

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

Before The Hon James Wood AO, QC, Commissioner

At the Lismore Workers Club
225-231 Keene Street, Lismore

On Thursday, 27 March 2008, at 1.30pm

Counsel Assisting: Ms Gail Furness

THIS TRANSCRIPT HAS BEEN EDITED

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1 Public Forum
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1 THE COMMISSIONER: Welcome to this public forum. We have a
2 large number of people who want to speak, so I ask you
3 please, if you do speak, to keep fairly brief. If you want
4 to add to it, or if anybody does not get a chance to speak
5 this afternoon, you can send us a submission. We will
6 leave some contact details here for you.
7

8 By reason of privacy concerns and confidentiality
9 concerns, I would ask if you please try not to use the name
10 of a particular child if you are talking about a specific
11 case. If you do happen to do that, we will take the course
12 of removing that child's name. The proceedings are being
13 recorded for our purposes. If for some particular reason
14 we want to follow that case up in more detail, we will
15 obviously keep the name for our own purposes.
16

17 We will be asking people to speak according to those
18 who have put their forms in, but I suspect there is a
19 mixture of people here who have either had children removed
20 or have been working as foster carers or otherwise involved
21 as NGOs or other agencies. I would like to try to get
22 representatives views, so if somebody has made the point
23 that you wanted to make, perhaps just indicate that that is
24 the situation without going over the matter, because we
25 have a large number of people who want to speak.
26

27 We will start off on that basis with Brett Paradise
28 from Reconnect.
29

30 MR PARADISE: Thanks very much. I just wanted to start
31 off by saying that Reconnect is a Federally funded early
32 intervention program which is working in youth
33 homelessness. I wanted to raise that today just because
34 what we have seen over the last - this program in Northern
35 Rivers has been here for ten years. In the last several
36 years our work has predominantly come up from referral from
37 DoCS. That has meant our work has continually become less
38 of an early intervention and more of crisis management
39 work.
40

41 So there are several issues that we see that should be
42 raised. One of them is that there is a conflict between
43 DoCS being a funding body and a statutory body, that is,
44 that those programs that are funded through DoCS sometimes
45 feel very unable to actually work or criticise DoCS
46 themselves. It is less so for us because we are Federally
47 funded, but if we went for other funding we would feel

1 compromised in that.

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The other thing is that there is sometimes a conflict between the dire needs of young children and the protection of them that sometimes doesn't get to young people. Young people seem to be left off what DoCS is able to do with the funding it has and maybe some sort of split between that would be advisable.

There needs to be a much higher focus on early intervention and a real diversity in that, not just a few programs that are set up. That is pretty much all I needed to say on that one.

THE COMMISSIONER: Thank you. Can you indicate briefly what is the nature of the crisis care that you provide. You have a refuge?

MR PARADISE: No, we try to resource crisis accommodation. We work in with family conflict, trying to find basically family mediation, individual counselling, family counselling, anything we can for each individual needs. It is a fairly diverse range of things that we need to draw on and that work is becoming more and more complex.

THE COMMISSIONER: Thank you. Next please, Tony Davies.

MR DAVIES: Thank you. I think it is worth actually acknowledging that we are meeting on Bundjalung land. I am the CEO of the Northern Rivers Social Development Council, which is an agency that, unlike Reconnect, we are a services provider but we also advocate on behalf of vulnerable communities and the community sector in the region.

We will be making a submission to the inquiry so we can provide more detailed information, but I did want to raise the issue of early intervention. The \$1.2bn budget enhancement that the Government announced in 2002 had an allocation of only 10 per cent to early intervention services. The majority of that funding went into child protection and crisis services.

