

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

Before The Hon James Wood AO, QC, Commissioner

At the Parkview Room, Central Coast Leagues Club,
Dane Drive, Gosford

On Tuesday, 1 April 2008 at 2.00pm

Counsel Assisting: Ms Gail Furness

THIS TRANSCRIPT HAS BEEN EDITED

1 THE COMMISSIONER: Good afternoon, I think we might start.
2 There may be some more people coming, but it is time for us
3 to get going. The purpose of the public forum is to hear
4 the experiences from those of you who have had contact with
5 the child care protection system, whether it be in relation
6 to DoCS, Health or any of the other agencies that have an
7 involvement in this field.

8
9 I am looking at the expressions of interest. We have
10 a variety of people here. Some are from NGOs who are
11 providing some of the services on behalf of DoCS. Some
12 people here clearly have had children or family members
13 placed in the care and protection system. Some people here
14 obviously are foster carers who have been looking after
15 children who have been removed from their families and
16 placed into care.

17
18 There may also be people, I guess, who have had
19 exposure to the Brighter Futures early intervention type
20 services that were designed to provide an earlier response
21 which might prevent people getting into the more serious
22 problems that do involve intervention by DoCS through the
23 child care and protection system.

24
25 It is important, if you are talking about a particular
26 child, that you not use that child's name obviously for
27 confidentiality reasons. If you do happen to use the name,
28 we will delete it from the record.

29
30 A record is being kept of the proceedings for a number
31 of reasons including the fact that, as we are going around
32 the State attending very many places, it is almost
33 impossible to keep all the details in our minds. We do
34 want to have a transcript to assist us in particular in
35 identifying similar trends and problems through the system
36 around the State.

37
38 We would ask you to keep your presentation fairly
39 brief because we do have a number of people who want to
40 speak. If any of you feel constrained about speaking
41 publicly and would rather write to us privately on a
42 confidential basis, then you may do so. Our staff will
43 give you some contact details at the end of the meeting.
44 Otherwise, we have found at these public meetings that
45 people do feel perfectly happy to speak out frankly and
46 honestly. No harm will come to you or anybody if you do
47 so.

1
2 With those words, we might just start with some of the
3 people who obviously belong to NGOs. There may be other
4 NGOs who have put in an expression of interest to speak,
5 and we will call upon them later on. We will call first on
6 [REDACTED] from the New South Wales Family Inclusion
7 Network.

8
9 MS [REDACTED]: My name is [REDACTED]. I belong to the New
10 South Wales Family Inclusion Network. It is a very new
11 organisation. It has been set up to support families who
12 have children in out-of-home care.

13
14 I am a person with a mental illness and I am also a
15 parent who has a child in care. I wanted to talk today
16 about some of the experiences that I have faced with the
17 department, which I think are very similar to the
18 experiences of those other parents who suffer mental
19 illness who have come in contact with the child protection
20 services.

21
22 I have made a couple of quick points and I wish to
23 highlight them. The first point is obviously there is lack
24 of skilled knowledge by DoCS workers about mental illness.
25 A lot of assumptions have been made about a person's
26 diagnosis and also the degree of risk to a child. As with
27 any illness, there are certain degrees of mental illness
28 from mild to severe. Unfortunately people with mental
29 illness are all put in the one basket.

30
31 As for me, yes, I have a mental illness. I also have
32 a degree in education. I don't smoke. I don't drink. I
33 don't drugs. I work. I have a home. I am probably pretty
34 much an everyday person, but because I have a mental
35 illness, I feel that the department has treated me like a
36 second-class citizen. I was seen as stupid, as knowing
37 nothing, as having no education.

38
39 My son was removed four years ago. I had an acute
40 episode of my illness. We actually went to DoCS for
41 support. My mental health team went to DoCS with my
42 permission. The department did nothing to assist me. They
43 basically left me to go into crisis and then the first
44 response I had from them was to remove my child, which was
45 obviously very traumatic.

46
47 There was a definite lack of early intervention and

1 support. Research does show that, with the right support,
2 people with mental illness can and do make very good
3 parents. It is very traumatic for any parent to loose
4 their child that way. We do love our kids. We do the best
5 by our kids. Just because we have a mental illness doesn't
6 mean that we don't try to do our best.

7
8 The other problem I have seen is that DoCS workers
9 often deal with families in a very adversarial manner. I
10 had an unfortunate incident where a manager made a very
11 discriminatory remark about women with mental illness,
12 saying none of us make good parents and that we all damage
13 our children. That was a very general but very
14 discriminatory remark.

15
16 I took the matter to the Ombudsman and I notified the
17 DoCS complaints unit. That manager then constantly
18 harassed me and victimised me. He phoned me out of hours
19 making threatening calls. He came round to my home when he
20 was told not to. He also sabotaged the restoration plan
21 for my child, a two-year restoration order. He
22 deliberately sabotaged the restoration so that my son ended
23 up not coming home.

24
25 My son is now in permanent care. The manager did that
26 basically by reducing contact. Then, because I complained
27 about my contact being reduced, it was reduced further.
28 He then put in a section 90 application to the court saying
29 that they felt the child should not be restored to me
30 because I complained too much. I basically lost my child
31 on the grounds of my complaining. I had met the
32 conditions for restoration including making an excellent
33 recovery from my illness, getting stable housing,
34 et cetera. I met every condition that the magistrate set.

35
36 That brings me to another issue that a lot of families
37 find and that is the affidavits that the DoCS workers put
38 into court. Often the rules of evidence do not apply in
39 court, so affidavits go in that do not have the correct
40 information. We are not consulted, neither are the mental
41 health workers, about whether the information is correct.

42
43 I know in my case medical records were asked for by
44 DoCS. They took statements out of context. They made up
45 their own psychiatric diagnosis of me. They are not
46 professional psychiatrists and they did not listen to my
47 mental health professional.

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My son was diagnosed with autism when he was two. That was done by DoCS; it was the department that actually informed me that he had autism. They started putting supports in place for me to help with his autism. Then a few years ago, they changed their minds and said he didn't have autism anymore. They used that as the basis to say that he could not come home because he doesn't have autism: it was actually child abuse. They said my son's symptoms were the result of child abuse.

They undiagnosed my son, and this was done by a student psychologist who was on placement with them. The student psychologist came in, looked at my child, did not use the appropriate diagnostic criteria and decided, by looking at my son in a couple of hours at school, that he was not autistic; he has that high-functioning form of autism.

Because my illness had improved, they had to find another excuse to keep my son in care so they decided they would attack his illness. I did contact the autistic association about it. They were absolutely horrified. It frightened a lot of parents that they may then lose their children because they got the wrong diagnosis of autism.

THE COMMISSIONER: Can I ask have you written to us recently?

MS [REDACTED]: Yes, I have put in a submission.

THE COMMISSIONER: I thought it was all very familiar. We have received over 250 submissions from the public and I can't keep every name in my mind, but thank you, it is very familiar, and we --

MS [REDACTED]: There is only one other thing I wish to mention to finish off. I am doing pretty well in my life now. I still have my family and my mental health team supports me. My son has had three different foster places, 23 different contact supervisors. He has changed school three times. He has lost contact with all his family and friends. He has told me many times that he is a nobody, that he doesn't have a home anymore, that he doesn't belong to anybody. What I want it know is why is it the child who is being punished in these cases? Why are they the ones who are suffering? My son is now serving a sentence, and

1 he has 10 more years on that sentence. I don't think
2 that's fair.

3
4 THE COMMISSIONER: Thank you for that.

5
6 Glenn-Marie Wright, who is the CEO of Yarran Early
7 Intervention Services.

8
9 MS WRIGHT: I run a service for children with
10 disabilities aged 0 to 6. My experience is that there has
11 been an increase of grandparents parenting their
12 grandchildren. Add to that the fact that these children
13 may have a disability, and that makes it a very difficult
14 job for them.

15
16 I believe there is not enough support for grandparents
17 who have taken on this role. I don't believe there is
18 enough respite. I don't believe there is enough
19 professional training - not that they necessarily need
20 professional training. I am 49 and my children are 21 and
21 17 - no way; don't give me a baby. Can you imagine what it
22 would be like to start again when you're in your 60s and
23 70s? We see families struggle. We support them as best we
24 can, but I really do believe that grandparents raising
25 their grandchildren, compounded by having grandchildren
26 with a disability, need more than what DoCS is providing.

27
28 The only other comment I would like to make is about
29 foster care placements. I have heard a lot of families
30 talking about the lack of support they have received from
31 DoCS. I wonder why foster care has not been established
32 like family day care, where you are actually accredited,
33 supported, trained, paid a decent wage, given respite and
34 where it is set up as a professional role. We know that
35 caring for children requires the support of the whole
36 community. I would like to see the role of foster carers
37 and grandparents supported and that they be given what they
38 need. That is all, thank you.

39
40 THE COMMISSIONER: The points you have made are all
41 matters that we are looking at very closely, but thank you
42 for your views.

43
44 Dr Wallis, please.

45
46 DR WALLIS: I am a clinical psychologist and I work around
47 the Central Coast health area from Gosford up to the

1 northern sector. I work privately.

2
3 My experience with DoCS has been - this is to
4 reinforce what was said by ██████ - that there is a gross
5 ignorance of mental health issues. There is an
6 over-interpretation of mental health as a risk factor for
7 young children. A parent with a mental illness is not
8 necessarily a bad parent or a dangerous parent. If a
9 parent had a broken leg or cancer the child would not be
10 removed. Many parents with a mental health illness have
11 had children removed when the assessment of risk to the
12 child has not been proven or has not been discussed with
13 the mental health carers of that person.

