing the safe house, but on behalf of the
45 Transcultural Community Council in Lightning Ridge I'd also
46 like to say that we are also a partner organisation with
47 Brighter Futures and we believe that's a really fantastic

1 opening for us to deal with family issues and families at
2 risk. I would like to just comment on the positives of
3 having Brighter Futures in our community. I should
4 probably say that we don't have a DoCS presence in
5 Lightning Ridge and we find that very difficult, but this
6 eases up our process somewhat.

7
8 THE COMMISSIONER: Thank you. What actually happens with
9 children then who you have identified as being at risk in
10 Lightning Ridge? What is the reality for them? It has
11 probably been dealt with in the submissions.

12
13 MS JOHANSSON: Yes, I think it will be, yes. Our
14 transcultural community council deals with violence issues
15 and we're an information and referral service, so we refer
16 on to our DV workers.

17
18 THE COMMISSIONER: What then is the population profile of
19 Lightning Ridge?

20
21 MS JOHANSSON: The majority of our population is from a
22 CALD background, so that it's culturally and linguistically
23 diverse. Our Aboriginal population is quite significant,
24 with 15 per cent. I would say that's right. It's 15 per
25 cent, isn't it?

26
27 MS TREWEEKE: Yes.

28
29 MS JOHANSSON: 15 per cent.

30
31 THE COMMISSIONER: The significant centre opal mining.

32
33 MS JOHANSSON: We see all the miners, yes.

34
35 THE COMMISSIONER: Transient are probably there.

36
37 MS JOHANSSON: We have a very transient population, and
38 therefore there's a lot of people that come and go, and
39 people who live there part of the year, which really makes
40 it very difficult for us to quantify our needs, but they
41 are there, the people are there.

42
43 THE COMMISSIONER: Any other people who would like to tell
44 us of their experiences or problems? If we are going to
45 address some of the problems in the more isolated parts of
46 the state, we need to hear what your problems are and where
47 you think that services should be provided that aren't

1 there. This is your chance to tell us. We have had a
2 pretty good morning actually talking to agencies and DoCS,
3 but the people who are on the ground often know a lot more
4 of either what is not disclosed or what is not available.
5

6 Please feel free if you have any views you can give to
7 us. This is really your chance.
8

9 MS TREWEEKE: I suppose, I would just like to tell you a
10 little bit of history. The women's group came about
11 because DoCS asked us some eight, nine years ago would a
12 community group would be prepared to take on safe house
13 services. We agreed. From what I can see over the period
14 we have been functioning, that NGOs, we are not a Bernados
15 or Mission Australia, in that respect, we are a local NGO,
16 if you like, if we weren't there and our management
17 committee wasn't having contracts with DoCS and other
18 people, services would not be in the town. So, we just
19 decided, as a community, that we would take on that
20 responsibility and we have collected expertise over the
21 years, and I think we can probably do more. I would like
22 to think that services could come through that direction
23 rather than not come because they can't be run by a
24 government agency.
25

26 THE COMMISSIONER: Have any of the NGOs expressed interest
27 in bringing the services to your community?
28

29 MS TREWEEKE: Quite often we have to go and seek it. It's
30 sort of our responsibility to say "hey, we don't have
31 this". I was listening with interest to the reconnect. I
32 think we could do that. I didn't know it existed before.
33 I do now. They are the sort of things we could do.
34

35 We have a large homeless population and if they didn't
36 live in mining camps under some pretty few sheets of tin,
37 they would be homeless if they lived in Sydney. But, I
38 think that the other thing that I see, and I am involved in
39 other things, health services, that we can't expect people
40 to probably be positioned in our area, but we do expect
41 them to fly in and fly out so the professionals can come
42 for a period of time, and we can organise the work so they
43 have a full program when they are there, and that might be
44 the only way we can have some of the services. Health does
45 it. Education does it to some extent. I think it's
46 probably more remote and isolated areas, it's the only way
47 we can get the true professional bodies we need.

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The most distressing thing is to see people under resourced, under trained trying to cope and feeling they are failing. They burn out, they leave and that's it. This is a constant saga for us, and I believe that many of our problems are under resourcing both in human and physical infrastructure, and it's just soul destroying.