I was involved in prior inquiries into DoCS and we were really excited to see a huge budget boost back then. But we were very disappointed at the time at the very, very low amount of money for early intervention and I guess as

1 the next phase of reform commences it is important that a
2 substantial amount of money goes into early intervention
3 services.
4

5 In particular you need to look at those services out
6 there which actually are shown to work. The government has
7 had 15 years of inquiries that have focused on the need for
8 early intervention but it has not responded effectively to
9 that. In submissions to inquiries such as this they will
10 say they are doing a lot. But when you look at the actual
11 dollars that go into programs, community services and human
12 services in the state, they are very, very limited.
13

14 I really am asking that the inquiry, whilst looking at
15 fixing the problems in DoCS, you need to recognise that
16 even if you had a perfect system in DoCS, even if they
17 resolved the problems with their initial assessment tools,
18 even if they were able to resolve the many problems about
19 foster care, which I am sure you will hear about today, you
20 are still not going to stem that incredible growth in
21 children coming into the child protection system.
22

23 It is not your role, I think, to have an inquiry into
24 the elimination of things such as poverty, homelessness,
25 that drive child abuse and neglect. But you do need to
26 look at those primary and secondary prevention services
27 that can support people. We would be calling for massive
28 investment in home visiting, professional sustained home
29 visiting, rather than the universal single home visit that
30 is offered to every new mother.
31

32 We got costings done five years ago on providing
33 sustained home visiting to the most vulnerable 20% of
34 families in New South Wales. Back then it was about \$40m
35 to \$50m a year. I would say now it is probably \$80m, maybe
36 \$100m, but that would be an incredibly valuable investment
37 in stemming growth. What we need to look at is the demand
38 side responses to the issue of child abuse rather than more
39 resources going in.
40

41 Children's services is another issue, obviously more
42 funding for child care. The other issue I would like to
43 raise is the process that the government uses to fund and
44 procure new community based services, particularly the
45 expression of interest process. As you are aware, the
46 Brighter Futures program and more recently the out-of-home
47 care services has had significant new funding allocated

1 through an EOI process. What we have seen through that are
2 some really great services established. And in this
3 region, for example, with Brighter Futures we were very
4 lucky to see a local organisation, or a local conglomerate
5 of organisations, actually get that funding.
6

7 In many regions you actually find that you get new
8 organisations set up and you get a parallel service system
9 established where you have existing family support services
10 and other networks and new agencies coming in and that is
11 extraordinarily inefficient. So I think you need to look
12 at how the government starts to roll new funding out in the
13 future.
14

15 THE COMMISSIONER: Thank you very much for that. All of
16 the matters you have identified are very much under our
17 radar and we would welcome your submission in due course
18 with more detail, so thank you for that.
19

20 Donna Graham, please, from the Disability and Aged
21 Information Service. We have a submission from you which
22 you have given us kindly today. I don't know whether you
23 want to speak additionally to it but obviously you can't go
24 through it all.
25

26 MS GRAHAM: I will do it in an abbreviated form. As I
27 said, I am from DAIS, the Disability and Aged Information
28 Service. Our project funds several other projects,
29 including grandcarers and youth initiatives, the New South
30 Wales Working Carers Gateway and Cald (non-English
31 speaking background) and cultural and English speaking
32 diverse services. All of these services are relevant to
33 this inquiry so I ask today to actually appear before you
34 offering economies of scale of opinion.
35

36 I just wish to address the Commission under several
37 heads of discussion: Disability, ageing and grandcarers
38 and indigenous carers as they relate to the terms of
39 reference numbers 2, 3 and 8. For clarity, we actually
40 define grandcarers as primary carer grandparents caring for
41 their grandchildren. DoCS often uses the generalist label
42 of kinship care to include this class of people. In
43 opening can I say --
44

45 THE COMMISSIONER: You actually are reading from the
46 submission at the moment. We do have the submission and we
47 do have other speakers.