14
15 I have found that DoCS have the hubris to diagnose, to
16 re-diagnose and to "undiagnose" the mental health status of
17 many of their clients as it suits them. Generally speaking
18 I have had very little or no communication with DoCS in
19 terms of being a mental health caregiver for many parents
20 in the community. Any communication has to be at my
21 instigation not at the instigation of DoCS.

22
23 It should be compulsory that DoCS be involved with the
24 mental health care providers in the cases of people who
25 have mental health illness and have children removed. They
26 should work with us instead of taking their high-handed
27 approach in removing children without knowing the real
28 manner and nature of the mental illness.

29
30 I also agree with what ██████ said about misuse of
31 medical records. Mine have been taken and misused. I have
32 been forced to quote them out of context in court. I have
33 been asked to read passages that were not complete
34 passages; the total passages said something very different.
35 I refused to do so on the grounds that I had taken an oath
36 to tell the whole truth and nothing but the truth;
37 therefore, I would read the whole passage or nothing. It
38 was an attempt to use records to their own purpose which
39 shows the bias and the inability of DoCS to deal with
40 mental health clients in an appropriate and respectful
41 manner. Thank you.

42
43 THE COMMISSIONER: Could I ask you one question in
44 relation to that? When you were requested, in effect, to
45 alter the report or to put it in a way which doesn't really
46 express your opinions, were those requests made in writing
47 to you or over the phone?

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DR WALLIS: No. I was on the stand at the time and I was told to read from this point to this point. I refused. I said, "No, I'll tell the whole truth and I need to read from this point to this point."

THE COMMISSIONER: Thank you for that.

[REDACTED], please, from the Marjorie Woodrow Elders Group.

MS [REDACTED]: Good afternoon. My name is [REDACTED]. I was 14 years and nine months when I ran away from home. I had done nothing wrong. I was an innocent child. I was running away from domestic violence at home. I went to Sydney. The police found me. They took me and I was placed in a women's shelter. I was an innocent girl. At that shelter they gave me an internal examination. They found out that I was still a virgin. The police called me slut, moles and everything else like that. I was then sent back home; yet, I had left to because of the violence.

I had been in gaol from 1979 until 1980. My daughter was put in foster care. She has been to 29 different foster cares home and in seven of them she was sexually assaulted. Child abuse is a crime in all its form. My children have all been abused in some form by the government system and its organisations, such as DoCS, Police, Education and CACS at Wyong.

[REDACTED] was taken at first by DoCS. I had done nothing wrong except leave home, a domestic violence home. I do believe that I should have been offered an alternative for my daughter, who was stolen from me. They could have offered me that she be made a State ward, or foster care. They could have offered me a Mothercraft home or put me even on a pension to help me keep my baby girl [REDACTED] with me. She was raped at the age of 11 at Berkeley Vale, New South Wales, and nothing was done about this child abuse. This is what happened in the home they gave my daughter.

[REDACTED], my second child, she is --

THE COMMISSIONER: Just let me stop for a moment. I think you have some very lengthy notes there. It might be better if you --

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MS [REDACTED]: No, no, no, I want to have my say, like everyone else.

THE COMMISSIONER: I am sorry, Ms [REDACTED], if you are going to talk, can you hold the microphone --

MS [REDACTED]: No. I want to talk about what happened with my son in the education system in 1998.

THE COMMISSIONER: Can you wait, please, for a minute. I am trying to help you. If you --

MS [REDACTED]: You are not trying to help me because I have had contact with DoCS before and the Ombudsman's office and the State Parliament. You people all cover up child abuse. The same as DoCS, you know; they are taking the children. Why don't they send someone to help these people instead of writing them off as if they are nobody? They are somebody, the same as our children are somebody. Why do they let them be abused? I want to finish. I want to finish.

What about my son? He is 16 now. He was raped at [REDACTED] school at five years old. It was in the first four months he was at his school. I took my son from there to do a JIRT investigation over at The Entrance. They all covered it up - that's the joint investigation team.

I had to go to court for two years, to the Family Law Court down in Sydney and that is the treatment I got. All I did was report what was done to my son, but that boy didn't come from a richer family. Then in 2002, my son was physically assaulted. After my son had been raped at [REDACTED] school, he was assaulted. He slipped right backwards, like many of them do.

They treated my son like dirt. I am speaking about what they do to children if they come from, say, not the best of families. You are all wrong and I still want justice for what happened to my son. My son was raped, full stop. There is no arguing about that. Because I am a nobody, unlike you people, okay, it is all being covered up by the joint investigation response team. My son was physically assaulted in 2002 at [REDACTED] School.

THE COMMISSIONER: I think we have heard this. There are other people --

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2 MS [REDACTED]: He was assaulted in the classroom. He was
3 assaulted outside the playground. My son went to the
4 police station. The police then took the photos. They
5 turned around and said that they could not do anything
6 about it; it came through the Education Department. The
7 Education Department --
8
9 THE COMMISSIONER: Could you go and talk to one of our
10 staff, please. We can't hear you; no-one can hear you.
11
12 MS [REDACTED]: I applied under freedom of information,
13 okay. What I got back from freedom of information --
14
15 THE COMMISSIONER: We can't understand what you are
16 saying.
17
18 MS [REDACTED]: Child abuse is a crime. Now, it's no good
19 telling me to write to the Ombudsman, Education or anything
20 else; okay? See all of these, and there's another four
21 bags. That's all the writing that I have done. That's all
22 the writing that I have done sending all these letters to
23 all these people --
24
25 THE COMMISSIONER: I am sorry, we just cannot hear you
26 properly. There are other people who want to talk this
27 afternoon. I think we need to move on. I was actually
28 trying to help you by suggesting that you're holding the
29 microphone too close to your face and we couldn't hear you.
30
31 MS [REDACTED]: This is what has happened to my portfolio and
32 CACS at Wyong --
33
34 THE COMMISSIONER: Ms [REDACTED], I am sorry, there are
35 other people who want to talk this afternoon. Can I ask
36 you, please, if you wouldn't mind leaving and talking to
37 one of our staff members, so other people can have a go.
38
39 Could we have Trish Griffin, please, from the Central
40 Coast Women's Health Centre.
41
42 MS GRIFFIN: First of all, I think it is important to go
43 around and to hear what people are saying. When you're
44 looking at different people giving their personal stories,
45 a forum like this might need to be reconsidered, so that
46 you can provide them with a supportive environment and not
47 such a public open forum. I do think it is important that

1 the Commissioner hears these personal stories that are at
2 the heart sometimes of the consequences of the legislation
3 we currently have as a result of insufficient resources in
4 the community.

5
6 I would like to say to the previous speaker that it is
7 important to tell your story and it is good that you were
8 able to tell it, but maybe there is a counsellor who could
9 give you some support outside from here at your own time.

10
11 I would like to reiterate that the legislation is only
12 as good as the resources that are available in New South
13 Wales. At the health centre, we see a lot of women who
14 present with a range of issues including domestic violence,
15 victims of child sexual abuse. The changes to the
16 legislation that included domestic violence in regards to
17 mandatory reporters was a good thing in part, but the
18 system does not allow for proper follow-up and support for
19 families that are exposed to DoCS to really stick within
20 the requirements of that legislation.

21
22 Another thing is the privacy legislation. We have a
23 duty of care to our clients to let them know why we are
24 collecting certain information and what will happen with
25 the information we collect. One of our roles as
26 counsellors is to let community members know if they give
27 us any information that could identify other children at
28 risk, whether it is with us in DV or child abuse or
29 neglect, that we have an obligation under the Child
30 Protection Act to notify that.

31
32 There are few anomalies around privacy and child
33 protection. Once you have that dialogue, you open up a
34 system where someone just shuts right down because the fear
35 of God has been put into them that their children could be
36 taken away from them. I would like to see changes that
37 allow for a softer approach so you can reassure people,
38 through the legislation, that certain processes would be
39 followed first. Those process have to be guaranteed so
40 that no-one is disadvantaged in any way through that
41 mandatory notification in the first instance.

42
43 I do not know how you do that, but I am just letting
44 you know that these are the anomalies that we have. What
45 happens is our system Australia-wide is not equipped to
46 support families to escape DV. We have mandatory reporting
47 to DoCS but DoCS does not have the resources to investigate

1 DV, let alone child sexual assault, which is an issue, with
2 regard to resources. There is no nowhere to send the
3 families. It is nice that they focus on the mother being
4 the victim of DV with her child, but we do not have enough
5 accommodation or refuge places to send these people to. We
6 then remove the children from witnessing the ongoing DV, so
7 the system does not work. The legislation is ineffective
8 because we can't follow through with it. We really need to
9 look at getting more resources.

10
11 I'd also like to talk about responsibility. There is
12 a lot of onus on DoCS being responsible. Child protection
13 is everyone's responsibility. That really needs to be
14 emphasised in the legislation. It is the police, it is the
15 law, it is the magistrates, it is community workers and it
16 is neighbours, people who live next door to families who
17 are struggling, and I agree that it is not because people
18 are bad parents, it is because society has let them down.
19 So we have to have a proper support mechanism stated in the
20 legislation.

21
22 I could go on more, but they are my main points:
23 resources, legislation, no follow-up, resources and a soft
24 approach first.