THE COMMISSIONER: I haven't seen your submission yet. There is, of course, a facility with people who are in difficulties, financial or otherwise, to make a request to DoCS for assistance. Has anything been put in place whereby people in your community, either via you or through somewhere else, can actually seek assistance from DoCS in the way of temporary help? It could be financial or could be clothing, it could be all kinds of things.

MS TREWEEKE: Vinnies does that in the town very efficiently and people feel comfortable with that.

THE COMMISSIONER: You do have St Vincent's

MS TREWEEKE: We do have St Vincent de Paul there. The housing is a huge issue, we have no public housing. We don't have those opportunities. We have emergency relief that we distribute through the neighbourhood centre where people who have run out - 7 out of 10 families in our community main source of income is government benefits. We are talking about a very poor social and economic disadvantaged community. We are really handing out about \$40,000 a year, we get from the commonwealth government, to food vouchers. We can only do that in a limited capacity.

THE COMMISSIONER: Who is providing the food vouchers?

MS TREWEEKE: The commonwealth government provides the money and the local supermarket provides the food.

THE COMMISSIONER: If someone needs food vouchers currently what they do to get them?

MS TREWEEKE: They come to neighbourhood centre, go to Centrelink, Centrelink refers them to us.

THE COMMISSIONER: You have a Centrelink.

MS TREWEEKE: For mornings, they are opening in mornings.

1 We get a referral from them. I dare say we could it
2 another a way, but that helps us control the numbers. We
3 have more need than we have capacity to assist.
4

5 THE COMMISSIONER: You did tell us the population
6 previously, just repeat the population.
7

8 MS TREWEEKE: The ABS says it's three and a half thousand.
9 However, that's the number of people that are members of
10 the local bowling club. The census is not indicative. We
11 believe it's closer to between 6 and 7,000 people which
12 makes it a large town in western New South Wales. If you
13 compare us with Broken Hill that is the next biggest town
14 and Cobar might be on about that level. The infrastructure
15 is pretty obvious.
16

17 THE COMMISSIONER: What about AbSec, has that done anything
18 in the region? Has it attempted to bring anything into the
19 region?
20

21 MS TREWEEKE: They do. The housing, the Housing and;
22 Community Pty Ltd, which is an Aboriginal enterprise
23 corporation which builds houses for Aboriginal people, that
24 is the only housing that is supplied. We are no different
25 to the other towns but have much larger Aboriginal
26 population. Lightning Ridge has about 40 per cent
27 non-English speaking background. There are 600 rateable
28 properties in town, and 1800 registered residential camps
29 who pay shire rates who live out of town where they have no
30 water or electricity or sewerage reticulated.
31

32 MS FURNESS: What do they pay rates for?
33

34 MS TREWEEKE: So they can live on their claim and
35 contribute to the facilities in town. They get a rubbish
36 collection and the other things that shires supply in the
37 town. They pay minimal rates, I have to say. But then
38 again most people in Walgett, Coonamble and Colibri pay
39 minimal rates too.
40

41 POLICE OFFICER: I'm obviously going to have to be careful
42 in what I say. But, the fact you have so many people here
43 today that come from Lightning Ridge and Gulargambone, it's
44 issues close to the heart, domestic violence in particular.
45 There are a lot of people that dedicate a lot of their own
46 time and unfortunately they don't get any support back from
47 DoCS. That is no fault of our local workers, they do a

1 good job. There is not enough of them.
2

3 From our point of view of the police we spend the
4 majority of our time, going to domestic violence which is
5 the third highest in the state. Walgett is number 2,
6 Lightning Ridge is number 2, but we are not getting
7 recognised for it. We have been there for the last four or
8 five years and we have no domestic violence worker, no
9 emergency accommodation. You have to spend three or four
10 hours talking with DoCS in Sydney, to try and get someone
11 out to administer the case which takes a police officer off
12 the street and dealing with other things. It has been
13 going on for so long.
14

15 We have lots of these meetings. We hope something is
16 going to be done about it. We have sat down and done the
17 planning and talks, and we are going nowhere. Hopefully
18 the government is going to take note of this inquiry and
19 listen to these issues that people have got to say.
20