1
2 MS GRAHAM: My apologies, that is fine. The three heads
3 that we would like to raise with you today, the first one
4 is the use of support or the banning of support workers and
5 advocates by DoCS personnel for people who have
6 disabilities, for older parent carers, for people with
7 non-English speaking backgrounds. These are the most
8 vulnerable in our community. They are just as vulnerable
9 as the children that DoCS is looking to support and care
10 for, yet DoCS has this practice where it will not allow
11 friends, family or professional advocates to assist to sit
12 in on meetings.

13
14 We would argue that there is no grounds for this. We
15 actually argue that it is an abuse of power on the part of
16 DoCS and we would like to put a recommendation to you that
17 this practice be rescinded and that the New South Wales
18 Government consider actively funding the provision.

19
20 THE COMMISSIONER: Please do that because it is a
21 complaint we have heard from a number of quarters.

22
23 MS GRAHAM: Thank you. The second point actually relates
24 to recognition and support for grandcarers. There are
25 currently twice as many children being cared for by their
26 grandparents than there are actually in foster care. Yet
27 when you look at DoCS' service provision, grandcarers are
28 often seen at best as an inferior subset. They have no
29 real recognition, and in DoCS' own reports they acknowledge
30 they are inclined to receive less training, less support
31 and less recognition. Yet of all people, I would suggest
32 to you, that grandparents are more worthy of it, for no
33 other reason than grandparents are a link to a child's
34 history and they are their passport to their future.

35
36 If we can't fund grandparents to continue to care for
37 their children, we are going to see continual generations
38 of children that have no background and, more importantly,
39 have no future.

40
41 We are saying that for grandparents the cost savings
42 that they make to the Government and to the community are
43 enormous. They care longer. They care more often and they
44 often care for more children. For indigenous grandparents
45 it largely rests with the grandmothers and the great
46 grandmothers. Literally they are the people left holding
47 the baby.

1
2 Given that they have such reduced life expectancies,
3 you have grandmothers who are caring for maybe one or two
4 generations of grandchildren. Whereas non-indigenous
5 grandparents may care on average for between one and two
6 grandchildren, an indigenous grandcarer may care for
7 between five and seven but over a 20- to 30-year period.
8

9 So for indigenous grandparents they are worn down
10 sooner, they are worn out sooner, yet they offer again such
11 a rich contribution to culture, to history and to
12 tradition.
13

14 The final point that we would like to also recommend
15 to this committee is that what we do have at the moment is
16 actually a vacuum completely in the provision of succession
17 planning and emergency respite for grandcarers. These
18 people on average have a median age of 72. Most of them
19 have been caring on average for eight years. Again, they
20 are worn down, but they are absolutely petrified because
21 the question that keeps them awake at night is, who will
22 care for my grandchildren when I no longer can?
23

24 We have the situation where it's illness, accident or
25 death that catapults a whole family back into crisis mode
26 again. Here you have children who are habitually falling
27 into this cycle of trauma and drama. We are suggesting
28 that, through the provision of information resources and
29 funding and practical advice, transition plans can be put
30 in place for when the grandparent may need to either
31 transition to a nursing home, a retirement village or onto
32 the other side. And provision can also be made for
33 planning transition for the children in their care.
34

35 We have those recommendations. Can I also thank the
36 New South Wales Government for the opportunity to speak
37 because I think for a lot of our primary carer grandparents
38 it has been a voice that has been muted for quite sometime.
39

40 THE COMMISSIONER: Thank you very much. We have your
41 submission, the points you make are all valid, and it is
42 under our radar. Liz Brown, please, manager, Family
43 Support Network.
44

45 MS L BROWN: I suppose I just want to reiterate a lot of
46 what Donna has said. I am the manager at Family Support
47 and I advocate for a lot of families who have their

1 children placed in out-of-home care. What I see time and
2 time again is the fact that once the children are taken
3 into care that the voices of the children and adults are
4 not listened to and we have those clients turning up at our
5 services and we try and be part of the processes around
6 case management, to have equal partnerships. Partnership
7 is really about an equal partnership, in having an equal
8 voice, and my feeling is that often we are not included in
9 that case management process.