25
26 THE COMMISSIONER: Thank you for that. Is it Kim
27 McLoughry from the Regional Youth Support Services.

28
29 MS McLOUGHRY: Thank you. I have been in child protection
30 services for many years working in youth services here on
31 the Central Coast for the last 18 years and have been quite
32 a strong youth advocate in a range of different areas. I
33 am from an NGO and I think I agree with many of the points
34 that Trish has already raised, particularly around issues
35 of violence in young people.

36
37 Two points I would like to make: one is the equal
38 partnerships between NGO workers within those agencies and
39 the Department of Community Services. Unfortunately they
40 do fall back on very personal relationships to get the job
41 done and I think that is a systems failing there.

42
43 My agency is very proactive working in partnerships.
44 We work with Education, we work where we can with DoCS
45 officers, we work with other childrens services and family
46 services, and often NGOs can work quite well together. But
47 there is quite a gap of having effective planning meetings

1 when it comes to young people. That is a huge issue and a
2 thing I have seen over many years, particularly on the
3 Central Coast.
4

5 I have had the pleasure of working in a few instances
6 where we have had very good DoCS proactive workers and seen
7 amazing results for young people who need the care of the
8 community to keep them safe, so I know there are those
9 examples where there has been really good practice in
10 collaborative partnerships in making it work. But too
11 often in the case of my agency we work in silos still, we
12 have interagency guidelines but again it is putting those
13 into practice, and having some sort of mandate that DoCS
14 work with NGO partners would be fantastic.
15

16 That was my major issue. The second issue I guess for
17 young people is the fact that there is so much of a focus
18 on the 0 to 8s, which had to happen for child protection, I
19 totally support that, but unfortunately we have seen an
20 absence of DoCS intervention for those 12- to 16-year-olds.
21 And again working for the department almost 20 years ago to
22 today, back then I knew I could ring up Rick Kendall and we
23 would get a result, work together with a kid and keep
24 people a lot safer.
25

26 It is very sad to say that today I see a lot of young
27 people at greater risk because we don't have those direct
28 links with the department and we are not able to work as
29 effectively, because it was a smaller community then and
30 our practices I think were a lot more professional in many
31 ways.
32

33 My issue is around having again the resources, this is
34 a big issue, but it is also around the processes being
35 mandated, relationships beyond relying on people's
36 goodwill. That is my frustration, to keep young people
37 safe in our community.
38

39 THE COMMISSIONER: Thank you very much. I can perhaps
40 give you some reassurance that we are looking very closely
41 at the extent to which all the various agencies who are
42 concerned with child protection should be working in a much
43 closer relationship and partnership than they have been.
44

45 We have had interagency meetings everywhere in the
46 state we have been and this Friday there is an interagency
47 public forum in Sydney where the heads of all the various

1 agencies will discuss how we can better bring all the
2 services together in a coordinated way. Your points are
3 very valid and we are aware of them. Maria Parslaw,
4 please.

5
6 MS PARSLAW: Thank you. I was just going to raise very
7 similar issues because I have only been in social work for
8 six months now. One of the things I have noticed has been
9 the way that interagency departments are not quite coming
10 on board in sharing information and that has twofold
11 effects. Firstly, the child coming into care, we don't
12 know about their prior experiences, we are not able to
13 protect that child or the children that are coming across
14 and have major family reviews.

15
16 I think the other point I wanted to raise was perhaps
17 about how we can monitor and protect children, both whether
18 they are at home or in foster care placements, and what I
19 mean by that is maybe the way we do assessments.

20
21 My past experience has been in assessing foster
22 carers. I would do all the background checks in terms of,
23 say a person had been married three times, in England I
24 would be contacting the three partners who they had been
25 married to, I would also be interviewing any children of
26 that relationship and also visiting referees to get a much
27 more in-depth background.

28
29 We have experienced child protection problems which
30 led to changes in how we managed foster carers and
31 placements to keep children safe. It sounds like those
32 things are about to happen and that is quite exciting, that
33 I can see those changes are happening.

34
35 We all work under the Working Together document which
36 actually lays out quite clear policies and procedures for
37 all agencies, government or non-government agencies, to
38 work and what information can be shared in order to protect
39 children.

40
41 THE COMMISSIONER: Thank you. [REDACTED], please.

42
43 MS [REDACTED]: I am going to try to be short because I know
44 there are a lot of you here. First, I would like to say
45 that I have never had a problem with DoCS.

46
47 I came to the Central Coast. I was a sole parent of

1 six children. I never had a problem with DoCS until my
2 daughter - I have a brain injured daughter, and until she
3 went to Batemans Bay I never had a problem with DoCS. But
4 Batemans Bay, being a tiny little I call it a Hick town,
5 everybody is in everybody's pocket, and because she had a
6 brain injury and she was going through domestic violence,
7 DoCS decided they were going to take the child. They
8 didn't have a reason.

9
10 I mean, it was the father who was doing the harm. He
11 even put the child in hospital with a fractured neck, and
12 wouldn't let her take him to a doctor, wouldn't tell the
13 doctor anything, wouldn't tell the grandparents, tell
14 anybody, and DoCS covered it up.

15
16 I had cancer, so I was in hospital, and due to the
17 fact I was in hospital I could not do anything, but she
18 came and told me that they had forced her to sign a care
19 order. She said she refused. She has a brain injury but
20 she is not stupid, she is just a bit slow. She said that
21 she refused and they threatened to put the child in foster
22 care, so she didn't know, because she didn't have anybody
23 to help her to understand what was happening. They said,
24 "We will give her back in three months time", so she
25 signed, because she didn't know what else to do, and I
26 wasn't there.

27
28 So she came and told me when I got out of hospital. I
29 was in and out of hospital, but I tried to help her.
30 Unfortunately, that set me back.

31
32 Anyway, the point of the matter is that I asked DoCS
33 to let her have the brain injury counsellor there to help
34 her, considering that I couldn't be there. They refused,
35 they said, "No, no, she doesn't need that". So three
36 months time, she asked for the child back. They refused to
37 give the baby back. And then they took it to court, but
38 they didn't have anything for the court to take the child
39 away, so they coerced her into signing.

40
41 My daughter does not understand what she is signing,
42 the brain injury counsellor said she does not understand
43 what she is signing, the clinician said the same thing, she
44 does not understand what she is signing, so she should not
45 really be signing anything, but DoCS kept saying, "Oh, no,
46 she did, she did, she said that we can take the child", so
47 if she leaves the father she is not allowed contact with

1 her children. She has to live in a violent relationship.
2 As she said to me, "You have to live in a violent
3 relationship to see your children". She said, "I should
4 not have to live in a violent relationship to see my
5 children", but unfortunately that is the only way she can
6 see them.

7
8 She does not actually see them as such, she is only
9 allowed to have them, see them when the father has them.
10 He should not be allowed to have those children due to the
11 fact that he even to this day is still abusing those
12 children. But DoCS keeps covering it up and they don't
13 want to know. They won't let her have anything to do with
14 the children, they will not let me have anything to do with
15 the children, they refuse to let me be involved in any of
16 their meetings, that she knows what is going on.

17
18 I could tell her what was going on, I tried to talk to
19 the mother, and they refused. They spoke for her. Instead
20 of letting her speak, they kept jumping in and spoke for
21 her.

22
23 Christmas time she took it to court, she came back to
24 the Central Coast, took it to court and DoCS refused to let
25 her see her children, so she went back home. That was
26 arranged between her solicitor and the other party's
27 solicitor to see the children at Christmas time. They
28 refused, so she went back. Because she is not like us, she
29 can't wait until it goes to court. Anyway, that is it.

30
31 THE COMMISSIONER: Thank you. [REDACTED], please.

32
33 MR [REDACTED]: Hi, I'm [REDACTED]. We had our grandchildren
34 adopted through the Children's Court, which is one problem,
35 because we needed passports for them and the Passport
36 Office does not recognise the Children's Court. We had to
37 go and get the court order restamped by the Family Court
38 before they would accept it.

39
40 We generally had no problems with DoCS. We got the
41 kids and the court said six months later the paper work was
42 to be transferred up here. It took 18 months to get the
43 paper work up here. It wasn't until I actually complained
44 to the complaints department that they actually got it
45 moving. When it came up here, our caseworker said, "You
46 guys have no problems, you don't need a caseworker", and I
47 said, "If we have got a problem, who can we see", and they

1 said, "Just ring up and we will make an appointment".

2

3 We have been waiting since October to get an
4 appointment to go and see them. We had a couple of small
5 problems that we needed answers for.

6

7 THE COMMISSIONER: I didn't quite understand, you are a
8 foster carer?

9

10 MR [REDACTED]: Yes. We are actually foster carers but they are
11 our grandchildren. Again, that was another thing, DoCS
12 were taking us around and having like seminars to teach the
13 foster carers what they are allowed to do and what they are
14 allowed to claim for and stuff like that. We were actually
15 going to most of those until they found out we were
16 grandparents and then they stopped us. Now we don't go to
17 any of those. There is a difference between a grandparent
18 - what they tell the grandparents and what they tell foster
19 carers.

20

21 THE COMMISSIONER: There are relative carers, kinship
22 carers and foster carers, but it does not seem very
23 appropriate that, as you are a carer, you are not given all
24 the information that any carer should have.

25

26 MR [REDACTED]: That is right.

27

28 THE COMMISSIONER: I have not heard anybody being shut out
29 before for that reason, but that is an interesting and
30 important thing for us to know.

