

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

Before The Hon James Wood AO, QC, Commissioner

Held at the Willoughby Room  
Orana Education Centre,  
212 Darling Street, Dubbo

On Monday, 3 March 2008 at 2pm

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

THIS TRANSCRIPT HAS BEEN EDITED IN  
ACCORDANCE WITH NON-PUBLICATION ORDERS  
MADE ON 03/03/08



PUBLIC FORUM

1  
2  
3 THE COMMISSIONER: Welcome to the public forum. There are  
4 just a few preliminary things I would like to say. First  
5 of all, the filming is only of the opening remarks and so  
6 on, we won't film the debate during the rest of the forum.  
7

8 It is important to bear in mind that this being a  
9 public forum, if you happen to say something about a child  
10 or a DoCS worker you identify, that would not be  
11 appropriate, because in the nature of the forum questions  
12 of defamation and so on might possibly arise. It doesn't  
13 mean you shouldn't talk about the case. We ask you please  
14 not to identify the name of the child, or children, or the  
15 DoCS worker. If you want to make a confidential submission  
16 to us at any time you can do so, although the closing date  
17 really has passed. That was somewhat a nominal date. We  
18 are still interested to hear any private submissions that  
19 anyone wants to make.  
20

21 So, I think the important part of this forum concerns  
22 really three areas. First of all, there is the area of  
23 early intervention or Brighter Futures as DoCS knows it  
24 which is designed to provide support services to people who  
25 might have reported to DoCS, or have come through the  
26 community, which is designed to deal with immediate  
27 problems so as to ensure they don't get into the crisis  
28 situation that might attract a new course of DoCS  
29 intervention and child removal and so on. We want to look  
30 this afternoon at those who have had experience with early  
31 intervention, including the role of the non-government  
32 organisations who you might come into contact with, the  
33 role of DoCS where you have come into contact seeking  
34 assistance to deal with problems before they become acute,  
35 and also we would like to hear from you about any services  
36 you have tried to access for education or parenting, or  
37 health or so on, where you have found there has been an  
38 unavailability or difficulty to access those services.  
39

40 The first thing we want to talk about, I guess really  
41 this afternoon, I don't suggest in this order, is early  
42 intervention. The second one is child protection which  
43 very much relates to the investigation by DoCS and the  
44 possible removal of the child. Some of you may have been  
45 through that process and had to spend time in the  
46 Children's Court or the Local Court up here dealing with  
47 that problem, and we would like to hear of any experiences

1 you may have had so far as you think it was either unfair  
2 or too slow or whatever.

3  
4 The third area is out-of-home care, and obviously we  
5 do have numbers here, but there are a large number of  
6 children in this region who are in out-of-home care, either  
7 through foster carers or a relative or kinship care. If  
8 there are any foster carers who are present we would like  
9 to hear your views so far as whether you have dealt with  
10 either an NGO, probably Burnside, or DoCS. We would like  
11 to know if you have had any problems in getting contact, or  
12 having, as foster carers, arranged contact for the birth  
13 parents of the child. We are aware that contact, or  
14 access, as it used to be named, is a potentially  
15 problematic area where there can be all kinds of problems  
16 about getting supervision and excessive demands on parents  
17 and children and so on. And, finally, an extent to which  
18 you may have sought for children in your care access to  
19 health services and getting it; that is through DoCS or the  
20 NGO. That is about that.

21  
22 We have a number of people who have indicated a desire  
23 to speak. What we might do is hear their views first and,  
24 perhaps after they have spoken, if you have any comments  
25 you want to make about those topics I have identified or  
26 any questions of us, then you can please deal with that.

27  
28 The local member, Dawn Fardell, is here somewhere.  
29 Thank you. We have a microphone. Proceedings are being  
30 recorded, because that is for our benefit, so we have a  
31 proper record of what is said. They will be made public.  
32 That is why it is important to make sure you are a bit  
33 careful about names.

34  
35 MS FARDELL: Thank you very much for including Dubbo in the  
36 itinerary for this inquiry. It's probably one of the most  
37 gut-wrenching inquiries we need to have into the system.  
38 Certainly in my experience, as the local member, it's very  
39 upsetting at times the situations that come across your  
40 table. I guess you would see that before the courts.

41  
42 I have put a submission into the inquiry and sought  
43 extra leave for that to go. There are several items in  
44 there, and I do this not on those case examples -- some are  
45 quoted in there with names deleted -- but also my  
46 researcher, who is a foster carer, and her experience  
47 working with a special needs child, who has been in her

1 family for quite some time. The notes in my submission  
2 would be first-hand for someone dealing with the system.  
3 The main item is dealing with foster caring. While DoCS  
4 staff are under tremendous pressure, and I have no feeling  
5 towards them at all, I think the pressure they are under is  
6 more and more so everyday. There is not a system in place  
7 where there is more regular contact with DoCS with the  
8 children in foster care. Although DoCS may be aware of the  
9 child being placed in a very good family, only to receive  
10 one call a year sometimes has been the experience of a few  
11 coming my way, and not actually seeing the child in care, I  
12 think is an issue to be chased up; whether we need more  
13 people on the ground to cover that. Obviously the existing  
14 staff are under extreme pressure. That's a need that needs  
15 to be looked up.

16  
17 Somewhere there are other suggestions in there,  
18 somewhere also where there's a contact or advocate for the  
19 child because staff change. Because of the pressure of the  
20 job staff change quite regularly, and children who are in  
21 care, special children, need that constant contact besides  
22 a foster carer and at times having access with the parents,  
23 they need someone else solid in their life as an advocate  
24 for them. How we form that, we have to sit around the  
25 table and discuss that particular issue. Certainly the  
26 children in foster care need that ongoing support.

27  
28 Early intervention; I did throw in there my pet and  
29 many people in this room, I guess, don't agree with me, but  
30 I feel we have made it far too easy for young people to  
31 have children with a baby bonus in mind. It's very  
32 predominant in this area, identified to me by  
33 non-government and government agencies, also whether they  
34 are carers. These young girls out there are having  
35 children for the sake of obtaining those funds, often in an  
36 abusive relationship, and the partner takes the child away  
37 from them. A typical example is another part of my  
38 electorate where there is one particular fellow, only about  
39 28 years of age, and he has fathered 10 children. The  
40 eldest is five years of age and these girls are using him  
41 to have children and they are sharing the money.

42  
43 The federal government has to take some steps, and  
44 that is why over a year ago I made -- and I am really  
45 strong and we are talking early intervention, and I believe  
46 every child should be loved and wanted and we have unwanted  
47 pregnancy, but there are many planned pregnancies now where

1 it's for the wrong reasons. It's a much bigger burden  
2 particularly if it's born to someone with a heroin  
3 addiction. They need support for themselves. They are  
4 unable to support, look after a young child. That money  
5 goes into the funding. Often that young baby born has a  
6 heroin addiction as well, and then it's very hard and  
7 fosters carers are trying to raise those children who have  
8 signs of autism and Asperger's, and all those situations  
9 which are difficult in any family, but more so with a  
10 foster carer to deal with. We need to look at our birth  
11 rate, particularly in these areas which is growing so much.  
12

13 That is the main point I wanted to raise. There are  
14 many issues. I won't go on, I would rather you listen to  
15 these people. Thank you very much for the opportunity. My  
16 submission, for everyone here, will be on public record  
17 very shortly, I understand.  
18

19 THE COMMISSIONER: We look forward to those submissions  
20 which will be on public record, particularly where there is  
21 no confidentiality involved, and where they are from  
22 community leaders or government agencies and so on.  
23

24 We have Leanne Greenaway from the Dubbo Community  
25 Development Centre.  
26

27 MS GREENAWAY: Hello, I'm a program coordinator at a  
28 Community Centre in West Dubbo. I deal with the Aboriginal  
29 community and am delivering programs from 0 to 99.  
30

31 My experience with DoCS has been varied. I have had a  
32 very good response, and I've had a less than satisfactory  
33 response depending on the age of the child. I notice one  
34 of the topics was whole of government working together. I  
35 think NGOs should be included in some manner of  
36 understanding because where they enter into an order  
37 confidentiality is already considered, but when a child is  
38 removed or there is a significant issue with a child and  
39 family in the community, the majority of people who work in  
40 the community on the front-line service are NGOs, so we  
41 have a better understanding of what is happening within a  
42 family unit. I don't get a lot of feedback once I've had  
43 to do any mandatory reporting. I get that feedback through  
44 violent or inappropriate behaviour because they haven't  
45 been able to deal with it. There has been no information  
46 given to them, and I can't support them because I don't  
47 know what has been happening as far as the DoCS side of it

1 goes.

2

3

4

5

6

7

8

9

10 MS FURNESS: Can I ask you to expand on that last point?

11

12 MS GREENAWAY: Not coming into West Dubbo? An example, I'm  
13 not using names for confidentiality reasons, I had a child  
14 in significant risk. I had to do a crisis call. My hours  
15 of work are normally from Monday to Wednesday at 6pm and  
16 Thursday and Friday I am there to 10. This happened on an  
17 early night. I didn't get a call back from DoCS to follow  
18 up that crisis report, and when I did ring back to follow  
19 up they said they could not come over. They had to ring  
20 and get supervisor's or team leader's permission to enter  
21 the estate and ring the police to escort them over there to  
22 deal with what I had been reporting. They didn't do  
23 anything about that report until the following day, and  
24 when I, in that position, where I am doing a crisis call,  
25 it's not something that I have done lightly, it's a  
26 significant issue. Does that explain it?

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

1 makes a huge difference. If you have a rapport or  
2 relationship with the families they are more likely to help  
3 you address their needs. I think the only thing would be  
4 that if it becomes a dictator "You will take this or we  
5 will take your kid". Family violence is huge in Dubbo. In  
6 New South Wales the figures have gone right up because they  
7 are good, they are reporting it. Some families I have had  
8 dealings with if they don't kick their man out they lose  
9 their baby. What they tend to do, because they are put in  
10 this position, they become sneaky and the child is at a  
11 greater risk.

12  
13 THE COMMISSIONER: What is your impression about the  
14 availability of places such as refuges or support  
15 accommodation? Is that available for the families you are  
16 dealing with?

17  
18 MS GREENAWAY: They are so under resourced and so under  
19 funded, it's not funny. I had a family with severe  
20 domestic violence that had six children I couldn't  
21 allocate. I rang the refuge and they wouldn't take her.  
22 They literally have to take her to Bathurst. There was the  
23 whole transport issue. The fear of going away from her  
24 extended family, like grandmother, mother, for emotional  
25 support with her kids, to a completely different town and  
26 it wasn't the refuge's fault, it was just they were booked  
27 solid.

28  
29 There also came a conflict when one of the families  
30 had a 12 or 13-year-old son and there was a toss up whether  
31 he was going to be allowed in the refuge because he was a  
32 male. 13-year-olds are cheeky but they still need a mum,  
33 especially if there is DV, they need to keep the family  
34 together. That becomes an issue. If I have a single father  
35 with three or four kids, there is no accommodation I can  
36 refer him to. I can only get him into a motel. Through  
37 the Department of Housing they have temporary emergency  
38 accommodation, but some motels won't accept their clients  
39 if they know the department are paying for it because there  
40 is this perceived effect they are bad tenants or whatever.  
41 It becomes exceptionally hard.

42  
43 THE COMMISSIONER: Thank you very much for that. Tim  
44 Laws, Interrelated Family Centres.

45  
46 MR LAWS: Thank you for the opportunity to speak briefly.  
47 I will just be brief. I'm the Area Manager of Interrelated

1 Family Centres, and prior to going to Interrelated I was at  
2 the Family Court for 13 years, so I have had quite a bit of  
3 experience with managing and reporting. I guess that takes  
4 me to the first point, and that is the appropriateness of  
5 mandatory reporting and the associated issue, I suppose, of  
6 how that reporting is principally to be done through call  
7 centres. I think one of my concerns has been that many  
8 reports are largely of a trivial nature because people are  
9 fearful of not reporting, and the fines and other  
10 consequences that are often involved.