10
11 The differences that I see in restoration plans,
12 around parents getting their children back into their care,
13 varies greatly, and it is very inconsistent and I think
14 that there is a lot of money that gets spent in keeping
15 these children in care, but what about the money that is put
16 into family preservation and the early intervention to
17 prevent the children from going into care and keeping
18 families together?

19
20 THE COMMISSIONER: Thank you for that. We were actually
21 looking at some of these issues this morning. I am aware
22 that some of the families that you have been working with
23 do end up in the DoCS system and it is important because
24 you have the continuity and the knowledge that you are
25 involved, but has the EOI program and the Brighter Futures
26 situation adversely impacted on the work of your
27 organisation?

28
29 MS BROWNE: It has actually taken a little bit of work
30 away from us. I think that has just highlighted in the
31 fact that we need to work more collaboratively together as
32 organisations in the four regions. We tend to be competing
33 against each other for funds when we could actually be
34 working more strongly.

35
36 THE COMMISSIONER: Do you have additional capacity or
37 spare capacity to deal with early intervention type
38 programs?

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40 MS BROWNE: Absolutely. I think we are very strong.
41 Historically that is where most of our work has been. I
42 think the expertise that we have within our team and also
43 the family support across the State is very strong. We
44 have missed out on Brighter Futures money. We have also
45 missed out on out-of-home care. We see organisations
46 coming into the areas that don't have existing services.
47

1 We have connections with these clients and I think we
2 are doing a really good job. I think it is really
3 dissatisfying. In an expression of interest, we can put a
4 submission together, but there is no face-to-face contact.
5 It has been based around money and the fact that the really
6 large organisations are squeezing us out. They miss out on
7 the actual history with clients and the local knowledge of
8 where your clients are sitting as well.

9
10 THE COMMISSIONER: Thank you for that. Elly Wilson, from
11 Community Connections?
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13 MS WILSON: I want to talk about young people. I work for
14 Community Connections North Coast. We are a youth service
15 for young people at risk of homelessness. My experience of
16 DoCS in providing the appropriate services for young people
17 has been pretty bad. I do referrals constantly. I am a
18 mandatory reporter, and so many times basically they are
19 referred back to me, so we are left to deal with those
20 young people.
21

22 We have very limited options in Lismore for young
23 people who are homeless. We provide three nights crisis
24 accommodation for under 16s. We are the only service in
25 this region that provides crisis accommodation for those
26 under 16. There is a youth service in Byron, but it only
27 provides service for those over 18. We provide brokerage
28 service for up to two weeks for kids who are over 16. That
29 is providing accommodation in hotels, and a lot of those
30 are not appropriate for that age group. Then we have our
31 own SAAP housing for young people. That is also fairly
32 limited, and we have to do a very stringent intake process
33 because we don't want to set kids up to fail so, that does
34 not work very well either.
35

36 THE COMMISSIONER: Where does your funding come from?
37 There is the SAAP money, but what else?
38

39 MS WILSON: I am actually the coordinator of the Youth
40 Link program which is families and young people. That is a
41 federally funded program through what was Aboriginal
42 Community Services; it has now become recently something
43 else. But most of our funding does come through SAAP and a
44 couple of other smaller programs. Education, we have Links
45 to Learning and Fathers and Sons - so, yes family
46 relationships.
47

1 THE COMMISSIONER: You have identified a matter which is
2 of concern to us. This situation of homeless adolescents
3 is very difficult. It is actually very difficult to get
4 them to stay in placements, but if they want to be
5 homeless, if there are no refuges or other place, it is
6 very difficult. Thank you for your views.
7

8 MS WILSON: Can I say something else about the lack of
9 services for families of young people that were having
10 difficulties? A lot of early intervention programs are for
11 children under 10. Reconnect and us are the only services
12 that I am aware of in this whole area that provide some
13 support to families with teenagers. I think that is really
14 poor. I have a 22-hour a week position, and Reconnect, I
15 am not sure. They're here; they may have something to say
16 as well.
17