21 They are real and my family, my wife and I have been
22 fostering for 15, 16 years and we have had 52 kids during
23 that time. A lot of them have come from the Ridge. We
24 have two at the moment, one from the Ridge and one from
25 Walgett, and we get a phone call once a week. There are
26 limited foster carers around the community. They have
27 either already got kids or been literally fed up with
28 having to deal with DoCS all the time. They are difficult
29 to deal with. I know that fosters carers put a lot of
30 their own time and money into it, and you spend a lot of
31 time fighting with DoCS.
32

33 I hope this feedback is going to be listened to and we
34 are going to get results, because we haven't had them for a
35 long time.
36

37 THE COMMISSIONER: Thank you for that. Whereabouts are
38 you based?
39

40 POLICE OFFICER: I'm from here, I'm in charge of Coonamble.
41 I'm a local from here as well. My wife is from here. It's
42 something that is very close. The biggest thing, the
43 biggest disappointing thing is that we keep being
44 identified as a region that suffers from domestic violence
45 and juvenile crime and alcohol abuse, but we have got no
46 services. We have no AAs in town, and we have nothing.
47 But, it's fine, the meeting keeps identifying our town as a

1 problem town. It's embarrassing from a council's point of
2 view and resident's point of view. It's a bad community.
3 Don't live in Coonamble. Domestic violence is through the
4 roof and everyone is drugged out and on alcohol. They just
5 hang around the parks. No-one wants to fix the problem
6 except people like these who are coming here in their own
7 time, travelling down to fix the problem. The ones who
8 have got the money don't care.

9
10 THE COMMISSIONER: I have just realised you are also the
11 mayor, are you not?

12
13 POLICE OFFICER: Yes, I am. I am coming more so as the
14 mayor.

15
16 THE COMMISSIONER: To what extent is the local council
17 either being left out of the loop or is able to do
18 something if it had more support. That is the reason I am
19 asking you that question.

20
21 POLICE OFFICER: The counsel is involved. We worked with
22 links and community facilitators, we have tried to do
23 whatever we can to help out and we are very limited. We
24 have got a crime prevention we are involved in. I don't
25 know how many meetings we have been do. We go to meeting
26 after meeting after meeting and say this is the issue.
27 Nothing happens.

28
29 THE COMMISSIONER: Obviously the New South Wales police
30 force are going to give us a general submission, but we are
31 able to take individual submissions. You obviously have
32 enormous experience both as a foster carer and as a police
33 officer in this district and you have had your involvement
34 with council and other things. If there are any strategies
35 that you have developed or plans you have developed, which
36 you think would work for this region or similar regions,
37 but haven't been advanced for one reason or another, then
38 it would be helpful for us to know about that. If you felt
39 able to, we could certainly receive that sort of
40 information from you, on a confidential basis.

41
42 POLICE OFFICER: Thanks, I am happy to do that. To be
43 fairly blunt, and to be honest, I only found about this
44 meeting the last couple of days, and I had no intention of
45 coming because I have been here and done it before. I
46 picked up you are listening, I do feel that. The questions
47 that you are asking are really getting down to issue. I am

1 prepared to do that. As I said, up until an hour ago I
2 wasn't coming, but I was told to be here because we are
3 talking about problems. We need to do something.

4
5 THE COMMISSIONER: It's the sort of people like you that
6 know what are the situations on the ground, what are the
7 possible solutions we really need to hear from, because, as
8 you say, we are listening, we are going right around the
9 state. We have a large number of public hearings in
10 metropolitan areas and so on, and we want to talk to DoCS
11 workers in the various CSCs, we want to talk to agencies in
12 the various areas, and the only way we can actually get a
13 real feel is to hear from people such as you, and if you
14 have tried plans or have plans you think might work we
15 would love to hear from you.

16
17 POLICE OFFICER: Just hearing Joan Treweeke speaking, the
18 problems they have in Lightning Ridge. They are real
19 problems. It's very disappointing but when you do put --
20 we all mandatory reporters -- the report into DoCS, we get
21 a fax comes back saying "We've received it". The fax is
22 sending out itself, saying we have received your
23 notification. That is it. We don't get anything else.
24 You don't know if DoCS have become involved, and from what
25 I can find out from the time I have been dealing with it.
26 I have only been involved in 5 per cent, if that, of the
27 notifications. That is from our point of view, from a
28 police point of view.

29
30 THE COMMISSIONER: Thank you for that.