11

12 I think with call centres, one of the issues for me is  
13 that it shifts the focus, at that early point of making  
14 notification, from the local community services centre to a  
15 central call centre, if you like. Perhaps, many of the  
16 more trivial - you can call them that if you like - issues  
17 might be screened out if we were more inclined and  
18 encouraged to have contact with the local DoCS centre, and  
19 perhaps some of the less serious issues might be not  
20 proceeded with because there's an agreement that that is  
21 not necessary, and the more serious ones are given the  
22 attention that they really need.

23

24 There's also the associated issue, I think that the  
25 relationships between organisations, such as Interrelated  
26 and other similar community-based organisations, in our  
27 responsibility of providing services to families in need  
28 and often in crisis, I think it would be advantageous if we  
29 were able to and encouraged to have more contact with the  
30 local centre, and building relationships of a professional  
31 nature with staff there rather than an impersonal call  
32 centre, if you like.

33

34 I'm sure that previously there have been issues, or  
35 suggestions about the fact that child protection is largely  
36 state based and there's not a uniform system, and I think  
37 that is certainly problematic.

38

39 From my experience, across the years, there's also  
40 been a reluctance by the department, and I don't have a  
41 problem with the department per se and most of the staff  
42 that I have had dealings with have always been very helpful  
43 and encouraging, but I think the department, in my  
44 experience, certainly had a reluctance to become involved  
45 in cases where there is any family law proceedings, and  
46 that often adds to the distress that families, parents and  
47 others experience during their litigation process.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

I think someone else has already mentioned today the fact that often there tends to be minimal feedback once a notification has been made. I understand there are all sorts of resourcing issues, and so on, around that but nevertheless, as a service provider, and I'm sure others in different capacities, I would appreciate some more feedback.

THE COMMISSIONER: Could you explain to me what services your organisation provides?

MR LAWS: Interrelated provides early intervention, counselling, we run groups programs, parenting support programs, post-separation parenting programs. We have a children's contact service. We have a centre here in Dubbo and also a centre in Orange that I am responsible for.

In the last few years, the last two years certainly in Dubbo and Orange, we have been providing family dispute resolution as well, and this year Interrelated will be setting up a new family relationship centre in Dubbo.

With the family relationship centre, that will be required to service regional communities; those being Cobar, Walgett, Coonabarabran and Mudgee. We will be having staff sent out into those areas to provide services and they won't be obviously confined to those four centres, but it will be in those regions that services are offered.

THE COMMISSIONER: Are you funded by DoCS and by the commonwealth or just by DoCS?

MR LAWS: No, we have no DoCS funding at all. We have no State government funding, all of our funding comes through FACSIA's FRSB program, although the FRC money, the family relationship centre, that funding comes to us --

MS FURNESS: The contact services you provide, does that include being a place where supervised contact can take place?

MR LAWS: Yes. There's change backs, children transitioning between parents, but also there are supervised visits as well.

MS FURNESS: That is currently only available to,

---

1 effectively, family law clients?

2

3 MR LAWS: Not at all. We have lots of clients who  
4 voluntarily access the services. I guess predominantly  
5 they are people who have been referred by the court. So  
6 it's mandated, but it's not confined to those, no.

7

8 MS FURNESS: Do any parents, who have been involved with  
9 the child protection system and have a contact order by  
10 made by the magistrates or local court, use your centre?

11

12 MR LAWS: I'm sure they do. Yes, they do. That is often  
13 why supervision is ordered by the court, because they are  
14 in that interim phase. There might have been some interim  
15 orders made without any findings of guilt, but they need to  
16 play on the safe side until the matter is decided.

17

18 THE COMMISSIONER: We have heard about problems so far as  
19 DoCS is concerned when it's required not only to provide  
20 transport, but also to supervise the actual contact. Do  
21 you provide transport, or do those people have contact at  
22 your centre?

23

24 MR LAWS: We don't. No, we don't provide transport. DoCS  
25 sometimes send clients to us, and we conduct supervised  
26 visits on their behalf. If there is any transportation  
27 required, they would do that. So, we would provide  
28 services on-site.

29

30 THE COMMISSIONER: Thank you. Now Jacquie Waite from the  
31 Dubbo neighbourhood centre.

32

33 MS WAITE: The main issues that I would like to speak to  
34 today are the fact that the concentration of effort seems  
35 to be very limited to children under five, six. We have a  
36 couple of DoCS funded services for teenagers, and one that  
37 is for 8 to 12-year-olds. It's nigh on impossible to  
38 receive assistance or intervention through DoCS these days  
39 for that target group. We recently had some conversation  
40 about this very thing, and I asked the question whether if  
41 the local office was to receive it's full complement of  
42 staffing through the enhanced capacity process, would they  
43 then be able to respond to teenagers, and the answer was  
44 "No".

45

46 We also provide an Aboriginal community night patrol  
47 and we report as mandatory reporters, our expectation of

1 support and assistance for families that need it is close  
2 to zero. Linked with that is supporting what Leanne has  
3 said about our capacity to work with families, in  
4 partnership with the department if we were given the  
5 opportunity. We do have contact. We have a lot of  
6 knowledge of what can assist and what might assist. But,  
7 we are not able to become party to the plans around these  
8 kids, so we are not even routinely used as a referral  
9 point. Sometimes we know that early intervention is  
10 involved, and we see some improvements in families and we  
11 thank "Fantastic something has happened". As Leanne said  
12 the non-government sector is outside of the planning loop  
13 generally speaking. Even when families give permission for  
14 us to speak with DoCS and try and work up some shared  
15 plans, it's just not do-able in the current environment.  
16

17 So, teenagers being beyond the scope it seems, in  
18 spite of the legislation, and our inability to develop, as  
19 Tim was saying, relationships with the local DoCS staff  
20 that might help us make a difference.  
21

22 THE COMMISSIONER: Again, just what are the services that  
23 you are able to provide? You are obviously working with  
24 teenagers. Are you working with families in the broad?  
25

26 MS WAITE: Yes, we have a child, youth and family  
27 counselling service, which is for 8 to 12-year-olds. We  
28 have an outreach youth counselling service which responds  
29 as much as it can with families, although teenagers are the  
30 primary focus, dominated and under the auspices, the  
31 program that Leanne was outlining and families become  
32 involved as part of the community and associated with the  
33 kids that do a lot of activities with us. We also at the  
34 neighbourhood centre run after school care and vacation  
35 care programs (inaudible) when families come in.  
36

37 THE COMMISSIONER: We have heard about problems in finding  
38 foster carers for children once they get to 12, but it  
39 seems to be getting younger now. Similarly with absolute  
40 lack of any facilities for residential homes or group homes  
41 where those children otherwise might end up being homeless  
42 or out of the system might end up. Do you have any  
43 particular experience up here in finding accommodation,  
44 home accommodation for those teenagers that are of concern.  
45

46 MS WAITE: Accommodation for any one pre-15 and 9 months is  
47 a nightmare. I understand that came up recently in the

1 discussions we had with DoCS about the difficulty in  
2 placing teenagers in foster care. I guess what we have  
3 seen on occasions is that where we have had a response to a  
4 report, like a crisis call around the teenager, the  
5 attitude that we have seen displayed by the DoCS staff,  
6 almost says "We can't help you. You won't do the right  
7 thing to allow us to place you safely, so really it's too  
8 much trouble".

9  
10 We did have a couple of instances where young people  
11 reluctantly agreed to meet with DoCS, and the attitude was  
12 not very conducive to developing a relationship because it  
13 had to be a quick fix and a quick fix isn't possible.  
14 Accommodation is certainly an issue for teenagers under 16.

15  
16 THE COMMISSIONER: Thank you. [REDACTED] I think  
17 you have a current matters. It's just important that you  
18 don't actually name the children.

19  
20 [REDACTED]: I had a matter, I believe now the case has  
21 been closed. We have had dealings, I come from a neglected  
22 family situation, where the parents, I was brought into it.  
23 I find most cases, the DoCS workers have been more than  
24 satisfactory. We had one incident where the caseworker  
25 was - I had to lodge a complaint against because I felt I  
26 was unfairly being treated. I was given another caseworker  
27 who I found to be more than satisfactory, and really went  
28 out of his way to do his job well. That is where it stands  
29 now

30  
31 THE COMMISSIONER: Thank you. [REDACTED], please.  
32 Is there a [REDACTED], looks like [REDACTED].

33  
34 UNNAMED SPEAKER: She's here but doesn't want to speak now.

35  
36 [REDACTED]: While we are here I would like to ask [REDACTED] if  
37 she could stand up because she is the caseworker and I  
38 think she is a very good caseworker and does a very good  
39 job. She looks after my foster son, [REDACTED], and he was  
40 removed because I had a breakdown and couldn't look after  
41 him. [REDACTED] is one caseworker that needs a round of applause  
42 she has a lot of kids out there, and she's never, well, I  
43 reckon she's a very good caseworker. [REDACTED] stand up  
44 please. Come on [REDACTED].

45  
46 

---

THE COMMISSIONER: I think we understand.

---



1 [REDACTED]: My daughter was put in the care of people at  
2 Burnside, and I think they should really assess the people  
3 who they put them with, because this particular person was  
4 a drug addict and she was later on sacked about, within  
5 three months after, and she also assaulted me very badly,  
6 because my daughter -- all I got at Burnside was that  
7 people aren't always what they seem. Because they didn't  
8 asses her properly and I still yet to have my apologies off  
9 that caseworker at Burnside. Because, yep, so I would  
10 like -- other than that I have no complaints about DoCS. I  
11 would like to give [REDACTED] a big round of applause.  
12

13 THE COMMISSIONER: [REDACTED].  
14

15 [REDACTED]: I'm a single mum of a little child who has  
16 come to the attention of DoCS by me. I had a report put in  
17 about what was happening to her up at her father's house.  
18 I put my first report in in December 2006. Basically from  
19 there, right up until last year, nothing had happened.  
20 Nobody came and saw me; nobody did nothing. Middle through  
21 last year, I had had enough. I actually went to DoCS and I  
22 asked what was happening and they turned around and said  
23 they were investigating it. This went to JIRT as well.  
24 Basically nothing has happened since then.  
25

26 My daughter, if it wasn't for her father breaking the  
27 orders of his visitations with her, she would still be  
28 going up there and everything else would still be happening  
29 to her. I keep going to DoCS and they keep telling me "We  
30 are investigating we are investigating and we are  
31 investigating", and to this day, nothing has happened, and  
32 yeah, it's been nearly two years, and I just want something  
33 to happen.  
34

35 THE COMMISSIONER: There is a complaint line. Have you  
36 been in touch with the complaint unit of DoCS?  
37

38 [REDACTED]: No.  
39

40 THE COMMISSIONER: There is a line of communication, if  
41 you make a complaint to that complaints unit then that is  
42 probably your first recourse. The alternative recourse is  
43 speak to the Ombudsman. There are avenues if you're not  
44 happy with the way DoCS have responded to the case. Just  
45 to protect yourself and your former partner, I think we'll  
46 get your name deleted from the record, if you don't mind.  
47 I will just put "a speaker from the floor". And the same

1 with the last case. I don't want to identify the  
2 individual children who might be the subject of some  
3 allegation which obviously can't be investigated.  
4

5 SPEAKER: I have a complaint. My sister died probably  
6 about three years ago and her two children were placed in  
7 care and the way that I was treated by DoCS since then, the  
8 staff, I was told if I was prepared to move down to Sydney  
9 I could have both the children. Instead, I had to go to  
10 court and fight for them, which actually broke us at home,  
11 but I've since been given my niece. My nephew has decided  
12 to stay in care because it was such a long process. My  
13 concern is the way that there was a court report gone  
14 through to DoCS on a matter where it was decided. Like,  
15 DoCS said that they weren't sure whether it was in the best  
16 interests of the child to be placed with me.  
17