18 MR PARADISE: Less than full time.
19

20 MS WILSON: The last issue I wanted to bring up was DoCS
21 duty of care around young people. When they do get
22 referred and when they are asked to provide some support,
23 that support is limited. Sometimes I've been really
24 concerned about the lack of duty of care for those young
25 people. Can I give you an example?
26

27 THE COMMISSIONER: Yes, just one.
28

29 MS WILSON: I had a 13-year-old who was a runaway, who had
30 turned up in Lismore. She needed to be sent back up to
31 Bundaberg. We housed her overnight and then were told to
32 put her on a bus the next day. That bus had to go to
33 Brisbane. Then there was a four-hour wait until the next
34 bus came to Bundaberg. She was not provided with any food
35 or resources to get herself there. We were told to put her
36 on a bus. There was no-one to meet her in Brisbane to show
37 that young person which bus to get on to or provide
38 supervision while she was in Brisbane for those four or
39 five hours that she had to wait. When I told the worker
40 that I was concerned about that, I was reported to my
41 superior for my attitude.
42

43 THE COMMISSIONER: Thank you for that. Deni Connor,
44 please, Women up North.
45

46 MS CONNOR: My name is Deni Connor. I work for Women up
47 North as coordinator. We provide supported housing for

1 women and children who have experienced domestic violence.
2 We have in the last couple of years increasingly gotten
3 referrals from DoCS in regard to restoration of children.
4 My experience has been that I put that up as a high
5 priority. I put women in the house thinking that I am
6 working with DoCS in a restoration plan to get those
7 children back to their parents. Unfortunately the outcome
8 I have been seeing is that I end up with a woman in a
9 three-bedroom house for a year and no children. I feel
10 like the process ends up so that I am working against DoCS
11 instead of with them.
12

13 This is a real issue. I am now in the process of
14 trying to arrange a meeting with DoCS to get to the bottom
15 of it and work out how we can work together to actually
16 make this work for the women and children. It just seems
17 like a two-sided thing: I am getting the referrals but,
18 when it comes to the crunch, I am being told later on, "Oh,
19 they were never going to get their children back." That is
20 one issue that I've got real concerns about.
21

22 Another one issues is child protection, especially,
23 neglect. I can put in a report constantly, constantly, and
24 there is no action. Recently, with the Brighter Futures, I
25 have been told by DoCS in certain situations, "It won't
26 happen because it is not up there high enough", so they
27 have recommended that I agree to them moving to
28 Brighter Futures. That means if the woman doesn't accept
29 it, nothing happens, and you have to put in more reports.
30 You are in a dilemma.
31

32 One example just recently was a young 23-year-old girl
33 with three children under 2 - severe neglect, complaints
34 from the neighbours constantly of children crying night and
35 day, them being put in bedrooms for time-out for three
36 hours on end. The reports were going through. I ended up
37 contacting the local office because my concerns were so
38 great for these children. There were massive health
39 issues - paediatrician, parenting. It was an
40 across-the-board concern.
41

42 In the end, this young girl left our house, nothing
43 has been done. Brighter Futures did come into it, but she
44 has gone, and with the children. It doesn't seem to matter
45 how much these stories are being heard. I know DoCS are
46 doing everything they can, but somehow, there is this
47 massive missing link and that is a real concern for me.

1 These are not one-off cases, thank you.

2

3 THE COMMISSIONER: Thank you for that. Can we have
4 [REDACTED], please?

5

6 THE SPEAKER: I want to brief everybody on the way that the
7 Department of Community Services is currently treating
8 victims of domestic violence. I would also like to add to
9 that that a domestic violence victim knows nothing else
10 other than to be a victim because that's all they have
11 known. I have had personal experiences of my children
12 being taken and I have also had a journey in growing out of
13 the victim mentality.