31
32 MS McDONALD: Having been involved as a key agency at the
33 meeting this morning, one of the issues we were identifying
34 was getting personnel into rural areas, and stepping out of
35 department shoes and into a very personal anecdote for this
36 forum to hear, is why we get frustrated with DoCS. I have
37 worked for them. I know what a stressful position it can
38 be to work in that scenario.

39
40 I applied for a position with DoCS. That application
41 closed in July of one year. I was called to an interview
42 in September, the last week in September. It took them
43 that long to cull and call people to interview. I went for
44 two interviews on the same day; one for a deputy's position
45 and one for the DoCS' position. The Department of
46 Education would have a two-week turn around in their
47 interview process. You know whether you have it or who

1 doesn't and then a 10-day appeal period. I was notified I
2 didn't have that position in DoCS in November, by which
3 stage I had taken the deputy's position elsewhere. While
4 it's a very difficult job, staffing does seem to take a
5 very long process, and that's from actually being involved
6 on the other end. Trying to get those trained personnel
7 with the required qualifications, must be very difficult
8 for those officers, to actually have people on the ground
9 that we can work with and liaise with.

10
11 THE COMMISSIONER: We are well aware of that. The
12 assessment centre process is very slow, and we have
13 certainly heard lots of stories from people who have
14 applied, had to wait eight or nine months and by that time
15 has passed they have given up and gone elsewhere and they
16 are good people who have been lost.

17
18 The other situation which is a potential concern in
19 this area is the requirement for a tertiary university
20 degree as distinct from experience or a TAFE qualification
21 plus experience. We are looking at that very carefully.
22 Did you have a social work degree as well as your education
23 degree?

24
25 MS McDONALD: Sociology and psychology in my degree.

26
27 THE COMMISSIONER: University qualification. I don't know
28 if anybody else has sought work with DoCS and had an
29 experience. Let's hear of any experiences you have.

30
31 MS JOHANSSON: A couple of years ago on the strength of
32 people saying to me "Why don't you apply for one of the
33 positions with DoCS", and I actually put in three
34 applications and I haven't heard anything. I think that I
35 have a lot of community service background. I also have
36 uni degree in sociology and politics et cetera and I never
37 heard anything. I thought three times is enough.

38
39 MS BURNSTEIN: I wanted to make two comments about the
40 staffing. We are very aware of how understaffed DoCS are
41 and how difficult it is to fill the positions. In the time
42 I have been out here, where the positions have been filled
43 the turnover seems to be quite a bit less than it is in the
44 city, particularly where DoCS have recruited locally. For
45 example, the staff in the Mudgee office have been the same
46 staff the whole time I have been here. I was up at
47 Coonabarabran and it's stable.

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It would seem to me that perhaps DoCS could look at strategies similar to what Centrelink is looking at to get social workers out in the regions which is to look at people with the competencies in the local area and offer scholarships and support during the training period. For example, Centrelink in Mudgee hasn't had a social worker for eight years now. They are in the process of putting someone, who is working within Centrelink locally, through a social work degree. She gets one day off a week to study and at the end of this year she will have completed her social work degree and can take up the social work position in Centrelink.

Overall the turnover is less where there is locally recruited staff and that would be the same for both indigenous and non-indigenous personnel.

With regard to applying for jobs at DoCS, when I first went out to this region from the city, I applied for a job in DoCS and there was an out-of-home care position. I have tertiary qualifications in law and had worked with traumatised asylum seekers for nine years. I acknowledge I didn't have a social work degree or sociology degree, I couldn't understand why they didn't grab me and put me in the legal department and do some work through their legal work. Rather, I just got a straight knock back and subsequently went to work for Bernados.

SPEAKER: I am a community facilitator in Lightning Ridge. I want to offer a perspective from an interagency. We set up two years seven sub groups of the interagency in Lightning Ridge in order to work more comprehensively across our communities, rather than working at one large interagency level. We have got inter agencies in early childhood health, housing, youth, environment, employment, education, training. We have had very good community engagement within those sub groups and have achieved some fantastic outcomes. But there has been a significant lack of government representation at the table in each of those sub groups and DoCS is included in that. We have done all sorts of things about trying to get the time frames to fit the people and that hasn't worked as much as just trying to go to the top and work down.