18 Yes, the child had created a bond. Everywhere that  
19 DoCS rang there was a positive report for me. There was  
20 the case of the school counsellor, the school, all of that,  
21 but none of that was actually written up in their court  
22 report. I found their court report actually quite pathetic  
23 and really quite petty, for a person that's trained by a  
24 DoCS worker. It wasn't factual and it left out a lot of  
25 important information.  
26

27 THE COMMISSIONER: Did you have a lawyer at those  
28 proceedings?  
29

30 SPEAKER: I did have a very good lawyer and the case  
31 itself went very well. DoCS got to the point that it  
32 became so personal, they got me to go to a psychologist  
33 which damned me as a person. The only way I could get  
34 through that was to go and hire my own psychologist. I  
35 studied DoCS, I did my community welfare diploma and under  
36 everything that we've been taught, that should never have  
37 happened. They're supposed to be very professional and  
38 very unbiased.  
39

40 THE COMMISSIONER: Was your case heard in Sydney?  
41

42 SPEAKER: My case was heard in Sydney, but the child and  
43 the report that actually went back to court this year is up  
44 here.  
45

46 THE COMMISSIONER: You have at the moment one of the  
47 children in your care?

1  
2 SPEAKER: That's right.  
3  
4 MS FURNESS: Can I just ask you why you were told you had  
5 to be in Sydney if you had the children?  
6  
7 SPEAKER: I don't know. I have children up here in my own  
8 care, children of my own. It was their view that the  
9 children were very damaged and we were told that there were  
10 no facilities up here for them, which we found out not to  
11 be true.  
12  
13 THE COMMISSIONER: Was it the situation that someone else  
14 apart from you was wanting to have those children placed in  
15 their care?  
16  
17 SPEAKER: That's right. My niece was actually placed,  
18 against all policies of DoCS, with a Muslim lady who had no  
19 idea about my child's background.  
20  
21 THE COMMISSIONER: Were the two children placed initially  
22 together?  
23  
24 SPEAKER: No.  
25  
26 THE COMMISSIONER: They were placed separately from the  
27 very beginning?  
28  
29 SPEAKER: From the beginning.  
30  
31 THE COMMISSIONER: Did they explain to you why that  
32 happened?  
33  
34 SPEAKER: They said there was no care available to take  
35 the two of them on.  
36  
37 THE COMMISSIONER: What were their ages?  
38  
39 SPEAKER: One was four and the other was nine.  
40  
41 THE COMMISSIONER: All right. Thank you for that  
42 experience.  
43  
44 [REDACTED]: I'm a carer. I've been caring for 15 years  
45 and I'm on the other side. I have had these children after  
46 they've suffered their abuse and need to work through DoCS  
47 to try and help these children overcome it. There are lots

1 of issues. I think it's the whole system. It's not just  
2 the DoCS system; I would go as far as the judges, the court  
3 commissions, right down. I don't think it's working  
4 anywhere. I've been to a psychiatrist. Us carers get sent  
5 to a psychiatrist. As for being a carer, it is really  
6 frustrating because you've got these children that have  
7 been abused and then you see the system is virtually  
8 letting them down and abusing them.

9  
10 There are lots of little incidents. Like, a child has  
11 been taken from the family, contact has been arranged, the  
12 child doesn't want to go and we as carers have to put that  
13 child in a car screaming and kicking, you know, all of  
14 that, and to me that's abusing that child because I'm  
15 sending that person back to where it doesn't want to go.

16  
17 That is one thing I find very frustrating with the  
18 children. As for DoCS, I've had a really good relationship  
19 with DoCS. I don't agree with a few things. The  
20 procedures and policies they have to follow in each case  
21 are different. I think each carer in each case should be  
22 personal. It shouldn't be that they all are different.  
23 They don't run the same. Like, no child or no case is the  
24 same, so they shouldn't be treated under one guideline,  
25 that this is what should be done because that's what you've  
26 been told to do. Each child is different, if that makes  
27 sense.

28  
29 I would like to comment on the 13-year-olds. The  
30 reason DoCS can't do anything is because there's no carers  
31 to take 13-year-olds. I think in Dubbo there are about  
32 four of us. I have five teenagers aged from 12 to 16.

33  
34 THE COMMISSIONER: So you're mainly concentrating on  
35 taking the older children, are you?

36  
37 [REDACTED]: No, I take everything. Here in the bush, in  
38 Dubbo or anywhere in Western Division, we don't have carers  
39 that can just take one age group. Where they can fit a  
40 child or find a placement for a child at the time is where  
41 they can go. You can only have six foster children. That  
42 rule is okay. At one stage, yes, I was very busy. I had  
43 six of my own children and 10 foster children and yes, it  
44 was very chaotic, but we got through that, but I think some  
45 children cannot be placed because the carers are  
46 overnumbered, like they say. Then that child has to stay  
47 there. Especially teenagers, there's no-one out there to

---

1 help because they put on that you can only have six and  
2 I think I've got seven at the moment, which is working  
3 fine. I think the whole lot needs to be looked at.  
4

5 I think the judges send children home too soon, too  
6 early. There are some children who should go home.  
7 I think there should be a rule of "1, 2, 3 and that's it."  
8 Work with them intensely for six months. If that doesn't  
9 work, remove the child and continue working with the family  
10 for six months and if that doesn't work, take the child.  
11 There are so many children that get put in, pulled out, put  
12 in, pulled out. You've got these teenagers that just  
13 cannot cope with bonding, attachment or anything. They're  
14 lost souls and they're going down the drug path. They're  
15 going to go down that path because they don't know how to  
16 attach to anybody. It should be a 12-month process and  
17 then that's it. The child has been removed. I know that  
18 sounds nasty and there are probably some natural parents in  
19 the room, but what it does to these children is really just  
20 detrimental to their mental health for the rest of their  
21 lives.  
22

23 THE COMMISSIONER: What has been your experience as to the  
24 number of placements that the children that have come to  
25 you have had before they come to you?  
26

27 [REDACTED]: I'm a carer who if I get a child and it's  
28 long-term, I keep that child, I go through the whole thing,  
29 but that's because I'm an experienced carer. You've got  
30 new carers and some of the behaviours they've never come  
31 across, so it's hard. I've got one child now who I think  
32 has gone through five.  
33

34 THE COMMISSIONER: Before that child came to you?  
35

36 [REDACTED]: Before it came it me, yes. It's really hard  
37 and these children then don't bond. Some of them know how  
38 to play the system. I've had children come to me and say  
39 that such and such "bought me a stereo" or "He went and  
40 bought me an Xbox. I don't want to be here. I'm going to  
41 play up and get kicked out. I'm going to the next place  
42 because they're richer than you." Those children do learn  
43 how to the play the system, but there are other children  
44 that as soon as they start bonding with their carer, they  
45 throw the worst behaviour they've got and I mean the worst:  
46 attack, abuse. They may even ring up and put complaints in  
47 to DoCS that the carers are doing these things so that they

---

1 can break that placement down. As soon as they feel like  
2 they're bonding, they break it down.

3

4 THE COMMISSIONER: Why do you think that is? Is it  
5 because they want to go back to their original homes?

6

7 [REDACTED]: No. I'd say that those children have got to  
8 that stage because they've been in and out the whole time.  
9 I think for about four-and-a-half years they were in and  
10 out. I don't know the exact months, but they were in the  
11 system, home with mum, in the system, home with mum, in the  
12 system, home with mum and then they start getting to that  
13 age where they think, "No-one cares for me. They put me in  
14 a safe place, but they're putting me back." The kids start  
15 thinking, "I'm not worth it" and then they break it down  
16 with the carer, so that they are the ones making the  
17 decision. They're waiting for that carer to send them  
18 away. Yes, they break the placement down because they're  
19 feeling safe, if you know what I mean there. It's sort of  
20 like it's self-preservation.

21

22 THE COMMISSIONER: What has been your experience as to the  
23 extent to which the children in your care have had a case  
24 worker from DoCS that you could communicate with?

25

26 [REDACTED]: I've been fairly lucky. I remember when I  
27 first started, I had my first case worker for 11 years,  
28 face-to-face, after I started. In the whole of that time  
29 she was my case worker and I was supported fantastically  
30 right through the court process. The girl actually went  
31 through and charged her stepfather with a sexual assault.  
32 I never ever saw the case worker, but contacted her by  
33 phone because she was placed in Cobar and I'm in Trangie  
34 and I was still supported. I have been supported all the  
35 way through.

36

37 THE COMMISSIONER: That is good. Thank you. [REDACTED]?

38

39 SPEAKER: Could I make a comment on that?

40

41 THE COMMISSIONER: Yes, certainly.

42

43 SPEAKER: As a carer, I'd have to agree with everything  
44 this lady has said. With the kids doing that break-down  
45 thing all the time, it's a self-preservation thing. They  
46 don't want to get too close because they get hurt every  
47 time they bond with somebody. With respect to the comment

1 as to the number of placements they have, the second boy  
2 that we had, we were his 43rd placement and he was 15.  
3 There certainly needs to be a lot more support for carers  
4 and a lot more communication through the system.  
5

6 The other thing that happens is that, generally  
7 speaking, we work through a secondary organisation and it's  
8 not always their fault, but they'll ring you and say,  
9 "There's two kids coming. Can you take them? I'll be  
10 there in half an hour." And that's all the information you  
11 get because they don't even know.  
12

13 THE COMMISSIONER: Do they tell you that this is a  
14 short-term placement while the thing is being sorted out?  
15

16 SPEAKER: It can be either.  
17

18 THE COMMISSIONER: You have been assessed and approved to  
19 be a foster carer in the past.  
20

21 SPEAKER: That's correct, yes.  
22

23 THE COMMISSIONER: They know you and therefore they feel  
24 that you can do it without having to have any further  
25 assessment, but is it your view that you really want to be  
26 consulted as to what it is you're going to get in the way  
27 of a child?  
28

29 SPEAKER: Yes. From the information you get, you don't  
30 really know much about them, whether they're violent to a  
31 major degree or what their problems are or what they're  
32 likely to do. There can be all sorts of issues come up and  
33 you just play it one hour at a time basically when you  
34 first get them. The first couple of weeks is a honeymoon  
35 period. After that, things start breaking down. All the  
36 issues start coming out. If you go on for longer than  
37 that, you can work with them.  
38

39 Some of the medical support is not as good as it could  
40 be, particularly psychological support, so there needs to  
41 be a lot more work done on the back-up for carers. Carers  
42 tend to get pushed down to the bottom end of the food chain  
43 and they're expendable in many cases and a lot of people  
44 just don't step up because it's too hard and the support is  
45 not there.  
46

47 THE COMMISSIONER: I think you said they're "expendable".

1 They're a very valuable commodity which has to be  
2 preserved.

3

4 SPEAKER: They should be at the top of the food chain, not  
5 the bottom.

6

7 THE COMMISSIONER: An enormous challenge is to get,  
8 particularly in regional parts of the state but also  
9 metropolitan regions, people who are prepared to be carers.  
10 Could I just ask perhaps each of you one question about the  
11 expenses? As we understand it, there is supposed to be an  
12 annual review for each case and conditional upon that  
13 annual review, the ongoing allowance, or whatever you might  
14 call it, continues and in some case, as we understand it,  
15 for various reasons the review is overlooked and your  
16 carer's allowance is cut off. Have either of you had that  
17 experience?

18

19 SPEAKER: No.

20

21 THE COMMISSIONER: You haven't?

22

23 SPEAKER: No. Sometimes there are delays in getting your  
24 support, a lot of your support coming through, but your  
25 carer's allowance definitely is pretty well up to scratch.

26

27 THE COMMISSIONER: [REDACTED], have you had an experience?

28

29 [REDACTED]: Yes. Kinship care gets a lot of payments.  
30 We do have an issue. We don't have a case plan. I have  
31 been a foster carer for 15 years and never had a case plan.

32

33 THE COMMISSIONER: You haven't seen it, but there is one.

34

35 [REDACTED]: There is one. We are supposed to participate  
36 in it, but we don't know what it is. I have had payments  
37 cut off but, I mean, I'm pretty out there. I just ring up  
38 and throw my weight around a bit. Things get fixed up that  
39 way, yes.