31

32 MR [REDACTED]: The last one was at Wyong racecourse and that
33 was when they said, we were talking to some of the DoCS
34 workers there, we said we were grandparents and they said,
35 "Hang on, you shouldn't be here".

36

37 THE COMMISSIONER: Thanks for that. [REDACTED], please.

38

39 MS [REDACTED]: My great granddaughter was surrendered by her
40 parental grandmother, which is the mother's mother, while
41 the child's mother was in hospital, through DoCS. How it
42 come about was the girl had gone to hospital with an eating
43 disorder and the mother had apparently contacted DoCS and
44 somebody else to say that they wanted to surrender the
45 child. This is what we are led to believe.

46

47 Now, when the girl gave the child into her mother's

1 care, she stressed, or demanded, that the child should go
2 to her father and his parents while she was in hospital,
3 but the mother did not do this, the grandmother, she had
4 contacted DoCS, or DoCS contacted her, we are not sure, but
5 they took the child without any permit. I have it here in
6 a document to say that they took the child, so I presume
7 that's by agreement of her parental grandmother.

8
9 The baby's father was not contacted until the next
10 day. They said they had the child in care. He then
11 straight away said that he would take the child, of course,
12 but was never given the opportunity. Now, both these
13 parents are 17-year-olds. My son and his wife, it is her
14 son, that's the father, had said they would take the child.
15 But they kept hitting a brick wall.

16
17 Now, because my son went to DoCS at Wyong, he was very
18 angry, which is understandable, and he told them that, "No,
19 my granddaughter is not going to foster care, there is no
20 reason why she can't come to us, why does she have to go to
21 foster care?". He was told that he was abusive, violent
22 and irate and they didn't want anything to do with him.

23
24 But in the meantime, it all goes along, to cut a long
25 story short, the child was eight weeks old when this
26 happened, it was on the 23rd of January. It is now four
27 months on, the father sees the child, it is going back and
28 forth to court, DoCS has told my grandson - I was speaking
29 to him this morning - that, yes, the child should be in
30 your care as the mother has got problems, which we know,
31 they are not taking the child from the mother, they are
32 prepared to share the child as parents and be good parents,
33 but they are not given the opportunity.

34
35 DoCS has taken it backwards and forwards to court. It
36 has been put in Woy Woy Court. Last week in court the
37 baby's solicitor, which was given to her I presume by DoCS,
38 never even bothered to turn up or even notify. It is \$1000
39 every time you to go to court for a solicitor. You sit
40 there all day and they don't turn up.

41
42 When you ring the DoCS office, they don't contact you.
43 I made five daily phone calls and in the end when I got
44 through, this was early in the day when this all happened,
45 I was told, "Sorry, I can't talk to you because of the
46 Privacy Act". I said, "I am the child's great grandmother,
47 I am prepared to take care of her, I have already rung the

1 grandson, I am prepared to take care of her until a
2 decision is made".
3

4 They didn't even want to hear about it. She just
5 turned me off like a tap, like I was non existent. I asked
6 if I could see the child. She said, "No, I will get back
7 to you". I have never heard from them. We are not allowed
8 to see the grandchild. As far as I can understand, the
9 grandparents are allowed to see the child once a month and
10 the father and mother every week for an hour.
11

12 So the thing is, we are hitting a brick wall. If they
13 are saying the child should be with the father until the
14 mother can get herself together, why aren't they doing it?
15 Why is the child in foster care?
16

17 Another thing, the mother of the child was given a
18 slip of paper with a foster carer's name and address and
19 phone number on it. Now, the girl at the moment is not in
20 a real stable condition, I suppose because of everything
21 that is going on, and she said to DoCS, "I think I will go
22 around there and camp in front of them", so now they have
23 said they will remove the baby. That baby has been kicked
24 around like a damaged toy or a toy puppy. It is not fair.
25 She is a human being. She has the same rights as we have.
26 Thank you.
27

28 THE COMMISSIONER: Thank you.
29

30 MS [REDACTED]: I put my name down on a piece of paper to
31 talk. I am the grandmother that this woman has spoken
32 about and it is my daughter that is involved. I am shaking
33 like a leaf but I wish to read --
34

35 THE COMMISSIONER: Have you got a long document?
36

37 MS [REDACTED]: It is not real long.
38

39 THE COMMISSIONER: You can leave it with us.
40

41 MS [REDACTED]: I will just give a few points. Those
42 documents were released to both the mother and the father
43 of that child by DoCS and at Woy Woy Court last week the
44 DoCS solicitor tried to serve my daughter with an AVO
45 protecting the child at the parents' house. The AVO was
46 not put in place by the magistrate because my daughter was
47 not jeopardising the fact that her daughter was returning

1 to her.

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My daughter does not have any alcohol or drug problems. That has been proven. There is no proof of mental illness. She has been suffering long-term 12 months domestic violence, which is very well documented through the police and by the department. The father of the baby does have a mental illness that has not been diagnosed as anything as such, but he has definitely displayed mental illness.

12 My daughter has had one face-to-face meeting with DoCS
13 in the nine weeks that she has not had her daughter. The
14 baby was eight weeks old when there was an incident at my
15 house, which was the premises where the baby and mother
16 resided. My daughter has never lived away from home, she
17 has always lived at home with us, her parents. She has
18 siblings. One is four years old and still lives at home.
19

20 There was an incident outside our house where we had
21 to call the police due to domestic violence and threatening
22 behaviour with a weapon. The police arrived. They said
23 that they would place an AVO on the person unnamed - it was
24 actually the father of the baby - and they told me that the
25 AVO would arrive in the mail. Four weeks later we still
26 had no AVO. DoCS had questioned where the AVO was. We
27 were told that the officer in charge was on leave, the AVO
28 could not be issued until the officer returned from leave.
29

30 Four weeks to the day of the baby being removed, we
31 received an AVO in the mail. DoCS were called when the
32 father of the baby presented with environmental health. My
33 daughter had a breakdown due to the domestic violence,
34 ongoing domestic violence. She asked me to take her to
35 accident emergency when I returned home from work one night
36 as she needed some form of counselling. Her partner was in
37 environmental health suffering from mental illness. She
38 had a brand new baby that she was trying to breastfeed. My
39 daughter is 17 years old and her parenting skills were
40 flawed, as you can understand why, she had so much to deal
41 with at a tender age.
42

43 I took her to Wyong accident and emergency. She was
44 treated for dehydration and provided counselling. She was
45 kept in overnight. The next day DoCS arrived at our
46 premises, asked for the history on the relationship, which
47 we provided, all the history of the 18 months relationship

1 that these two 17-year-olds had been having.

2
3 That night DoCS rung me and asked me would I go into
4 hiding that night with the baby. I refused as I had a
5 4-year-old son and other family members who needed me at
6 the time. I didn't realise the urgency of it all. The
7 next morning at 10am DoCS came and retrieved the baby from
8 me from home, my premises. Two days later they provided my
9 husband and myself with an affidavit saying that they had
10 suitable carers and protective carers for the baby. We
11 were told by DoCS that we would receive progress about the
12 baby's day-to-day happenings.

13
14 To this day I have never had - it has been nine weeks,
15 I have never had one DoCS worker come to my house, want to
16 investigate us as suitable carers, or my daughter for that
17 matter, who has done absolutely nothing to her daughter.

18
19 Yes, DoCS has the details of the baby's whereabouts.
20 No-one in my family would ever jeopardise my daughter
21 getting that baby back. DoCS last Friday provided me,
22 through my solicitor, affidavits as to my first one-hour
23 visit with my granddaughter, which was three weeks ago. It
24 has been court ordered that I can have one hour per month
25 visitation with our granddaughter.

26
27 During that visit there was a lot of allegations
28 against me put in an affidavit by the Centacare visitation
29 officer. She is the lady who actually goes around and
30 picks up the baby and brings her to the Centacare office
31 for visitation.

32
33 On ringing DoCS to ask about the allegations against
34 me in the one-hour visit with my granddaughter, there was
35 the mother of the child, my 9-year-old daughter and my
36 4-year-old son with me, I was told to discard those
37 affidavits, as they would not be filed in court as "we have
38 made a mistake".

39
40 Now, those documents have been put around the whole
41 legal system. The allegations in there, I have been called
42 a liar, I have been told that I am the sort of person who
43 likes to think I am better than everybody else and it was
44 all due to the ongoing problems of my granddaughter and her
45 occupation.

46
47 I just find that it is strange that when the baby was

1 home that I could provide, yet there has been no contact
2 with any member of my family living in that house. My
3 daughter has undergone parenting programs. She did the
4 base-to-base program. She has counselling and she is just
5 so booked out seven days a week that she is allowed a lousy
6 two one-hour visits with her daughter. And this is all
7 being done off her own bat. DoCS has made no
8 recommendations for her to benefit her parenting skills.
9 She did those off her own bat in order to get her daughter
10 back.

11
12 And there is also no case plan put in place for my
13 daughter. It has now been nine weeks and there is no case
14 plan. We need to ask why my daughter is constantly told
15 DoCS has never encountered a problem like this and they
16 have no way to solve the problem. I don't see that as a
17 good enough answer. Thank you.

18
19 THE COMMISSIONER: I think there is an [REDACTED].

20
21 MS [REDACTED]: I am the matriarch of a very large family, we
22 have 30 grand and great grandchildren, and we have two
23 foster children. I am not here to talk about individual
24 cases, although we have had a lot to do with DoCS over the
25 past four years because of foster children.