I guess from my perspective, there is a real dilemma from the community in the need for the capacity to be in

1 the community to manage the services that government can't
2 implement, and I see that as a dilemma across the whole
3 sector. I also see it within the women's group as a
4 management committee member. I have also worked with the
5 preschool a DoCS funded service and I am seeing the
6 constant issue of lack of capacity within the community to
7 manage services effectively to the level of compliance that
8 government is starting to require. It's an issue that is
9 getting worse as our communities dwindle in numbers.
10 Obviously, there are people with capacity to do that, but
11 there is succession planning issues and as government
12 requirements increase, and we all know it's better for
13 community people to run community services, but the level
14 of expectation has to match what the ability is in the
15 community.

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17 It's a big issue across all of the services, and also
18 in terms of foster carers and that out-of-home care and
19 even just in terms of having family day care, there is no
20 child care for children under 2 in our community which then
21 has a significant impact on government departments being
22 able to employ women who have children who need care
23 because there is nowhere for them to go until they are two
24 years old. It's significant and the government can't
25 continue burdening communities with service delivery
26 without providing the capacity or support to nurture people
27 into either the paid position or into the management
28 committee roles.

29
30 MS MILLS: My name is Denella Mills. I am coordinator of
31 the Walgett women's refuge. I have been there for four and
32 a half years now. I used to work for DoCS in Walgett as a
33 caseworker. When I was working for DoCS as a caseworker we
34 used to do everything. We used to travel over to Lightning
35 Ridge. If we got a call from Lightning Ridge we would
36 respond. We didn't have to go through Sydney then, it was
37 just the ground workers in the local area. We used to
38 respond.

39
40 We used to work with the Coonamble team, and they are
41 a community group. The manager, I worked a lot with Jan
42 and I didn't have a problem getting a job with DoCS. Being
43 an Aboriginal, it was good because we had a manager who was
44 coming from the Gold Coast to Walgett to work in Aboriginal
45 communities, and they were expecting Aboriginal houses to
46 be like the Gold Coast homes, which was a surprise to them.

47

1 I just say I didn't have a problem working with DoCS
2 until I was physically abused and then went to the Gold
3 Coast to her house to get away from Walgett and the
4 Aboriginal people. Thank you.

5
6 THE COMMISSIONER: Anybody else?

7
8 What you have told us this afternoon is very helpful
9 for us. It helps us build up the pattern we need to
10 understand. One of the big challenges is trying to get a
11 coordinated system for services. At the moment we are
12 aware there's a huge number of services, many of whom
13 aren't coordinated, many of whom don't know about the
14 existence of others and we want to try to establish a
15 greater interagency involvement and an awareness of what is
16 available and who can do it. What you have said to us is
17 very helpful as part of that process. Thank you, and we
18 will take this back with us as we move further around the
19 state.

20
21 SPEAKER: What will be the feedback process?

22
23 THE COMMISSIONER: The feedback process there will
24 ultimately be a report which will be prepared and delivered
25 to the government, which is our obligation under the terms
26 of the inquiry, the commission of inquiry. I assume it
27 will be comprehensive because there are a large number of
28 things we have to look at. There are specific terms and
29 they are about as broad as you can imagine. We are
30 covering nearly every aspect of the child protection
31 situation; not just DoCS but all of the players in the
32 child protection system. Ultimately, what happens to the
33 report depends upon the government, but no doubt you are
34 aware of the extent to which there is political issue and
35 media interest in this topic, both federally and at state
36 level, and I would certainly anticipate whatever we put
37 forward will be seriously listened to, and we certainly
38 hope that that which is practicable and sensible is put
39 into being. I can't give you any promise of what will
40 happen, but I wouldn't be doing this, neither would Gail or
41 any of us be doing this, if we weren't serious about
42 producing a real outcome.

43
44 I guess the question is the feedback will come when we
45 report and you see what the whole of government response to
46 it is, because it's not just the Minister for Community
47 Services, it is all the ministers; it's education, health,

1 Minister for Community Services, Attorney-general, police,
2 every minister has an interest in this field, and I can say
3 to you, we have had nothing but cooperation from all of
4 those agencies in terms of giving us information,
5 submissions, et cetera. Generally the reaction we have had
6 from where ever we have been has been very favourable in
7 terms of cooperation and desire to get something done. It
8 ultimately comes down to the government.

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Thank you very much for that.

AT 3.25PM THE PUBLIC FORUM ADJOURNED ACCORDINGLY