40

41 THE COMMISSIONER: We will come back to you in a moment.  
42 Actually, while we're on the topic, the other thing which  
43 has been reported to us from time to time is that people  
44 have a real difficulty sometimes in getting approval from  
45 DoCS for specialist medical treatment, speech pathology,  
46 extended services beyond just going to a GP for minor  
47 treatments. Have either you or other carers had that

---

1 experience?

2

3 SPEAKER: I have had that experience. I've got a  
4 10-year-old boy who I have had for almost five years. When  
5 he came into my care, I was told almost nothing about him  
6 and very quickly I saw that there were problems. I tried  
7 to get permission from the department to take him to Royal  
8 Far West and two-and-a-half years later I was still waiting  
9 for that permission. I ended up organising it myself.  
10 I took him down myself. I rang the department and said,  
11 "Look, we're going next week" and I was told that I really  
12 shouldn't be taking him. I said, "We're going." He has  
13 since been diagnosed with autism, ADHT, anxiety,  
14 post-traumatic stress and sleep disorder, but without me  
15 pushing to take him to a service like Royal Far West,  
16 nothing would have happened.

17

18 MS FURNESS: Who pays for those services?

19

20 SPEAKER: I paid for my accommodation. I think it's  
21 government funded.

22

23 MS FURNESS: Who paid for the actual diagnosis? Was that  
24 Medicare?

25

26 SPEAKER: Yes, I think so. I've had the manager of  
27 out-of-home care tell me that his development is delayed,  
28 that he's not autistic. For Health Services to get the  
29 department on side, it's very, very difficult. I feel like  
30 I'm banging my head against a brick wall most of the time.

31

32 THE COMMISSIONER: All right. Thank you for that. There  
33 are a few other people who may have some experiences, but I  
34 would just like to tease this out. Has someone else had  
35 similar experiences?

36

37 SPEAKER: We have had enormous problems trying to get a  
38 child to a psychologist or a psychiatrist. The child's no  
39 longer in our care. Now the child has been expelled. The  
40 organisation either wants to use their psychologist or a  
41 specialist. Their paediatrician here is going up the wall  
42 because he wants him to see a psychologist and then it goes  
43 backwards, forwards, backwards, forwards and there's no  
44 place for the child to then go. He needs help, but the  
45 help isn't forthcoming.

46

47 THE COMMISSIONER: Did you try to get help from DoCS in

1 the first place?

2

3 SPEAKER: From the secondary organisation and DoCS.

4

5 THE COMMISSIONER: Health does have a plan which has been  
6 developed to organise priority access to children who are  
7 in care. I am not sure whether that applies out here. Has  
8 anybody heard anything about getting priority access for  
9 children who are in out-of-home care who are subject to  
10 DoCS?

11

12 SPEAKER: I've read it in the DoCS submission to you.  
13 That was the first time I'd heard of it.

14

15 THE COMMISSIONER: You can't, for example, access Health  
16 services in Dubbo on a priority basis if you have a child  
17 in out-of-home care. Does anybody else have problems with  
18 getting access to medical or other services? For example,  
19 I know that speech pathology is very difficult to get  
20 access to. Does anyone else want to say anything about  
21 this question of the difficulty in getting DoCS support or  
22 funding for specialist treatment?

23

24 SPEAKER: I have been a carer for 14 years and I've had  
25 over 20 children in care. At the moment, I've got four  
26 long-term children in care. I am also the area  
27 representative for the Foster Care Association and as such,  
28 I get a tremendous amount of calls from all over the  
29 Central West of New South Wales all saying the same thing:  
30 problems with access.

31

32 As to the health issue, we don't have the services in  
33 Parkes. We have to travel to regional centres. You can't  
34 get into any health services in Dubbo. You have to go to  
35 Orange, but you're still looking at three to four months.  
36 The teenager that I have in care, I've had him for three  
37 years this time. He has been backwards and forwards since  
38 he was three years old: back to care, back to me, back to  
39 care, back to me. He's now in my long-term care. It has  
40 taken me three years to get him a psychological assessment.  
41 I've begged the department to send him, to do something.  
42 It was only last week that we got together with an  
43 Education Department out-of-home care team and they're  
44 setting up assessments. The department in Parkes knew  
45 nothing about this team.

46

47 MS FURNESS: Can I just ask you what the actual problem is

1 with getting a psychological assessment? Is it that DoCS  
2 won't agree to it?  
3  
4 SPEAKER: They won't agree to it, for a start. They won't  
5 fund it.  
6  
7 MS FURNESS: If they don't agree, they won't fund it: is  
8 that right?  
9  
10 SPEAKER: Yes.  
11  
12 MS FURNESS: Is that the main problem? They won't agree  
13 to it, so they won't pay for it?  
14  
15 SPEAKER: It gets passed down the line. You can make a  
16 request that this child needs a psychologist or needs  
17 counselling and it might get looked at in six weeks.  
18 "We have to put in a submission" and the next time you go  
19 back, the submission hasn't been put in yet. It keeps  
20 getting passed down the line.  
21  
22 MS FURNESS: DoCS delays the request?  
23  
24 SPEAKER: Yes, it delays it. I took him to a psychologist  
25 who was fresh out of university and who had no idea of this  
26 child.  
27  
28 MS FURNESS: Ultimately, DoCS did agree to you seeing the  
29 child?  
30  
31 SPEAKER: Ultimately. This child has been in high school  
32 for two years. He went to school for 30 per cent of the  
33 time. He has been to school five days this year. He has  
34 been suspended and he's still out of school now. I know of  
35 three other teenagers in the area that are not in school.  
36 They are under the care of the Minister. They are  
37 homeless. They have nowhere to go. They're in care until  
38 they're 18, but they're wandering the streets, sleeping  
39 where they can find a bed because there's no accommodation  
40 for them. There are no carers. Carers won't take them  
41 because they're too high needs. It's just an horrific  
42 problem. We have no services in the Parkes area.  
43  
44 THE COMMISSIONER: Thank you. I am sure that other people  
45 who have had similar experiences will want to say something  
46 about this in due course, but we might carry on now.  
47 [REDACTED].

1  
2 [REDACTED]: My daughter was taken from me at 12 years old and  
3 during the last two years I have not had any contact or  
4 phone contact with her. I've rung DoCS and I've been there  
5 for the last two or three weeks and I've got no results.  
6 I have asked could I have her for Easter and at this stage  
7 they say no, because she's unsettled. She walked out to my  
8 place when it was raining and they let her stay there for  
9 the weekend. I had the police out. Two DoCS people came  
10 out and they said, "Bring her back in Monday morning and  
11 we'll talk about it and work things out," but they didn't  
12 say that they were going to take her and put her back in  
13 foster care again.

14  
15 THE COMMISSIONER: When it went before the court, did it  
16 go through the Local Court here or somewhere else?

17  
18 [REDACTED]: It went to Dubbo, but she was taken from  
19 Parramatta.

20  
21 THE COMMISSIONER: The Local Court made the orders,  
22 effectively, for placement, removal or so on?

23  
24 [REDACTED]: Yes, and DoCS said it wasn't their place to check  
25 up on it, on what they were told. It wasn't their place to  
26 check up on the story that they were told.

27  
28 THE COMMISSIONER: Was an order made that you could have  
29 contact with the child?

30  
31 [REDACTED]: Yes, I had an order that I could have contact  
32 with my daughter, phone contact with her and they say now  
33 they've lost her number, that's why they haven't been in  
34 contact. I don't know how many different case workers I've  
35 had. One has not long left and now I've got another one.  
36 All the ones I've had have been very rude and abrupt to me.  
37 One abused me over the phone and they've lied to me in the  
38 last two years and they've lied to me now. I've got the  
39 very worst thing against them at this stage because I can't  
40 get anything out of them. Every time I say, "Can I see  
41 her?", it always comes up that she's unsettled or,  
42 you know, "We decided no, you can't have contact with her."  
43

44 MS FURNESS: When it went through the court was there any  
45 order made for contact?

46  
47 [REDACTED]: Yes. I've got all the paperwork. I've got one

---

1 here that I've got contact with her.

2

3 THE COMMISSIONER: Thank you for that. [REDACTED].

4

5 [REDACTED]: Could I just say a few words about carers.  
6 I know you're upset there. I've lost three children.  
7 They've been separated. They're Aboriginal and they've  
8 been separated in different towns. My son is 16 and it's  
9 about five or six years now that they've been separated.  
10 I had a four-day Montrose in my house when they'd taken  
11 them. They actually took them from care. The Montrose  
12 come in and I done a four-day access assessment. They  
13 didn't write down what I was doing in the house. They had  
14 actually put things down out of their own heads and that,  
15 like, I was drinking and that there at the time. I had  
16 people in and out of my house.

17

18 I'm not saying no names about foster care parents, but  
19 I've had foster care parents buying my children stuff to  
20 keep them back to stay in foster care. DoCS would hardly  
21 give me any support. I see my children now and then, but  
22 I've never seen them on Christmas Day or my birthday or  
23 Easter and stuff like that. What I'm just saying is I've  
24 just been through a lot at the moment and I'm going through  
25 it with my children now. My 16-year-old boy is coming back  
26 into my care on 23 May. He's actually at Burnside and I'm  
27 glad he's with Burnside at the moment because they're  
28 helping me out too, supporting me a lot, but I've never had  
29 hardly any support from DoCS.

30

31 I'm really disturbed about them and foster carers  
32 because they can't keep the three children in the one place  
33 and I reckon all the children at their ages and stuff when  
34 they're small, they should be actually with their own  
35 culture and families and stuff like that. I'm not really  
36 happy about them being separated. They're actually living  
37 with white carers, not Aboriginal carers and that's all I  
38 want to say at the moment. I'm just not --

39

40 THE COMMISSIONER: Could I just understand this? One of  
41 the policies under the Act is to place children who are of  
42 Aboriginal descent with Aboriginal families. That is a  
43 direction under the Act, where it's possible.

44

45 [REDACTED]: Yes.

46

47 THE COMMISSIONER: Have all of these children been placed

---

1 with white carers?  
2  
3 [REDACTED]: Yes.  
4  
5 THE COMMISSIONER: And separately. Have they ever been  
6 together?  
7  
8 [REDACTED]: All separate towns, ever since they have been  
9 taken from me.  
10  
11 THE COMMISSIONER: How long ago were they taken? Were  
12 they taken in one go?  
13  
14 [REDACTED]: Five or six years ago, all from camp. I was  
15 asked to sign papers, but I didn't know what they were for  
16 and DoCS didn't say that they were taking my children, but  
17 they actually took them from camp.  
18  
19 THE COMMISSIONER: Would there be kinship carers or  
20 relative carers available who could have had them?  
21  
22 [REDACTED]: Yes, there could have been.  
23  
24 THE COMMISSIONER: Were you involved in the court  
25 proceedings? Did you actually go to the court?  
26  
27 [REDACTED]: I went to court, but I had no say. I wasn't  
28 allowed to say anything in court. It was all about DoCS.  
29  
30 THE COMMISSIONER: Did you have a lawyer? Did they give  
31 you a lawyer?  
32  
33 [REDACTED]: I had a lawyer, but I wasn't happy with that  
34 lawyer neither.  
35  
36 THE COMMISSIONER: Thank you for that. [REDACTED].  
37  
38  
39 SPEAKER: May I just say something on that?  
40  
41 THE COMMISSIONER: Yes.  
42  
43 SPEAKER: There is a shortage of Aboriginal carers. I am  
44 one and there is a shortage. There's not 200 of them for  
45 the 800 children that may need care.  
46  
47 THE COMMISSIONER: I think actually the numbers might be