26
27 I do not know if there is anyone here to speak for
28 DoCS. There ought to be because I wrote a submission to
29 your organisation. They have got 500 children in care on
30 the Central Coast, so I am told, and 13 caseworkers. So I
31 think the reason I am being here is to say, give them some
32 people, because each of those ladies are pretty upset, but
33 there is nobody to see them, and the other thing I wrote in
34 my submission was that the time in the police station as
35 well as at DoCS is 90 per cent filling out buckets of forms
36 and making appointments, and the other teams said they
37 cannot get out on the road. So how many people can they
38 see in a day?

39
40 Caseworkers - old fashioned, I was a social worker in
41 the 70s - we had dictaphones, and the girls kept our cases
42 up to standard and we got out and got the hard work done
43 seeing families and hoping things would be better for them.
44 In the 70s the DoCS workers weren't that busy either.
45 Something seems to have gone funny in the last few years.

46
47 The other thing I would like to mention is that the

1 two children we have in care, the parents have neither
2 tried to improve their lifestyle or make a home or go to
3 work. They are still fairly regular visitors to centres
4 and other places and I can't understand why DoCS cannot in
5 the period of time - we have had both kids from hospital -
6 if the mothers haven't pulled their socks up in four years,
7 let them wait another eight or ten and see if the child
8 wants to be reunited.

9
10 I know the stolen children is a big thing but the
11 intrusion of the mother now and again, when she is not in
12 gaol or elsewhere, is a total disturbance for families that
13 are trying to integrate the foster child into a normal way
14 of life. It also confuses the other children in the
15 family. And that is true actually, because one little
16 family that has got a foster child, the son suddenly woke
17 up that on mum's visiting day that the little foster child
18 went out but they only go out on a Thursday.

19
20 I have to throw one more thing in. Professor Webster
21 from the University of New South Wales and John Irvine, all
22 the rest of them, say a person should be treated
23 holistically, and when they take them away from the mother
24 instead of saying this is our only concern, the child, they
25 ought to be having a look at the mother and the problems
26 because one of the mothers of these kids I have got, I
27 worked with her for seven years trying to get a third
28 generation drug and alcohol family, trying to get her
29 accommodation, that is when she only had one baby, now she
30 has three, and the organisations that can help don't work
31 together. They won't work together.

32
33 Probation and parole have been very helpful but they
34 can't get Area Health, DoCS or the associated organisations
35 - they use the Privacy Act - but they are only talking
36 about the same person, so I think that is poor. I know you
37 are going to straighten this up, so thank you.

38
39 THE COMMISSIONER: Thank you for that. It does confirm a
40 number of things we are looking at. They are clearly
41 things we are working on.

42
43 Karen Lizasoain?

44
45 MS LIZASOAIN: My name is Karen. I work for the
46 Samaritans organisation. I explained my project to the
47 Commission yesterday in Newcastle, but today I have come to

1 represent another grandparent client who couldn't be here
2 because of illness. She had grandchildren in care. She
3 was receiving the supported care allowance from DoCS. The
4 children were taken from care by an extended member of the
5 family, but DoCS had not reinstated the supported care
6 allowance. It didn't come through. Three months later my
7 client was being evicted from her home. The Samaritans had
8 to help out there, which they did. I went to a member of
9 parliament to see if we could get some quick action from
10 DoCS, which has happened, and they have reinstated this
11 supported care allowance.
12

13 The supported care allowance for kinship carers came
14 in in September 2006. I am still to this day contacting
15 grandparents who are not aware of that allowance. No-one
16 has told them about it. They had been to Centrelink and
17 received their family tax benefit. Centrelink doesn't tell
18 grandparents that DoCS has an allowance for them, the same
19 as foster carers. Some of these grandparents have gone
20 through thousands of dollars of their superannuation. They
21 have lost homes and they have lost resources in trying to
22 raise their grandchildren. Some are on old-age pensions
23 and some just do not have the resources left.
24

25 That is an oversight by DoCS. They have never given a
26 statement about how this allowance was available to
27 grandparents. Service providers don't know about them. In
28 an information session which I provided for grandparents, I
29 had a Centrelink worker and a DoCS worker on the same
30 floor. When a question was asked, "Can I get both the
31 family tax benefit from Centrelink and supported care
32 allowance from DoCS?", my speakers looked at each other -
33 they didn't know.
34

35 Centrelink managers have said that it would be better
36 if there was one agency which handled all the money side
37 for carers. There is so much confusion with foster carers,
38 relative carers, kinship carers, and service providers.
39 They do not know how to manage and how with the government
40 agencies - one can be Federal, one State. It is a
41 nightmare for grandparents. They have to do a lot of
42 manoeuvring.
43

44 Another point I wish to make is that the Samaritans
45 are involved in disaster recovery. In the storms last year
46 in June, Samaritans, which is Anglicare, set up disaster
47 recovery centres. Some people were afraid to come in

1 because DoCS was there. There is such a fear that DoCS
2 just represents child protection agents who will take the
3 children away. We were trying to give out money to help
4 people. They thought DoCS was involved and once they knew,
5 that, they didn't even want the money for care after the
6 storm.

7
8 I have every respect for DoCS workers. They are doing
9 a good job. They do not have enough resources, as has
10 already been said. They are too few on the ground. They
11 are trying to meet the rights of all of the carers
12 concerned, so there are care plans put in place for access
13 for the biological parents.

14
15 I have clients who have care of their grandchildren.
16 One weekend they have to go to dad. The next weekend, they
17 have to go to mum, and then there might be a weekend for
18 the grandparents to have the child or children. The
19 children themselves are now standing up and saying to their
20 DoCS caseworkers, "I want to stay home with Gran and Pop
21 because I want to be with my friends. I have friends who
22 are here. My schools are here." Some of the grandparents
23 are being asked to travel great distances to allow this
24 custody access from, for instance, Merrylands to Tuncurry
25 every fortnight, because parents do not have the financial
26 means to come to the grandparent to get the children. The
27 grandparents are holding all of this together or trying to
28 hold it all together with no resources, very little support
29 and very little help.

30
31 Another issue is when there is custody and access and
32 the biological parents take on a new partner, they can't be
33 investigated every time. The DoCS workers do not have the
34 time to check every partner of the biological parents. I
35 have had children going into women's refuges and they have
36 some stories about that. DoCS are trying but they are
37 trying to meet the rights of the biological parents when
38 they have given up the right to look after their children.
39 The grandparents are holding the bag. Thank you.

40
41 THE COMMISSIONER: Thank you for that. We are looking
42 very carefully at a number of matters you identified,
43 including the provision of up-to-date information to all
44 carers, whether they be foster carers, relative carers
45 kinship carers or supported carers of some other kind.
46 There are a number of carer support groups which do have
47 newsletters and the like. It is very important to have

1 that information out there.

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We might move on to [REDACTED]. Can I ask you, Mr [REDACTED], your concern is about access to two children. I am not sure whether the access arrangements or contact arrangements have gone through the Family Court or through the Children's Court. If they are through the Family Court, it probably is not something that comes within DoCS's responsibility. Is Mr [REDACTED] there, please?

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MR [REDACTED]: You are right. It is through the Family Law Court.

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THE COMMISSIONER: I think we might have to let you deal with another agency because there is a real difference between the Family Court and the Children's Court. It is only the Children's Court that DoCS works through. We understand there are real problems in cases being caught between the two courts and we are looking at that. If yours is a Family Court problem, I think we had better move on and stay with the DoCs situation. I am sorry, I can't help you today.

23
24

[REDACTED], please

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MR [REDACTED]: Good afternoon, everyone. I wanted to talk today about DoCS and the hospital and the relationship between those two. My daughter had a fall. She had bump on her head. We took her to emergency. She had a CAT scan and everything turned out fine. The doctors said she was fine. The social worker at the hospital said she was fine. They said, "We will have to contact DoCS." We said, "No worries." They contacted DoCS. We were quite confident that we were good parents.

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DoCS came and investigated it. We didn't mind at first, but they subjected our daughter to further tests after the doctors had said everything was clear. Then they had to do a full skeleton scan, which is more radiation to a small child's body. As parents, we were quite concerned about that.

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Then we had to wait for another three days until the DoCs workers eventually came to contact us. Our daughter had to stay at the hospital. I lost money at work because I wasn't able to work. My partner has been diagnosed with postnatal depression. One of the causes is the stress

1 that she was put through during this. I wanted to let you
2 guys know there is a real problem between DoCS and the
3 actual doctors at the hospital.

4
5 THE COMMISSIONER: Thank you very much.

6
7 [REDACTED], please.

8
9 MS [REDACTED]: As you heard, my name is [REDACTED].
10 I am a mother to nine children. DoCS actually has seven of
11 my children. My mother has one by DoCS care; she has
12 custody of the other. I was the first person on the
13 Central Coast to have their child removed at birth and I
14 would like to say one thing about what some of the foster
15 carers actually do. I have photographic proof of physical
16 assaults by the foster carers.

17
18 My children were taken away so I can sympathise with
19 you, [REDACTED]. They were taken away because I have been
20 diagnosed with borderline personality disorder, which I
21 have been fighting for treatment for. I did dialectical
22 behaviour therapy. DoCS told me I needed to get something
23 done. I went off my own bat to get all this counselling
24 done, and I have done it.