1 higher than that. Do you have any ideas --  
2  
3 SPEAKER: That was just an off-the-top-of-my-head figure.  
4 It wasn't a --  
5  
6 THE COMMISSIONER: We do have some figures here, but do you  
7 have any ideas as to how more Aboriginal people can be  
8 involved as either foster carers in their own right, or  
9 taking children as kinship in kinship care or, indeed, even  
10 in voluntary care, how do you engage more people from the  
11 community to do it?  
12  
13 UNIDENTIFIED SPEAKER: I think a lot of Aboriginal carers  
14 have, or a lot of Aboriginal parents have a perception that  
15 "I don't want to do it; hate DoCS", so I think that's a  
16 major problem.  
17  
18 THE COMMISSIONER: If the children were going to come to  
19 those carers, through one of the NGOs such as Burnside or  
20 Mission Australia or something like that, is that easier to  
21 find carers for those NGOs, or is the same problem  
22 affecting them as well?  
23  
24 UNIDENTIFIED SPEAKER: I think all the organisations have  
25 the same problem. I don't know whether it's a personal  
26 problem, or an organisational problem. A lot of it could  
27 be cultural.  
28  
29 THE COMMISSIONER: You have obviously had a positive  
30 experience doing it, or at least you have carried on. How  
31 long have you been doing it for?  
32  
33 UNIDENTIFIED SPEAKER: Three years.  
34  
35 THE COMMISSIONER: Have you encouraged other people who you  
36 know?  
37  
38 UNIDENTIFIED SPEAKER: I certainly have.  
39  
40 THE COMMISSIONER: With any success?  
41  
42 UNIDENTIFIED SPEAKER: Two.  
43  
44 THE COMMISSIONER: It might very much be a case of people,  
45 such as yourself, spreading the word and encouraging people  
46 to be involved.  
47

1 UNIDENTIFIED SPEAKER: It's certainly word of mouth.  
2  
3 MS FURNESS: Those two people, have they been through the  
4 assessment process with DoCS?  
5  
6 UNIDENTIFIED SPEAKER: Yes.  
7  
8 MS FURNESS: They are now caring for children?  
9  
10 UNIDENTIFIED SPEAKER: Yes.  
11  
12 THE COMMISSIONER: I think you want to say something about  
13 that.  
14  
15 [REDACTED]: I think that as well as making the point  
16 earlier there is not enough placements, I think there are a  
17 lot of different ways you can work with indigenous and  
18 non-indigenous families that make other possibilities much  
19 more likely. I guess placing a child in care is very far  
20 down the track. I think there is a lot of work and the  
21 family decision-making way of doing business which has been  
22 tried in different places.  
23  
24 I certainly have a lot of belief if you work with  
25 broader family than just the immediate family, who may be  
26 in crisis at the time, a lot of possibilities may open up  
27 for kids and give family members, family friends and  
28 extended family, an opportunity to make a contribution to  
29 keeping kids safe without their removal and placing them in  
30 foster care. It's been trialed in different places. I  
31 believe it has worked quite well. It has been trialed out  
32 here. It is quite expensive, if you are dealing with kids  
33 who have been in and out of the system for 10 or 15 years,  
34 or families that have been entrenched in the system it's  
35 quite expensive to get the people together to get it  
36 working. But, I don't think it always has to be all or  
37 none. I think there is a lot you can do without placing  
38 kids in care.  
39  
40 THE COMMISSIONER: I think we all agree the best solution  
41 is to get in early with appropriate services and support  
42 and assistance, whether it's through Brighter Futures, or  
43 before that, to try and convince people getting into the  
44 protection environment and being removed and so on. I  
45 think it's obvious that is where the focus has to be. The  
46 question, of course, is finding agencies and other people  
47 who are prepared to participate, and when we talk about the

1 indigenous communities, you are going to have get the  
2 people in the community who are prepared to provide that  
3 support and those services, and are happy to be referred  
4 to. That's, I think, common ground.

5  
6 I invited the [REDACTED] wish to speak. We can come  
7 back to you in a moment.

8  
9 MS KEEVERS-KELLER: I am from the Aboriginal Child, Family  
10 and Community Care State Secretariat. We are talking about  
11 Aboriginal carers and recruitment of Aboriginal carers. We  
12 have Aboriginal organisations. Unfortunately they are  
13 mostly across the coast and not certainly within the  
14 central area of New South Wales. In those Aboriginal  
15 organisations there is not a problem with any of them  
16 getting carers, because they are connected to their  
17 community, they know the local community and we don't have  
18 a problem. Unfortunately, there is not enough services to  
19 recruit out here and I think that's a problem. It is word  
20 of mouth but it's also about support.

21  
22 THE COMMISSIONER: What is the difficulty in getting  
23 similar bodies out in the west?

24  
25 MS KEEVERS-KELLER: I think there are two issues: one,  
26 it's around building capacity in our out-of-home care  
27 service and, at the moment, to be able to be accredited  
28 it's a long process and there is not enough Aboriginal  
29 organisations supported to do that. I think AbSec is an  
30 organisation that is looking at that at the present time.  
31 It's about funding, and it's about support.

32  
33 THE COMMISSIONER: The reality is AbSec and the Department  
34 of Aboriginal Affairs are both fairly small in terms of  
35 staff numbers and funding. Is it first and foremost a  
36 funding problem? If you had the funds would it be possible  
37 to establish similar organisations out here?

38  
39 MS KEEVERS-KELLER: Yes, it would be.

40  
41 THE COMMISSIONER: Then you do need some training and  
42 experience?

43  
44 MS KEEVERS-KELLER: That is where AbSec would come in.  
45 It's a peak body for out-of-home care services in New South  
46 Wales. They do have a training arm and foster care support  
47 services.

1  
2 THE COMMISSIONER: You think if they were funded it would  
3 be possible to recruit people in the more remote parts of  
4 this state?  
5  
6 UNIDENTIFIED SPEAKER: Yes. In fact most of the Aboriginal  
7 organisations have an over abundance of carers which is  
8 quite hard to believe. Some of them will not go to DoCS.  
9  
10 THE COMMISSIONER: Are you based here?  
11  
12 MS KEEVERS-KELLER: No, we are based in Sydney.  
13  
14 THE COMMISSIONER: Do you have any counterpart in Dubbo?  
15  
16 MS KEEVERS-KELLER: We have our carers in Dubbo. We have a  
17 carer support network throughout New South Wales that we  
18 try and support. But, we have one worker that does the  
19 state. Some of our carers are here today.  
20  
21 MR RYAN: My name is David Ryan, I am the coordinator of  
22 Burnside out-of-home care program here in Dubbo. I'm not  
23 sure of the numbers but the majority of our foster carers  
24 would be Aboriginal, and we have found that the most  
25 successful way of recruiting Aboriginal people is by word  
26 of mouth, as other people have said here this afternoon;  
27 just carers being supported and letting other carers know  
28 about the support, and the sort of work that is being done  
29 by carers in the region.  
30  
31 THE COMMISSIONER: What do you find to be the success  
32 rates or otherwise, depending on whether it's a foster  
33 carer in the traditional sense or kinship carer? I know  
34 it's the same concept, but some people say the kinship  
35 placements have a separate set of problems to those where  
36 it's a straight foster care situation.  
37  
38 MR RYAN: I don't think I could comment on that. I  
39 haven't had enough experience in seeing the comparison  
40 between kinship care and standard foster care.  
41  
42 THE COMMISSIONER: So far as Burnside is concerned, what  
43 are the majority of your placements?  
44  
45 MR RYAN: Not necessarily kinship care, but a lot of our  
46 carers within the region are somewhere related to the kids  
47 that are placed in their care. So, we have carers in some

1 towns that would have a connection to where the kids in  
2 care would be from. There are family connections and our  
3 staff have family connections with the kids that are  
4 brought into.

5  
6 THE COMMISSIONER: It's my understanding there is some  
7 difference in the potential payments or allowances given to  
8 foster carers of the traditional kind and the kinship  
9 carers. I'm not sure if that is necessarily universal or  
10 whether it's just people experience. Do you have any view  
11 about that; as to whether the allowances are the same and  
12 the support is the same?

13  
14 MR RYAN: I'm not sure whether that is the case. I don't  
15 think I would like to give a view on that because I don't  
16 know.

17  
18 MS GREENAWAY: Could I comment on recruitment? As I said I  
19 work in a community centre in the middle of the housing  
20 estate, which has a majority of Aboriginal people and I  
21 deal with my Aboriginal community everyday. We recently  
22 had a spate of a couple of kids going through that had been  
23 removed. On an estate everyone talks about it, and feels  
24 it and it brings up old hurts. I brought in different  
25 groups from different families that were affected. One of  
26 the things they concentrated on was not that this family  
27 member had not succeeded in being a good parent but it was  
28 that a white organisation had removed their child and put  
29 them with a white family. What I did, I said to them that  
30 you need to be proactive, you can be foster carers. I had  
31 five people wanting to do the foster care course. I  
32 notified DoCS to see how we could start that process going.  
33 We are still waiting for a reply.

34  
35 I really like this idea about what is happening in  
36 Sydney and in the coast, because if I can do this in an  
37 informal level, imagine if we had an organisation in Dubbo  
38 that was trained and supported, we could recruit a  
39 considerable amount of foster carers so that would  
40 alleviate some of the hardship. The thing I get most of  
41 all is they don't address their own problem because  
42 whatever they can focus on they will, and a lot of it is  
43 they didn't want them to go to a non-Aboriginal family  
44 because of the loss of identity and culture. That is  
45 paramount when they become young adults because when they  
46 return to that community, it's community organisations that  
47 say whether they are identified as Aboriginal or not, and

1 that places them at risk for, like, isolation and not being  
2 able to reconnect with the extended family, and 90 per cent  
3 of people know different family members and there is a  
4 comfort. I have had people who have had their children in  
5 care, that have gone through the court system to have them  
6 placed with an Aboriginal person in Dubbo, who is well  
7 known and respected, and that gives them comfort that they  
8 can then start to address their own stuff, because they are  
9 not focussing on the negative stuff.

10  
11 THE COMMISSIONER: Can I go back to [REDACTED] and [REDACTED]  
12 [REDACTED]. We will come back to anybody else a bit later.  
13 Do we have the [REDACTED]?

14  
15 [REDACTED]: My name is [REDACTED]. I have been a  
16 carer for 20 years; okay. I would like to read a letter  
17 that I wrote to the minister. I don't mention the names,  
18 okay, in the year 2006. The letter:

19  
20 "I am writing to you because the commission for  
21 children and young people conducts inquiry into issues  
22 important to children. As a Department of Community  
23 Services' carer with 15 years of experience, working  
24 especially with my community's children, that is Aboriginal  
25 children, I believe that an inquiry is urgently needed into  
26 the state of foster care in New South Wales. There are  
27 many things that need to be investigated if we carers are  
28 going to be able to provide a better future for the  
29 children in our care.

30  
31 Firstly, the communication process in DoCS needs to be  
32 investigated. There needs to be more communication between  
33 DoCS and carers, both in terms of providing the history of  
34 abuse for the children that come into our care and  
35 providing ongoing support and communication.

36  
37 It is disappointing that in my 15 years as a carer I  
38 have only come across one DoCS worker who would call in the  
39 evening, after placing a child in my care, to make sure  
40 that the child and I were getting on together. It is also  
41 disappointing that our concerns about parents, and the  
42 insights which we have into the actions of these parents  
43 are not appreciated or sought out by DoCS' workers. The  
44 most extreme example of this was when my dead son's former  
45 wife ended an abusive relationship putting my grandchildren  
46 in danger. Yet despite my track record as a valued DoCS  
47 carer, I received no support from DoCS and was forced to

1 turn to the police and courts for help.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

There also needs to be more communication between carers; for example, I cannot understand why we are not given the names and phone numbers of former foster parents when a new child comes into our care. By discussing the particular issues of this child with their former foster parent, we would gain a wealth of knowledge and be able to help each child in a much more effective in the period of time they are with us.

I would also wish the inquiry to look into why we no longer have a foster carer support group. I would hate to think the support group fell away because of a lack funding or because of executive willing to stand up to DoCS at times. The process of removing children for only three months, and then placing them back into a situation where there is no guarantee they will be safe, also needs to be urgently reviewed.

I believe parents with problems cannot be rehabilitated in less than 12 months and rules should be put into place to force parents to take blood tests during those 12 months. After children are placed back into the care of their parents, they should not be forgotten about until the next crisis occurs. A system of monthly tests would help pick up deteriorating situations before they reach crisis point again.

From an Aboriginal perspective I am concerned that DoCS once removed a child from my care because I was caring for my three grandchildren at the time. I am accredited to look after six children and have a four bathroom house, yet I was told it constituted a situation of overcrowding. Our culture teaches us to look after children in an extended family situation. I would hope this was understood and valued by DoCS.

I don't know if the problems in DoCS result from a lack of funding or a poor department culture with a lack of knowledge and goodwill on the part of staff. I would hope an inquiry would come to the bottom of this. I also want to point out that the personal examples I have mentioned here have not been mentioned because they are isolated issues in DoCS, I want it investigated because I believe they are examples of problems which many foster parents face and show the system needs help.

---

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

If you want further proof that the DoCS system is not working, look no further than the Gordon Estate in Dubbo. According to housing manager, [REDACTED], this entire mainly Aboriginal community is being dismantled because of the problems which have been caused by troubled youth. This is as a result of parents not looking after their kids. What is worse I am afraid once these kids are dispersed around the state they will just be forgotten about and gaol will await them in five years time.

By dealing with the problems in DoCS now and putting something in place, may be you can break the cycle. Again I am asking you for an urgent inquiry into DoCS foster care.

With kind regards and warm thanks in the expectation you will take up this challenge."

I wrote this to three ministers in 2006. I only got a response from one. Okay, I was denied the inquiry. As for my grandchildren, they are in a domestic violence relationship. I have been as far as the courts. I have a court order. I haven't seen these children for nearly 15 months. I have been to DoCS and asked them to help me. I even went to the courts in February and asked for a recovery order. We can't find her. I have no way or means of the money to find her. I have the court order. She has no regard whatsoever for the law, and I am still looking for these children.

When my son was alive, she came to my place with black eyes and bruises up her legs, but he died in 2004 and he asked me to step into his place. She has been bashed. She came back to Dubbo, because there was an incident in 2006 where he punched her in the face and their little baby, my three grannies were at school, but their little baby was caught in the middle. It was down at Bonnell's Bay. Cardiff DoCS are the closest there, and apparently the police, ambulance and DoCS were called.

She jumped straight in the car and came back to Dubbo, to me. That was how I come to get my court order. I let her stay with me and went to the housing department, [REDACTED], and asked him could he help her out. She was in this situation with littlies and she just had a baby to this boy. He said "She has had a lot of bites to the

---

1 cherry and has just left", and then she had the house and  
2 then when the Gordon Estate was being dismantled, I was one  
3 of the long-term residents over there. I was in a state,  
4 didn't want to move. I was forcibly removed. She just  
5 took off one night and I haven't seen her since. That was  
6 about September 2006.

7

8 MS FURNESS: Can we have a copy of your letter?

9

10 [REDACTED]: Yes, you can most certainly can. I have  
11 asked DoCS to help me. They have said because it's a  
12 family law matter, it's got to stay there. By jove, it's a  
13 long process. I will be pushing up daisies by the time I  
14 find my grandchildren. I have done everything possible. I  
15 had orders every second weekend and every school holidays.  
16 In the court order, if she wanted to leave Dubbo she was  
17 supposed to give me 60 days notice. She is a well-known  
18 drug addict. I don't know what indignities my  
19 grandchildren have suffered in the last 15 months.

20

21 THE COMMISSIONER: It's getting a bit personal. We will  
22 have a look at this. If we get the copy of that letter we  
23 can follow that up and have a closer look at it to see what  
24 may have gone wrong. Can I ask you this --

25

26 [REDACTED]: Would you like the people who I had the  
27 letter sent to photocopied?

28

29 MS FURNESS: Just the letter would be very nice.

30

31 THE COMMISSIONER: Is that your only copy?

32

33 [REDACTED]: I have a couple of photocopies of it.  
34 That is in 2006. Following on what [REDACTED] said about the  
35 children going, I had to pay a little child \$5 to go and  
36 see his mother.

37

38 THE COMMISSIONER: Can I just ask you this: You have had  
39 other kids in your care, you say.

40

41 [REDACTED]: Black and white.

42

43 THE COMMISSIONER: You said you had trouble getting  
44 support when you needed assistance.

45

46 [REDACTED]: Only to help find my grandchildren.

47

1 THE COMMISSIONER: I am wondering, DoCS does have a  
2 program where it's trying to develop a greater support  
3 system for foster carers, but I don't know whether DoCS has  
4 adopted any particular strategies to provide support for  
5 Aboriginal caseworkers which might be more relevant perhaps  
6 to their needs, or the needs of their community. Do you  
7 know whether there are any particular strategies or  
8 particular systems for giving support to Aboriginal foster  
9 carers?

10  
11 [REDACTED]: No.

12  
13 THE COMMISSIONER: You don't know of any?

14  
15 [REDACTED]: My name is [REDACTED]. That is my  
16 mum there. I'm more concerned about the parental issues,  
17 as far as being a parent. I have just had my teenage  
18 daughter put me through mental abuse, because she's at this  
19 age where she knows everything and she has gone and left my  
20 care. Me, as a parent, who is trying to do the right thing  
21 by my daughter, like working and sending her to school but  
22 she knows everything that is going on, I want to know where  
23 is the help for myself to cope with an issue of like my  
24 child, what she has gone through.

25  
26 I went to the police. The police told me she's of  
27 legal age. I was broken hearted about that. I wanted to  
28 go to DoCS but I see what my mother goes through every  
29 single day with children, how they are through the system  
30 and these poor little kids, what they go through. I wasn't  
31 going to go to DoCS and say "Can you help me?" after what I  
32 am seeing on hand with other children going through it.

33  
34 THE COMMISSIONER: There are obviously different  
35 considerations which apply once children have reached the  
36 age where they can make their own decisions, but again we  
37 get back to this situation of having sufficient general  
38 support for families in the community and services that you  
39 can go to. But, DoCS --

40  
41 [REDACTED]: There is no help.

42  
43 THE COMMISSIONER: That is one of the things we are  
44 looking at, to see whether there needs to be more services  
45 which someone like you can access, because one of the most  
46 difficult things, not just for your child but for any child  
47 who has been in care, is transitioning back to the

1 community once they get to 18. From what we have seen  
2 there does appear to be, although there are schemes to  
3 assist those children, in some cases even to support them  
4 for education and so on for a bit longer, a lack of  
5 coordination, a lack of services.

6  
7 While I am on that, has anyone had experience as a  
8 foster carer of difficulties in having children in your  
9 care who have reached 18, and then moved back into the  
10 community? Has anybody sought assistance in the way of  
11 extra money or accommodation, or education, which you have  
12 had difficulty accessing?

13  
14 UNIDENTIFIED SPEAKER: I have just had one turn 18. He has  
15 actually moved out. His after care plan, that still has  
16 not been done. He was 18 in November and he has now moved  
17 to Newcastle but he still hasn't got the help for the after  
18 care plan.

19  
20 THE COMMISSIONER: Have you had a similar situation with  
21 any other children in your care?

22  
23 UNIDENTIFIED SPEAKER: To leave -

24  
25 THE COMMISSIONER: When they are leaving care.

26  
27 UNIDENTIFIED SPEAKER: That is virtually the first one that  
28 got to 18, they usually get to 16 and take off home.

29  
30 THE COMMISSIONER: I think foster carers out of their own  
31 goodwill and good heart actually provide the kind of  
32 support that parents would provide for their own children  
33 if they are in their care, but my real concern is that if  
34 at 18 the system just drops off, and those children have no  
35 support, then we have a real problem.

36  
37 [REDACTED]: I'm a grandmother carer. I'm struggling  
38 through life by myself virtually. I haven't had a great  
39 deal of support that I should have had, but I have got my  
40 cares, they are raised up in a Christian life now. I  
41 changed my lifestyle for this and the eldest fellow, he is  
42 16 this month. I have had him since mum went to leave at 2  
43 or 3. He's in Saint John's Ambulance. He is doing well  
44 for himself. He has been to Japan and back.

45  
46 I haven't had the support where I should have had it,  
47 but I'm not complaining because I'm thanking the good Lord

1 that I am where I am today with them, and he's a Christian.  
2 He's a full-on Christian faith; taught the truth and truth  
3 only. He plays in the church every Sunday, guitar. The  
4 little fella, he is self taught. He can play guitar and he  
5 is only nine and he taught himself. I am having the  
6 biggest struggle with him now. All he ever does is want to  
7 go back to mum. There is nothing in place for mum. I  
8 don't know where I go to from here, but he's coming down,  
9 like he's listening. He is starting to grow out of it, and  
10 he's starting to listen. "You can't go off to mum because  
11 of the situation, and the illness; mum's got an illness."  
12 This is how I teach him. I don't call her names or  
13 anything like that. I just use an illness, and it's  
14 dangerous and he is starting to listen now.

15  
16 I don't know what DoCS can do. I can't complain about  
17 our police force, because I have had the support and all  
18 the help I can have from them. But, there's nothing in  
19 place for mum. I'm not ashamed to stand here and say that  
20 I had my life threatened on Christmas day. Unless  
21 something is put in place for the parents, I don't know  
22 where we go from here but to struggle on.

23  
24 THE COMMISSIONER: The support for foster carers is very  
25 important.

26  
27 [REDACTED]: I would like to have a little talk. I'm a health  
28 care worker and I have been a mandatory reporter since it  
29 started. I first became involved in a personal incident  
30 with DoCS with my granddaughter. Six months ago she had an  
31 accidental injury. She presented to the (inaudible) and  
32 the initial report was still actually causing a nightmare  
33 to the family. We have been to court. She was in hospital  
34 for six weeks, and during that six weeks she was attended  
35 by one or other of the extended family. She was not alone  
36 at any time in that six weeks.

37  
38 On the day of discharge we were to find out that DoCS  
39 were coming to take her into care. Not one assessment had  
40 been done of the parents or any of the extended family.  
41 She was actually taken on the day of discharge by DoCS into  
42 foster care: No assessment of any of the family members or  
43 the parents. Now there is no drug, no alcohol, no violence  
44 involved in any of this, it was just an accidental injury.  
45 We have been six months.

46  
47 I was actually able, fortunately, to have her in care

1 for one night because of my standing in the health service.  
2 I actually have already had a police check, so I was able  
3 to actually take her into my care. My husband and myself  
4 have been looking after her ever since. We have had no  
5 real support from DoCS. Every little inch we have achieved  
6 with mum and dad have been through actually the court.  
7 Every six weeks we have one incident where she is assessed.  
8 We want her home for Christmas. We had to take her to  
9 court to get her home for Christmas. The DoCS worker said  
10 that her first Christmas was not important. Our family  
11 thought that was important. We were able to achieve that.  
12 She was able to come home for her first birthday; that was  
13 only after we had been to court. We were home for her  
14 father's birthday; that was through court.

15  
16 Because there is no way there has been any violence,  
17 nothing -- if the parents were drug addicts or alcohol  
18 abusers, they would probably say "go to court and don't  
19 take any more drugs or take any more alcohol" and they  
20 would probably be back with mum and dad. At the moment  
21 this little girl is a year old, and mum and dad have second  
22 day visits for three hours. Three hours is not enough for  
23 mum and dad to have a form of true bonding. At the moment  
24 my granddaughter bonds more with me, which is fine. I love  
25 her, but the bonding should be with mum and dad.

26  
27 So, what can we do to actually have this case heard?  
28 The last six weeks we went to court, we were able to allow  
29 mum and dad to come into their own home where my husband  
30 and I are caring for our granddaughter, so they are allowed  
31 in their own home to visit their daughter for three hours  
32 every second day.