25
26 I have just recently completed the Community Services
27 (Children's Services) introduction to DoCS work, and DoCS
28 workers are biased. They are taught in their training
29 manuals to be biased against people who have mental
30 illness. It clearly states in there that all parents with
31 mental illnesses should not be looking after their
32 children.

33
34 My daughter [REDACTED] was sexually assaulted by her
35 foster carers, and they recently won an award for being the
36 most outstanding foster carers. My husband assaulted
37 [REDACTED], which was one of the reasons she was removed.
38 Then the foster carers continued and their 12-year-old son
39 was interfering - abusing my daughter.

40
41 My baby daughter [REDACTED] is in foster care with Life
42 Without Barriers workers, and the photographic proof that I
43 have is that [REDACTED] was not able to crawl. She was only
44 eight months old at the time. She had a great big bruise.
45 She had a handprint on the back of her leg, at an access
46 visit. The emotional abuse that I've seen my children go
47 through, and I've become friends with a lot of people at

1 the access centre in Hope Street at Wyong, and the abuse
2 that I've seen them go through is absolutely astonishing.
3 Some of these children are so withdrawn.
4

5 I noticed this with my little girl herself. She was a
6 bright, bubbly, happy baby. Her father drugged her. Then
7 accused me of being the one who drugged her. I have never
8 taken an illegal drug in my life nor would I like to. The
9 foster carers broke my daughter's leg. She was placed with
10 her foster carers [REDACTED] and [REDACTED] --
11

12 THE COMMISSIONER: I would ask you, please, not use actual
13 names. We will have to remove these names from the record.
14 It is a confidentiality issue, so just refer to them as
15 foster carers rather than giving their names.
16

17 MS [REDACTED]: Because I kept on complaining of the abuse
18 that was being perpetrated on my little girl, my visits
19 went from monthly to four times a year. I have done
20 everything in my power to plead with DoCS to do exactly
21 what they say; in the end, it is the children who suffer.
22 Visits with the children in foster care are not for the
23 parents. They are for children. The children need to know
24 that their parents still love them and care for them and my
25 babies have had enough abuse.
26

27 It hurts me that these foster carers can get away with
28 that. Even in the DoCS training manual, it clearly states
29 that foster carers can get away with whatever abuse. I
30 have written to the Ombudsman. I have made complaints to
31 the DoCS Helpline. I have made complaints everywhere and
32 they fall on deaf ears. These children all need help when
33 in foster care, because some foster carers are abusers.
34

35 THE COMMISSIONER: We understand the point that you have
36 made. Obviously it should not ever happen that a foster
37 carer abuses a child; indeed the standard of care that is
38 applied to foster carers is much stricter than the standard
39 of care on an ordinary parent. I think perhaps you could
40 write to us. Have you written to us with your concerns?
41

42 MS [REDACTED]: I've sent letters everywhere.
43

44 THE COMMISSIONER: We understand your concerns. We are
45 grateful to hear what you have said.
46

47 MS [REDACTED]: Why aren't DoCS linking individual families

1 and communities together, as they said? That used to be
2 their motto on their door many years ago, and now it is
3 not --

4
5 THE COMMISSIONER: This is the very kind of thing we are
6 looking at. Again thank you for your experience.

7
8 There are a lot of people who want to speak still. We
9 have to ask you to try to be as precise as you can. Where
10 people have already sent a submission to us already, unless
11 you want to add to what you have sent us, it is probably
12 best to let us deal with it by way of submission so others
13 can speak.

14
15 [REDACTED] is one person who has sent a
16 submission to us already. Do you want to add to that
17 submission?

18
19 MS [REDACTED]: No, that's fine. I think you have a lot
20 of details.

21
22 THE COMMISSIONER: Thank you very much.

23
24 [REDACTED] and [REDACTED]?

25
26 MRS [REDACTED]: I am going to speak on behalf of my husband
27 and myself. I am not going to go into too much background
28 about our case, but we did have dealings with DoCS a few
29 years ago. We have jotted down some points that we found
30 needed to be discussed about DoCS.

31
32 First of all, DoCS are compromised no matter what way
33 they turn; they are not the be all and end all of
34 everything. They can't possibly understand every road that
35 they go down including the care of the child, the legal
36 proceedings that they go through, management of places,
37 hospital and medical details, budgets and complaints.

38
39 As regards the care of the child, whilst our child was
40 in care, he had a seizure. We insisted that our child be
41 taken to a doctor for medical advice. It wasn't until
42 after our solicitor got in touch with DoCS that they
43 actually followed our request to take our child by a
44 medical practitioner. Whilst in care, he did have a very
45 good foster carer and we did have access visits.

46
47 Whilst going to court, we requested more visits with

1 our child and we offered to pay for those visits. Because
2 of the budget constraints, DoCS said they couldn't afford
3 to fund access visits. We offered to fund that and it was
4 all just too difficult for DoCS to deal with.

5
6 When going to court, not everyone qualifies for Legal
7 Aid, so we had to fund all our proceedings ourselves. The
8 annoying part of going to court is that every time you'd go
9 to court, DoCS were never, ever prepared. They'd never
10 have any instructions. In the end they ended up getting
11 the services of a private solicitor from Sydney. The
12 solicitor came on board, but we had about two or three
13 different solicitors through our whole dealings with DoCS.

14
15 We got to a section 65 conference and we had our
16 barrister turn up. All the legal representatives were
17 there, but there was nobody there to give an authority to
18 DoCS regarding the section 65 conference. The
19 representative from whatever organisation organises the
20 section 65 conference was there as well. So you have all
21 these people costing us money and they are not ready to
22 actually conduct this conference, so it gets thrown back to
23 court yet again.

24
25 With the whole legal process in the court, going
26 through all that, DoCS actually did not adhere to court
27 orders with regard to assessing other carers, alternate
28 carers for our child. Family members were nominated. DoCS
29 did not assess them and they kept on adjourning.

30
31 In the end, we were lucky, we got our child back, but
32 it was through huge expense and months and months of
33 torture for us as parents. Our child is fine and is back
34 in a very, very loving home. In our opinion, DoCS needs
35 basically to be disbanded and a proper organisation needs
36 to be set up that deals with every other aspect with regard
37 to child services. They can't do it all. They do not have
38 the resources to do it all.

39
40 The bullying tactics that were used when assessing
41 other people are horrific. In the end, when dealing with
42 DoCS, we resorted to requesting that everything be put in
43 writing. We kept a daily journal on everything that was
44 said to us by DoCS. In hindsight, we probably should have
45 recorded every phone call that was made because everything
46 is used against you when you go to court.

1 I asked him where she was sleeping. The next morning I got
2 the reply that she was not with the carer. The carer had
3 been lying for months. Within a week she was found in
4 hospital, she was covered in sores and was down to a
5 size 6.
6

7 It is now 2008. A man found her on a train, as I have
8 said in my submission, and he took her home to his
9 grandmother. This is the first time that I have seen any
10 hope coming for her. They have treated her as well as they
11 could. They have supplied clothes and food for her.
12

13 I got her to a psychiatrist in August and she
14 confirmed the diagnosis that had been confirmed in her
15 earlier life. She started her on antipsychotic medication
16 called Seroquel. The mental health team from Gosford has
17 visited her in Newcastle. They are supplying her with
18 tablets and they believe that she is taking them. She is
19 taking 350 milligrams at night to cut out the flashbacks.
20 She is not taking them in the day time because she said, "I
21 fall asleep and I stagger into walls." I have told DoCS
22 about that.
23

24 I do now share custody with DoCS. After the incident
25 with the ice, they decided maybe I had better get involved
26 again. That cost me \$5,000. At the moment, she is taking
27 her Seroquel at night, on occasions. She is not taking any
28 in the daytime, and the case manager from Mental Health
29 believes she is. They will not listen to what I am saying
30 to them. They are saying, "She is 16 now and basically she
31 is on her own." I said, "You've been saying that since she
32 was 12 and a half."
33

34 I have written to Mick O'Connor at Health, and I have
35 also written to the director general of DoCS, Jennifer
36 Mason, saying that my granddaughter has a bag of
37 antipsychotic tablets and it could kill her. I have not
38 received any replies as yet.
39

40 THE COMMISSIONER: Thank you, we have your submission and I
41 have read it. [REDACTED]. Do we have a submission
42 from you?
43

44 MS [REDACTED]: You do indeed.
45

46 THE COMMISSIONER: Perhaps you can deal briefly with
47 anything you want to add.

1
2 MS [REDACTED]: Basically in that submission I put forward
3 I complained about an affidavit that was put in court which
4 is a pure fabrication. The event just didn't happen and I
5 managed to get hold of a contact for this report who said
6 that it didn't happen.
7

8 Finally, after more than 12 months, I got a letter
9 from Margaret Piper, Community Services, and I actually
10 talked to her last night, who was the director child and
11 family, Central Coast, in charge of both Wyong and Gosford
12 DoCS, and she said that her manager who had put on the
13 affidavit, I have to prove 100 per cent, even though I have
14 a written document from the manager saying it did not tell
15 the truth. I spent an hour on the phone with her last
16 night and she agreed that certain things obviously weren't
17 right in the affidavit but she refused to change the
18 affidavit, point blank.
19

20 Again, she said she would ring back today, and she
21 hasn't, and make an appointment for me to see her and [REDACTED]
22 [REDACTED], who was the manager who put in the complaint in the
23 affidavit, and I am still waiting to hear from them so we
24 can have a three-way conversation. Basically it is only my
25 word against theirs, even though I have a written document
26 from a contact for this report written by the person who
27 was at the visit.
28

29 DoCS puts opinions in their affidavits and they come
30 back. They never meet the person that they are putting
31 their opinions about. I deliberately gave them the phone
32 numbers and the names of four people who are known to me
33 for many years so they could contact them to find out what
34 kind of person I really am. Two of those persons were
35 ex-girlfriends and it is a brave man who will give an
36 ex-girlfriend as a reference - and I gave them two.
37

38 They never made any effort to contact them whatsoever.
39 They are not interested in finding out the truth, they are
40 only interested in attacking people, and I am afraid that
41 is how they work, and I honestly can't understand how an
42 agency that has such an important job in the community can
43 do it so badly. I really don't.
44

45 THE COMMISSIONER: If you have any correspondence or other
46 matters which have happened since your submission, you
47 might send those details to us.

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47

[REDACTED], please.

MS [REDACTED]: Thank you. My grandchild has just come under temporary care with the department some six to eight weeks ago. She has been involved with the mental health service, has had about three or four admissions to Wyong medical health unit. Tuesday of last week, the magistrate decided that she needed two more weeks in the mental care unit at Wyong and by the Thursday DoCS were told that she had to be discharged by the Friday, as there was no more care for her at Wyong.

DoCS in their wisdom took my grandchild and placed her with two DoCS caseworkers, who are on 50,000 or 60,000 a year, two of them to look after a 15-and-a-half-year-old in a motel for the weekend because they could not get an intensive care bed in the Hunter area. They actually tried all the state to get an intensive care bed for her.

Last night she was moved to Parramatta Refuge where she has been held for the rest of this week. Hopefully Alambee may have a bed for her by Friday. This young woman has only just presented with these mental health issues and between DoCS and mental health she has been very badly I believe cared for.

And there was a plan for restoration, possibly to me or her parents, but that has not been followed through. Now she is quite depressed again this week and on very heavy antipsychotics and no explanation why. Thank you.

THE COMMISSIONER: Thank you for that. There is unfortunately a terrible shortage of refuges and it is one of the things we are looking at; and also this question of greater cooperation between the two agencies, mental health and DoCS. There is a shortage of refuges. We are well aware of that and we are looking at that.

THE COMMISSIONER: [REDACTED], please. If not, [REDACTED]? No, in that case, [REDACTED].

MS [REDACTED]: I am going to read this to you. It is something that I picked up. This constitutes my grandson, but I didn't get anywhere.

It is against the law to: physically or

1 sexually abuse a child; do things which
2 cause permanent damage to the emotional
3 health of a child (this can include doing
4 things which make a child feel constantly
5 frightened, stupid, bad or threatened or
6 failing to provide adequate supervision);
7 fail to provide adequate food, clothing,
8 medical assistance and shelter to children
9 (this is called neglect).

10
11 It is called neglect and it is against the law. Now that
12 happened to my grandson and we didn't know anything about
13 it for the first couple of times because [REDACTED] - she had
14 the legal side to look after him because of divorce.

15
16 The situation now is that I am looking after my
17 grandson illegally because I finally got in touch with a
18 solicitor and his words to me were, "You don't want to look
19 after a 12-year-old boy". I have to look after a
20 12-year-old boy, who is now 16. One of the things about my
21 grandson is that he is a beautiful boy but emotionally he
22 has a broken heart and if you ever witness such a thing as
23 that, that is really something that should never be
24 achieved.

25
26 I can relate to what [REDACTED] has said, and there is a
27 consistency here, that there is a consistency of DoCS not
28 wanting to handle a case. They actually lied to me. The
29 last time, which was the fourth time that it was reported
30 that she was dying, I was with the woman all day, this
31 person was refused to let him go back, we couldn't find my
32 grandson the whole weekend because she knew the woman was
33 dying. Now all day this person was on the phone to mental
34 health.

35
36 Originally the arrangement was that he would be taken
37 to DoCS on the Monday morning. It was reported to DoCS in
38 hospital. She reported it to DoCS on the Monday morning.
39 She told me that she was going to take the boy to DoCS.
40 She refused to let him go back because she knew the woman
41 was dying.

42
43 Then DoCS said they would come, not to go there, but
44 they would pick him up - for her to go there, that is
45 right. All day, there was toing and froing back to DoCS.
46 Finally I went there to know what was going on and DoCS
47 spoke to me and said, "Are you prepared to look after your

1 grandson", and I said, "Yes", but the point I made to this
2 person was, I didn't want to take my grandson if DoCS would
3 stop me at the last instance, and I actually believed what
4 was said to me. The arrangement was for the next day to
5 let him go to school. He was just under 12 then. This
6 person was to pick him up. And then DoCS was going to
7 bring him to me.

8
9 The next day I had a phone call saying, "We can't do
10 that, we can't do that, it's against the law". So I am
11 stuck with this situation, you have to go and pick him up.
12 Anyway, I did that. Next day I got a phone call from DoCS,
13 "We are not involved", end of story. And it is not even on
14 the record. Family law means nothing.

15
16 THE COMMISSIONER: [REDACTED], please? No. [REDACTED]
17 from Barnardos, a carer.

18
19 MS [REDACTED]: Thank you, yes, I am a carer from Barnardos. I
20 have been a foster carer for 17 years with Barnardos and I
21 just want to let you know that it can be done. There can
22 be success.

23
24 [REDACTED] talked about her daughter who went through
25 the DoCS system. I have got a little girl, firstly with
26 Barnardos, one foster child I have had for eight years, and
27 I have had the same caseworker from beginning to end.
28 Twice a year we have a case plan where everything is sat
29 down and on paper. The worker then has got to check that
30 everything, the instructions, everything is being carried
31 on. The caseworker has supported me right through.

32
33 When my little girl first came to me the papers were
34 quite different from just your normal child sexual abuse.
35 I said, "I do think there is something different here". We
36 found out that it was post-traumatic disorder, and my
37 caseworker helped me with training, reading books, finding
38 a proper psychologist, psychiatrist that would help. Right
39 the way through they have been supportive. Because it was
40 a highly special needs child in a placement, they made sure
41 I had respite.

42
43 I cannot speak highly enough. I love fostering
44 because of the support I get. I am encouraged. My child
45 is encouraged. I speak to people that foster through DoCS
46 and who are involved in the DoCS system and I feel so sorry
47 for them that they don't have the support.

1
2 My caseworker is an advocate for myself and for my
3 child. They try to understand. As ██████ said, it was
4 DID, which is the old multiple personality. It was a shock
5 for some of those caseworkers to hear, what is this, but
6 they went the extra mile to try to learn, to understand it,
7 so they could give me the support. I just want to say that
8 it can be done.

9
10 When I first got my child she was in a special unit,
11 she would be kicking teachers in the face. When it was
12 finally disclosed to me, we met her brother, who was in an
13 intensive placement through DoCS, we met his worker, and we
14 said, "Do you want to know the diagnosis that this girl
15 suffers from and then do you want to know the disclosures,
16 what she has said she has gone through". When my
17 caseworker told the DoCS caseworker the disclosure, he
18 said, "Oh, stop, stop, too hard, we don't want to know
19 about it". And that poor kid was left in I believe a motel
20 room and has gone from place to place, knives, threatening,
21 killings and what have you. But DoCS, the caseworker did
22 not want to know what that boy has gone through.

23
24 There has got to be more understanding of what these
25 children go through. When our Vietnam veterans came back
26 from war, the Second World War veterans came back, some of
27 them were damaged men. Our children, these children, are
28 the same. What they see, what they hear, what has been
29 done to them, leaves them in such a state. I am talking
30 for especially those higher needs children, especially when
31 they get to - the years are going down - 11 onwards where
32 that development kicks in and all those things come back,
33 they hit the streets, they are too hard for DoCS, and DoCS
34 just shoves them away.

35
36 Please, it can be done. There is hope for them. And
37 I believe Barnardos has proven it, there is help. Thank
38 you very much.

39
40 THE COMMISSIONER: Thank you.

41
42 MS ██████: That suggestion, you might think about closing
43 DoCS and expanding Barnardos.

44
45 MS ██████: In regard to that conversation, I want to
46 know if anybody agrees, this lady spoke about trauma to the
47 likes of Vietnam. In my opinion, the way DoCS is

1 operating, I see that it is very similar to our stolen
2 generation.