33  
34 Up until just recently, this little girl was picked up  
35 from her own home and taken to the park for the visits for  
36 three hours with her daughter. We have all been penalised  
37 when we were in the hospital for that six weeks. We felt  
38 like second-rate citizens. I am a healthcare worker, as I  
39 have said, and I have seen a different side to the whole  
40 process.

41  
42 THE COMMISSIONER: Could I just interrupt you for a  
43 moment? I wonder if you could give one of our staff here  
44 the name of this case? Thank you. We already have it. We  
45 might follow this one through and see what's happening.  
46 When is it next back in court?

47

1 [REDACTED]: It is due back in court at the end of this  
2 month. For the last four weeks, the last time at court,  
3 DoCS was unable to decide what they wanted to do with this  
4 girl's future care. They said that the parents would have  
5 to go through a Children's Court assessment. It has  
6 actually been almost four weeks now and nothing has  
7 happened with that. There has been no clinician appointed  
8 yet. We'll go back to court at the end of this month and  
9 there's still no assessment been done.

10

11 THE COMMISSIONER: Is it in this court in Dubbo?

12

13 [REDACTED]: It is in this court in Dubbo. I feel that these  
14 decisions right from the very beginning whilst I was in  
15 hospital for that six weeks, there was lots of family and  
16 lots of kinship care there that could have actually been  
17 involved. There was certainly no form of any abuse, it was  
18 just purely accidental. JIRT was involved in the initial  
19 incident and they found no cause for any charges to be  
20 laid.

21

22 THE COMMISSIONER: JIRT has returned it. Has the PANOC  
23 service been involved at all?

24

25 [REDACTED]: The parents have been to counsellors. They've  
26 been to PANOC. Everybody has been trying to find out what  
27 could have been the reason for them not to make the  
28 decision to return her. I see this little girl low on her  
29 face because she can't bear to say goodbye to mum and dad  
30 and I feel at this point of time, a year old, that she  
31 really understands what's happening. She know what day it  
32 is. She looks at the door and waits for mum and dad to  
33 come and the paternal grandparents have actually been  
34 denied - actually, my husband and I both have very busy  
35 jobs. I've actually had to take time off on leave from my  
36 important job. I am back at the moment for 24 hours a  
37 week. I've not had sufficient time to do my job properly.  
38 This has cost my husband and I - and this is another side  
39 of it for everybody - a lot financially. I would never put  
40 a dollar figure on a granddaughter's time, but I'm just  
41 letting people know when DoCS come in and make a decision  
42 or don't make a decision, it does affect a whole lot of  
43 people, not just the children.

44

45 THE COMMISSIONER: Thank you for that. We will follow  
46 this up.

47

1 SPEAKER: I just want to add a little bit more. Passing  
2 on some of the things you were saying, as a foster carer to  
3 the department, you can get an allegation. As foster  
4 carers the only time we're considered as an employee is  
5 when they make a allegation. You can have a totally  
6 ridiculous allegation made against you, which has happened,  
7 and the department steps in, no questions, no assessments,  
8 no nothing and removes those children from your care. I've  
9 been a foster carer for 14 years and the same thing  
10 happened to me 12 months ago. These children were  
11 permanent care children. The trauma that they put the  
12 children through - as in PANOC - with no assessment, no  
13 nothing, just on the word of one person who says such and  
14 such happened, goodbye children. Who are they making  
15 suffer, the parents or the children?  
16

17 THE COMMISSIONER: I think we've had some observations to  
18 that effect.  
19

20 [REDACTED]: Thank you. I won't stand up. I'm very shy.  
21 I won't keep you very long. I'm a parent myself going  
22 through very similar things to that lady over there and in  
23 going through this process, I've discovered a few things  
24 that I would appreciate being reviewed. One of my concerns  
25 is the overuse of interim care orders once an emergency  
26 care order has been initiated. It opens the door for  
27 sections in the Adoption Act to take effect where they  
28 probably shouldn't. These are issues that can be resolved  
29 prior to any long-term intervention by services.  
30

31 I don't agree that if there are no issues, children  
32 should remain in the situation of care. They should be  
33 returned as soon as possible with as little interruption as  
34 possible to the family, the family unit and their identity.  
35 Without getting too personal, I know of a case where a  
36 single mother on welfare took a holiday to have a baby and  
37 while on holiday, to have a home birth. Her children were  
38 taken by DoCS simply because - well, it's yet to be  
39 determined why they were taken, but that's a very serious  
40 concern, in my opinion, as to why intervention happened.  
41 I don't think that adults need to ask permission to take  
42 holidays or to have babies or where they choose to have  
43 their babies. That's what being an adult is all about,  
44 being able to exercise your autonomy to make responsible  
45 adult decisions for your children, the children in your  
46 care.  
47

1 I have concerns about the overuse of exercising  
2 interim care orders where perhaps they shouldn't be. The  
3 only other thing of concern that I really have is the  
4 empathy that's given to carers. I don't know about the  
5 other states in this country, but in New South Wales it  
6 absolutely amazes me the services that are made available,  
7 that are provided and the funding that's exhausted to  
8 favour these avenues of support for children to grow into  
9 independent responsible adults.

10  
11 I am of the opinion that if these same considerations  
12 were made for the parents, that perhaps the exhaustions  
13 that go in to providing services for carers, whether it's  
14 kinship or foster care, would not perhaps be as exhausting  
15 financially or physically on the people. There was one  
16 lady over here who mentioned she had 10 children in her  
17 care at one time. I find that absolutely ridiculous,  
18 regardless of whether you're a carer or not. Another woman  
19 down the front said she was not allowed more than four at  
20 one time. There's a lot of conflicting information that  
21 we're receiving. I guess that's my other concern that I  
22 would like to be brought forth for consideration: perhaps  
23 a review of how the process is done.

24  
25 THE COMMISSIONER: You may assume we're looking at that  
26 process. Thank you for that. I think you had a comment?

27  
28 SPEAKER: Yes. I'm actually just speaking, like, on the  
29 Aboriginal care, as, like, them losing their kinship when  
30 they've been in care, as to trying to go back to their  
31 community when they're 18. We actually had that happen to  
32 our family. My grandmother was Caucasian and my  
33 grandfather was Aboriginal and my grandmother died, so  
34 because my grandfather was Aboriginal, they took the  
35 children all in to care.

36  
37 While we were in care, we were allowed to have  
38 Aboriginal status, but as soon as we looked like going back  
39 to the community that we came from and trying to reconnect  
40 with the community that was a part of our heritage, we  
41 weren't able to because there was no kinship. It is really  
42 important for Aboriginal children to be connected in some  
43 way to their communities still.

44  
45 THE COMMISSIONER: Thank you.

46  
47 \_\_\_\_\_: My name is \_\_\_\_\_. I'm a Wiradjuri

1 woman. Firstly, I would like to acknowledge my elders who  
2 are present here today. Dubbo has three Aboriginal women's  
3 groups that are very proactive. One of my concerns is that  
4 DoCS does not utilise these groups. We're seeing more and  
5 more of our children being taken away and in [REDACTED]  
6 case, sent to other towns. As far as recruiting foster  
7 carers goes, there's not enough promotional work being done  
8 in our communities. Our grandparents, the grandmothers are  
9 having to take on the responsibility of raising the next  
10 generation of children and I think if things are going to  
11 change, then they've got to start to use us as a point  
12 where they can access our community.

13  
14 As far as organisations being underresourced is  
15 concerned, a lot of people - and it has been my own  
16 experience and I speak for a lot of my people - don't even  
17 know those organisations exist. I think we've got to get  
18 real here and we've got to start to promote what's  
19 available.

20  
21 In [REDACTED] case, she talked about having to raise her  
22 grandchild from the age of two: he's now 16. I stress the  
23 importance of getting help for those parents as well. They  
24 need to be supported throughout this journey and I can't  
25 see these children being restored to their families.

26  
27 THE COMMISSIONER: You put your finger on a very difficult  
28 problem. It seems to me that amongst the Aboriginal  
29 community the grandparents, particularly grandmothers, are  
30 doing an enormous job in supporting a whole generation of  
31 children who are their grandchildren. When you are no  
32 longer there to look after those children, what is going to  
33 happen to the next generation of children? Are your  
34 daughters and sons going to be able to stand up with the  
35 experiences they've had and come into your place and help  
36 the next generation?

37  
38 [REDACTED]: No.

39  
40 THE COMMISSIONER: What can be done about that?

41  
42 [REDACTED]: I believe that something needs to be done  
43 about the parental law. The parental law needs to be given  
44 back to the parents. The system is stepping in too much  
45 and taking our authority as parents away from that  
46 generation. Say with mum, with her generation teaching me,  
47 my morals, my values, my beliefs, I do that to my daughter,

1 but when I do that to her, she can go and use the system to  
2 abuse it and it's very frustrating. You've got no help and  
3 you've got no support.  
4

5 [REDACTED]: I had six children and raised them by  
6 myself. The supporting parent benefit gave me my freedom  
7 and I've honoured it for 30 years. I reared my children by  
8 myself and got help from no-one. This is my baby here.  
9 I've buried two sons. I've got 24 grandchildren and I've  
10 got 13 great-grandchildren. Besides, I still help DoCS out  
11 and with the generations, may I say this here, I think the  
12 Stolen Generation saga has hurt our children of today and  
13 my main concerns are about the children. We live in a  
14 whole different society to when I was growing up.  
15

16 I'm 63 years of age. I've seen a lot. I've seen a  
17 lot of change. I come off the river bank. My mum had 10  
18 children. I don't know what's gone wrong, why these  
19 children are dying, the circumstances under which they die.  
20 I read the paper. I watch the news. I've always been an  
21 avid reader. I know you can't always believe what you see  
22 and read in the papers, but where there's smoke there's  
23 fire. I've got some print-outs and that that I've made up.  
24 Like I said, with DoCS, now they sort of listen to me, but  
25 four years ago I can show you paperwork where I was even  
26 sent packing, because I live at [REDACTED]  
27 and a baby died at [REDACTED] and because I  
28 said something about that, DoCS came in, the manager at the  
29 time came in and removed these children that I had in my  
30 care. That was 2004. My son had just died in February and  
31 they said that I was under too much stress.  
32

33 This is what I'm saying. My personal opinion is with  
34 the children. I don't like the way they're shunted around  
35 from pillar to post. I have got a little boy who had three  
36 carers last year and he's going on five years old and that  
37 is totally and absolutely wrong. I believe that children  
38 when they are removed, for whatever reason, some of them  
39 should be left in care until they're 16 years of age and  
40 then let them go home; not this moving around back and  
41 forth. That's my personal belief.  
42

43 THE COMMISSIONER: Thank you. We've obviously touched  
44 on --  
45

46 [REDACTED]: I'm also concerned. I gave an answer to your  
47 question as well saying about the department's failure to

1 meet with the Aboriginal people and the Aboriginal women.  
2 We need to be able to talk about what's not happening.  
3 They not actually using Aboriginal workers in schools, in  
4 hospitals, in police stations, wherever. They need to be  
5 finding out where they can link these children back to  
6 family members, because there are family members out there,  
7 if they care to look, that will take responsibility for  
8 those children. I think at this point in Australia's  
9 history it's time for us to sit down together and work out  
10 solutions to go forward.

11  
12 SPEAKER: The question was what are we going to do with  
13 our grandchildren when the parents can't look after the  
14 children as it is.

15  
16 THE COMMISSIONER: I'm thinking about the next generation,  
17 the grandchildren.

18  
19 SPEAKER: They're not having the children now. They're  
20 going to be grandparents in the next generation. We have  
21 our children getting all this money for having their  
22 children and that's going to grow. They've got that money  
23 already and they're not rearing their children. We need to  
24 look at that.

25  
26 [REDACTED]: That baby bonus should be wiped.

27  
28 SPEAKER: Yes, that's what I'm talking about, the actual  
29 baby bonus.

30  
31 [REDACTED]: I had six kids. I never got even one cent.

32  
33 SPEAKER: We had the children and we didn't get the baby  
34 bonus, but we're not making better mothers or fathers of  
35 those children either.

36  
37 THE COMMISSIONER: In fairness to those who have filled  
38 out forms, could I ask them, firstly, if they want to say  
39 something? I think there's [REDACTED].

40  
41 [REDACTED]: I just had a couple of things to raise.  
42 I would just like to say that I didn't apply for the baby  
43 bonus, but I've applied for additional funding to what I  
44 already had. I've chosen not to take that option. I've  
45 been advised that I'm entitled to take that option, but  
46 I've chosen not to to avoid any disillusion about financial  
47 gains. I had my baby and I'm a little concerned - and no

1 offence to present company - I'm not Aboriginal and  
2 services and funding are not being provided for single  
3 parents in welfare situations for whatever reasons,  
4 temporary or long-term. Services and funding are not being  
5 provided as far as support goes. A lot of it is focused  
6 just in the Aboriginal communities and there are deficits  
7 in other areas and that bothers me because I can't access  
8 support or get ahead in ways that some community members  
9 can because of their racial background.

10  
11 THE COMMISSIONER: We are going to look at those services,  
12 but we'll take your point on board.

13  
14 SPEAKER: I have legal custody through the Family Court of  
15 a 13-year-old. I've had him since he was 10 months old.  
16 My concern is that we've had some issues with him meeting  
17 up with some children that run the streets and things like  
18 that during the last year. The police have been involved  
19 and have been bringing him home and between the police and  
20 I, we must have filled out a ream of paper in reports to  
21 DoCS and at the moment we've had no support and we're just  
22 wondering how do we access the support.

23  
24 We're being told he's not a child at risk, but he's  
25 gone missing for weeks at a time, he's been running in the  
26 streets, coming home late, hanging around with kids that  
27 are known criminals. It got to the stage at the end of  
28 November that his father came back into the picture after  
29 eight-and-a-half years and he's now living with his father  
30 who is a known drug and alcohol user and the court papers  
31 state that he shouldn't have anything to do with him. I'm  
32 wondering between the police, the DoCS worker and myself,  
33 where do we go from here?

34  
35 THE COMMISSIONER: What services would you like to have  
36 for that boy that you think at the moment you can't get?

37  
38 SPEAKER: We have been trying to access support services,  
39 mediation services, anything. We've been trying for  
40 everything since halfway through last year and for some  
41 reason it's not happening.

42  
43 THE COMMISSIONER: Have you made requests of DoCS for that  
44 help?

45  
46 SPEAKER: Yes. He has a DoCS case worker who is banging  
47 his head against the wall and saying, "I can't do anything."

1 My hands are tied. The kid is between 12 and 16. We can't  
2 jump in and do anything."

3  
4 THE COMMISSIONER: We are getting back to this situation  
5 of the adolescent problem. It becomes very much a Health  
6 problem really at that stage, but one of the things we are  
7 looking is the extent to which DoCS, Education and so on  
8 can coordinate their efforts. I don't have a ready  
9 solution for you, for you particular case, but we are  
10 certainly looking at the need for there to be services for  
11 children or adolescents of this age, which is the most  
12 difficult age of their life and when they've been in  
13 out-of-home care, they've started off with a problem, so I  
14 guess it's serendipity if they get through the next phase  
15 without more problems.

16  
17 SPEAKER: The major concern of the DoCS worker, the police  
18 officers and myself is the fact that this child is now,  
19 because he's 13, living with his father and none of us seem  
20 to have any power to rectify that.

21  
22 THE COMMISSIONER: There is a legal power to do with it,  
23 but again, it is a question of resources and in terms of  
24 urgency, it's really only the young ones that DoCS has the  
25 resources to do something. You've put your finger on a  
26 real problem for us to address. I can understand that. I  
27 can't promise any answers today, but we are looking at it.

28  
29 SPEAKER: Thank you. We're banging our heads against a  
30 wall here. Thank you.

31  
32 THE COMMISSIONER: It is four o'clock. Would someone who  
33 hasn't spoken like to say something? Did you want to say  
34 something?

35  
36 [REDACTED]: I'm [REDACTED]: and I've been a foster  
37 care for five years. I see sometimes that the DoCS case  
38 workers have placed Aboriginal children in non-Aboriginal  
39 homes and we don't get informed or we don't get asked about  
40 those Aboriginal children. It's a bit upsetting when I see  
41 some carers with Aboriginal children and they've never  
42 asked me and I've had the space and that. That gets a bit  
43 annoying to me. I think non-Aboriginal carers could be a  
44 bit more supportive and caring towards Aboriginal children  
45 when they've got them by taking them to Aboriginal events.  
46 It's like isolation when they go into these homes.  
47 Sometimes they don't get to go to Aboriginal events. Just

1 like an incident now where I could see a lot of  
2 non-Aboriginal carers with Aboriginal children and there  
3 was an indigenous swimming carnival on the weekend where,  
4 you know, they could get involved like that in bringing the  
5 kids and having a good day.

6  
7 I do see a lot of non-Aboriginal carers with  
8 Aboriginal children in their homes, but I don't see them  
9 around a lot at some of the indigenous events and that gets  
10 a bit distressing because I feel they're not connecting or  
11 they're not seeing their family at those events, so I'd  
12 just like to say to the non-Aboriginal carers, you know,  
13 they do look for their own people. They could be in that  
14 home for years, but they will go back and look for their  
15 own people and they like to see their own faces out there.  
16 I've had two children for six years now and they're into  
17 everything, they're into swimming, they're into everything  
18 and I've tried to give them the same thing I've given my  
19 daughter, but my concern is mainly that Aboriginal carers  
20 don't get asked to take Aboriginal children.

21  
22 THE COMMISSIONER: Yes. That is surprising because  
23 there's such a demand, I would have thought the first place  
24 to go would be to someone such as you who has had the  
25 experience and has been approved and so on.

26  
27 [REDACTED]: Yes.

28  
29 THE COMMISSIONER: There is the Foster Carers Association  
30 and other associations which represent foster carers, but  
31 is there any similar organisation specific for Aboriginal  
32 foster carers which could be a voice for you, apart from  
33 AbSec?

34  
35 [REDACTED]: There is.

36  
37 THE COMMISSIONER: I didn't phrase that very well.  
38 I mean't a local one here which will give you greater  
39 contact, because AbSec is really stretched with all the  
40 things they're trying to do.

41  
42 [REDACTED]: We do have a foster carers get-together now  
43 and again and it's mainly made up of non-Aboriginals and  
44 sometimes the other carers might feel they can't come to it  
45 or something like that. There is an Aboriginal one, but we  
46 haven't met this year, so maybe it's about time we started  
47 to get together.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

THE COMMISSIONER: Maybe if you were to organise in that fashion locally and make your presence known to DoCS, you may get a greater appreciation because I'm sure DoCS would love to find people they can place children with. You're shaking your head.

MS KEEVERS-KELLER: That's not necessarily the case, we've found. We've been in other parts of New South Wales where there have been suitable Aboriginal foster carers and for no known reason that we can ascertain, they have decided to put Aboriginal children with non-indigenous carers.

THE COMMISSIONER: That is contrary to the Act.

MS KEEVERS-KELLER: It is certainly contrary to the Act. When we have tried to find out information and tried to lobby against it, it's, "They're bonded now" or there are lots of excuses and it's a dead-end. It is a very distressing situation, but it does happen, but not in all areas.

THE COMMISSIONER: Have you made any formal representations to DoCS about that?

MS KEEVERS-KELLER: Yes.

THE COMMISSIONER: Would it be possible for us to be shown some of that correspondence or those representations?

MS KEEVERS-KELLER: Yes.

THE COMMISSIONER: We will give you a contact number.

[REDACTED]: Can I say something about what we were just discussing?

THE COMMISSIONER: Yes.

[REDACTED]: I'm one of these non-Aboriginal carers with an Aboriginal baby and we're very new carers and I have no idea about what there is to go to. She's only a baby so, you know, she couldn't join in at the swimming carnival. I've asked my case worker numerous times is there a child care group or a playgroup, you know, a group of mums with babies that get together. She said, "I'll get on to it," but I never hear back. So I'm desperate for these, but

---

1 I just don't know.  
2  
3 [REDACTED]: Do you live in Dubbo?  
4  
5 [REDACTED]: Yes. I just don't know about it. We'll  
6 have a chat.  
7  
8 [REDACTED]: Yes, we will.  
9  
10 THE COMMISSIONER: If you knew about these things, you  
11 would be willing to participate?  
12  
13 [REDACTED]: We would be there with bells on. We would  
14 really enjoy it and even though she's a baby, she loves  
15 interacting with adults and other bigger kids. Yes, I just  
16 don't know about it. I've harassed my case worker about it  
17 and she's said, "I'll get back to you," but she never does.  
18  
19 THE COMMISSIONER: Is that case worker here in Dubbo?  
20  
21 [REDACTED]: Yes.  
22  
23 THE COMMISSIONER: Do you have friends who are doing a  
24 similar thing to you who are having the same sort of  
25 problem?  
26  
27 [REDACTED]: No. As I said, I'm very new. We've only  
28 been approved carers since July last year. I am often in  
29 contact with two other foster carers and they're both  
30 Aboriginal, but I don't know. I haven't really spoken to  
31 them about it because they've got much older children that  
32 are not the same age as ours.  
33  
34 THE COMMISSIONER: Okay.  
35  
36 [REDACTED]: What happens to what we've talked about  
37 here today? What do you do with that?  
38  
39 THE COMMISSIONER: It is mainly for our purposes. It is  
40 effectively on the public record, but it is very much for  
41 our long-term use and I think the extent to which it is  
42 accessed externally is probably minimal. I am going to  
43 excise from it any names which might identify particular  
44 children or particular problems because, as I said at the  
45 beginning, we want to try and keep this information neutral  
46 so far as details of children or mothers is concerned.  
47 That might mean that in some cases we'll have to strike out

1 the name of a parent or grandmother if they've accidentally  
2 identified a child. You can assume that we will anonymise  
3 the names of children, although the substance of what is  
4 said will be publicly available.

5  
6 [REDACTED]: Do you do anything with that information,  
7 like, on an inquiry level?

8  
9 THE COMMISSIONER: Yes. This is the kind of information  
10 which is critical to us in ultimately coming out with our  
11 report and recommendations. We're not here just for the  
12 purposes of heating the atmosphere by talking. We are here  
13 to gain information for our assistance so that we can write  
14 our report to form those recommendations.

15  
16 [REDACTED]: Could I just say, finally, that not all  
17 children who come into care should be there. There are a  
18 lot of misdemeanours and I think that also needs to be  
19 taken into consideration. Where children, even newborns,  
20 are taken straight from the hospital, is it really  
21 necessary for them to go into care when they can be in a  
22 family environment?

23  
24 THE COMMISSIONER: I think we understand that. We  
25 understand, really, the two things --

26  
27 [REDACTED]: I know that this is a care forum and that's  
28 also --

29  
30 THE COMMISSIONER: It is not just DoCS, it's the entire  
31 child protection system that we're looking at. I think you  
32 can accept that we understand there is a real problem in  
33 removing children who shouldn't be removed and there's a  
34 real problem in not removing children who should be removed  
35 and that there are two sides to the equation. Each error  
36 can be as significant in its long-term consequences as the  
37 other. We haven't overlooked that.

38  
39 [REDACTED]: Can I say another thing about DoCS? I was in  
40 DoCS care when I was younger and that's another reason why  
41 they took my kids, because my family was in DoCS too, so  
42 they brought that back on me with the Montrose and all the  
43 court stuff because I was in DoCS care myself and they've  
44 actually pulled out their own pocket money and that, my  
45 kids stuff, like, for Christmas presents and that to keep  
46 my kids behind in DoCS.

47

1 THE COMMISSIONER: Thank you for that. I think we'll have  
2 to bring this to an end. Again, thank you all for your  
3 participation. It has been very valuable for us.  
4

5 AT 4.10PM THE PUBLIC FORUM WAS ADJOURNED ACCORDINGLY  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47