3
4 THE COMMISSIONER: I am not sure who the next speaker is,
5 but it is somebody one who put their name, [REDACTED], 14
6 years. Is that a 14-year-old?
7

8 MS [REDACTED]: [REDACTED] is being supported by the FCA. I have a
9 submission that he has put together with the help of his
10 aunty and his foster mother. It is pretty extensive, but
11 the truth is, that he has had three visits with his
12 siblings. [REDACTED] is an indigenous boy. He hasn't seen his
13 siblings since Christmas past.
14

15 He appealed to me to go to the D-G at Christmas time
16 to get a visit with his siblings. I did that. I got the
17 visit and Gosford couldn't carry through. They then blamed
18 the agency where the children are placed down in Nowra for
19 that reason. They then stated today, downstairs, that he
20 does not have a contact arrangement in place.
21

22 [REDACTED] came into care when he was nine. He is 14
23 today and a nice young man. I beg your pardon, he came
24 into care since he was two. He has turned out quite well,
25 I think. He is 14 and he carries with him all the baggage
26 that a teenager does today, but he carries that extra
27 baggage. [REDACTED] wants to see his siblings. Is there
28 nobody out there that will listen to this boy? Thank you.
29

30 THE COMMISSIONER: Thank you for that submission. We will
31 have a close look at that submission but I cannot really
32 offer any legal advice today as to what you can do. I
33 don't know if you have a lawyer who is involved, but
34 contact arrangements are subject to variation, if possible,
35 but it is not easy, as I understand it.
36

37 The only thing you might want to do at this stage is
38 to make a complaint to the DoCS unit, but we will have a
39 look at this and see what we might learn from it.
40

41 [REDACTED], I think you have also made a submission
42 to us, have you not?
43

44 MR [REDACTED]: I have made a submission.
45

46 THE COMMISSIONER: We will look very closely at that.
47

1 MR [REDACTED]: If you don't mind, I would rather my wife
2 talk as well.

3
4 MRS [REDACTED]: My name is [REDACTED]. Today we have put a
5 submission in and I feel as though we are off the same
6 line, out of the same line, but ours is residential care.
7 Our daughter has been in there since 14 and a half and is
8 in a residential home 5. Just Father's Day last year she
9 was assaulted by one of the residents and we have been
10 lucky that the hospital, someone from the hospital, got in
11 touch with us two days later and told us we ought to go
12 down and visit our daughter, because we got a message left
13 that she had a slight fall, only a little abrasion on her
14 nose and her chest, everything is fine.

15
16 And my husband went down and he got told to take a
17 camera. And lucky he took photos of my daughter.
18 Honestly, her face was absolutely disgusting, and her neck.

19
20 Since then we have tried through DoCS or the AVH to
21 have it looked into and we have been told so many lies, so
22 much cover-up, that it just becomes impossible to survive
23 with the upset of the whole emotional thing.

24
25 I think it is about time DoCS started telling the
26 truth. There are too many lies, too much covering up. I
27 won't go into it a lot because it is in my husband's paper
28 work and that, but I get really upset because my daughter
29 would never have been put into an institution, even with
30 her disability, only that at 38 years old I got cancer and
31 I have been fighting it for 33 years and, as I say to my
32 doctors, "I don't have time to die because I am fighting
33 bloody DoCS the whole way to find out the truth and to get
34 all these residents, all abused children, because my
35 husband has been fighting for 12 years, to get better
36 looked after and the people to be heard".

37
38 THE COMMISSIONER: Have you been in contact with the
39 Ombudsman about this?

40
41 MRS [REDACTED]: We have been in contact with the Ombudsman.
42 We have been advised we have to go and visit on Thursday.
43 We have written so many letters to ministers, my husband
44 has written down, so many, they pass it on to this one, to
45 that one and to that one, and who does it come back to?
46 The very person that causes the trouble. So no-one --

47

1 THE COMMISSIONER: We can look at this in more detail.

2

3 MRS [REDACTED]: It is in the paper work. My husband has
4 covered all that so I will not take up time because ours is
5 a different sort of case to all these different people who
6 have come here today and theirs is just as important as
7 what ours is.

8

9 THE COMMISSIONER: Thank you. [REDACTED]. I think
10 we have noted previously that we have a submission and an
11 addendum. Is there anything you want to add now?

12

13 MS [REDACTED]: I would actually. Our situation is a
14 little bit different. I will not go into it now, but we
15 have a lovely 12-year-old daughter who has a mental ability
16 of about four or so and we have a nine-year-old going on 29
17 and we very fortunate.

18

19 [REDACTED] goes to a specialist needs school on the Central
20 Coast and she started going to occasional respite, maybe
21 for a couple of nights a week, twice a term or maybe on a
22 weekend or something. We don't do that with [REDACTED] to get
23 rid of her because we need respite, but for [REDACTED] to get
24 extra independence, confidence and have fun too.

25

26 That is why we send her there. Anyway, this was going
27 all right in the orientation, and to cut a long story short
28 we had a very serious, what is the word, well, we believed
29 she was sexually assaulted while in this temporary care and
30 respite.

31

32 I apologise for my husband not being here today
33 because he is right now with [REDACTED] and the 9-year-old at
34 sexual assault counselling, which is the referral put in by
35 DoCS.

36

37 This allegedly occurred in a DADHC home on the Central
38 Coast here six and a half months ago. It was immediately
39 called into the DoCS Helpline by rape crisis, sexual
40 assault, the team at Gosford Hospital, her GP who examined
41 her, and out of desperation because we didn't get any
42 response, Wyong police took a two-hour report from us and
43 that was also called into the hotline.

44

45 The senior sergeant was so upset about it, because we
46 didn't have a caseworker for fully two weeks, that he
47 called DoCS himself in front of me and was given three

1 different names, and when he spoke to those three different
2 people, they all said, "It is not my case".
3

4 Anyway, it was called in as a level 1, and a level 1
5 is if there is risk of immediate harm within the home -
6 there wasn't - or if there was immediate medical
7 intervention that was required. We were told the next day
8 to keep [REDACTED] home and to be on standby to take her to
9 Gosford Hospital for tests, but we weren't to leave until
10 we got the go ahead from DoCS. The approval never came
11 through. Two weeks later we were still waiting.
12

13 So I guess when you call into the DoCS hotline by
14 those sort of agencies and it is a level 1 and nothing
15 happens, it is the case that it can fall through the slots
16 sometimes, but it has been a long six and a half months
17 now.
18

19 I would just like to say that, rather than going into
20 all the details, the case obviously went to JIRT. JIRT is
21 the joint investigation response team between DoCS and the
22 police. We never heard anything from them. Eventually
23 when we were doing all the visiting, by the way, we found
24 out that it was dispensed with because it didn't meet
25 JIRT's criteria, but when we asked what the criteria was
26 they couldn't enunciate that or articulate it to us. But
27 it really came out, they said because she is intellectually
28 incapacitated to some extent she could never stand up in
29 court and therefore it was all going to be a waste of time.
30 And then one of the senior managers on the DoCS team who
31 was responsible for her for about a week told us off the
32 record, "I would not pursue medical tests", it was too late
33 then, "or go to court because it is a really excruciating
34 process for the child".
35

36 So I guess we have been representing [REDACTED], but also
37 the other children, whether it is full-time, out-of-home
38 care or temporary respite, whatever it is, like your
39 situation over there, that most of these kids don't have a
40 voice, they can't communicate, they can't articulate.
41

42 Our daughter has been lucky, she can make it very
43 clear what happened, physically and verbally. But the case
44 has just been dropped and we are really bringing this to
45 the attention of the Commission to let you know that there
46 are a lot of children out there that are not able to
47 communicate or have carers or parents that don't have the

1 confidence or the wherewithal or the time to fight this
2 whole process.

3
4 It is impossible to try and find out what the process
5 is, not only within DoCS, DADHC, JIRT, but in between the
6 three of them, and probably other agencies. It is just
7 impossible to find out, "tell me what the process is".
8 They can't enunciate or articulate that. It is not a witch
9 hunt, I am sure everyone within the organisations they are
10 dedicated, well meaning, we have wonderful support in the
11 past, not from DoCS, because we didn't have anything to do
12 with DoCS - Biala, DADHC, early intervention, occupational
13 therapy, all these wonderful services that have been
14 provided to help [REDACTED]. But as soon as there is a problem,
15 they do not want to know and there is a huge cover-up.

16
17 The only thing I would say to that is that I have
18 spent a lot of time reading through transcripts of the
19 different forums throughout the state and many of the
20 submissions and the one thing that comes across to me,
21 there are things in there for Aboriginal people, which is
22 wonderful, abuse in the home, all the other categories, but
23 it comes across very strongly that there was very, very
24 limited understanding by all these different agencies of
25 children with intellectual or special needs.

26
27 To demonstrate that, for example, in the NSW Health
28 submission there was only just over one page dedicated to
29 the whole area of people with special needs. I think that
30 is indicative of the whole process.

31
32 That is really what I wanted to come across to say.
33 It is not to bore you with diatribes of what happened to
34 our family. It is still going on. The manager of DoCS
35 told me at the end of November that a report had been
36 finalised and handed over to DADHC to do their
37 investigation with the Ombudsman and I still to this day -
38 I spoke to the Ombudsman's office this morning - they still
39 cannot confirm that an investigation has actually
40 commenced, and here we are six and a half months down the
41 track.

42
43 In closing, I will say that [REDACTED] is one of the most
44 fortunate children with special needs. She goes part-time,
45 once every three months, for this respite to gain that
46 independence and confidence and have fun. When something
47 like this happens, we hardly have the confidence to send

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her back again.

We are older parents. What would happen if I were to get hit by a bus, or my husband and I were killed in a car accident or a plane accident? It doesn't give me a whole lot of confidence as to what will happen to [REDACTED] and her nine-year-old sister. We are older parents, and that is something that really disturbs me.

That one page in the NSW Health submission makes it very clearly evident that one in four people with disabilities are sexually assaulted. They have the same rights as normal children. I have just tried to add comments as I go along. Thank you very much for your efforts. We look forward to the recommendations.

THE COMMISSIONER: I think we have run out of people who want to speak and time has probably also beaten us. Can I again thank each and every one of you who have given up your time this afternoon for your input and for your interest in attending this session.

We do find it very important to hear from people. It is important to hear what your experiences are and where the problems are, and today has been no exception. Thank you for your attendance and participation today.

AT 3.55PM THE COMMISSION ADJOURNED ACCORDINGLY