14

15 I would like to basically ask you people, please, look
16 into the way that it has been handled at the moment. I am
17 sorry, I feel a lot of emotion right now, standing here
18 like this. I would like to see support workers working
19 with the victims as opposed to using information that they
20 have voluntarily give against them. I would like to see
21 the victim support networks valued as part of that victim's
22 journey out of victimisation. I would like to see victims
23 being encouraged to get support networks where they do
24 not exist. That could be a school - sometimes schools can
25 be really good - or a family support network.

26

27 I completely agree with the early intervention points
28 that have been raised here a couple times. Early
29 intervention is a key to preventing domestic violence to
30 begin with. I have made a submission in regards to all of
31 this, so I'll just leave it that.

32

33 It is a major issue of concern, and I will also add
34 that in the courtroom last year, I was one of many
35 different women that were saying the same thing: how can
36 they expect us not to be victims if they keep
37 re-victimising us? Thank you.

38

39 THE COMMISSIONER: Thank you for that. We look forward to
40 your submission. [REDACTED], please?

41

42 THE SPEAKER: This is a bit scary, but I thank you for
43 listening to my story today. I am a grandmother of three
44 grandchildren.

45

46 THE COMMISSIONER: I am sorry to interrupt you, but are
47 you reading from a fairly long document? If you want to

1 leave the document with us in due course, please do.

2

3 THE SPEAKER: I will not read right through it. The family
4 in 1998 came to Lismore, went to Moree, Grafton, Lismore,
5 back to Ballina. I won't go right through my story because
6 it is too long. My grandson, who turned 12 last year, was
7 taken by DoCS from the situation he was living in with his
8 mother. He was uncontrollable. He was seeing a
9 40-year-old man staying the weekend, getting presents from
10 this man. He was into drugs. He was into alcohol. The
11 mother could no longer mind him. The department, within
12 six months, had 59 reports on this child.

13

14 Unfortunately, we could not keep him in our care. We
15 kept him in our care for a week. He was put into care. He
16 ran away. He came to our place. We kept him over night and
17 notified DoCS we would return him the next day to his
18 mother because he had to go to court. We thought about
19 taking the child on but we couldn't because of his
20 behaviour. He was quite violent, he smashed furniture up.
21 Anyhow he is now in care, and we are very grateful for
22 that.

23

24 My beef is that he is in care and it has been
25 impossible for us through DoCS to get contact with him. We
26 had contact over Christmas with him at our place. They
27 kept saying, "After Christmas, after this, after that."
28 Surprise, surprise! Yesterday, I rang them up and told
29 them I was very angry about this lack of contact. I
30 received a letter this morning at lunchtime: "contact will
31 now be arranged for that child."

32

33 THE COMMISSIONER: Can I ask you is he in care somewhere
34 near your home?

35

36 THE SPEAKER: He is about an hour and a half away. I am
37 talking about phone contact too. The point I want to make,
38 these three children - the girls are now ■ - should have
39 been taken from their parents years ago, say, in 2003,
40 2004. Instead of telling me they never had the funding,
41 they never had the staff to do it, they should have taken
42 them. Dysfunction breeds dysfunction. These girls now
43 will become young mums who cannot care for the babies.
44 This is what's going to happen. Something has to be done
45 for these children who are not babies, at say, 8, 9 or 10.
46 Something has to be done.

47

1 It is too late for these girls now. One girl is
2 living with her mother, and DoCS knows the story. At [REDACTED],
3 [REDACTED] she was not being fed. She was neglected. We were not
4 allowed to have anything to do with them. We stepped in
5 last year and started helping out, but DoCS know the
6 situation of these girls now and they are not going to do a
7 thing about that. Thank you.

8
9 THE COMMISSIONER: Thank you very much for that.
10 [REDACTED], please?

11
12 THE SPEAKER: My name is [REDACTED]. My complaint is
13 about DoCS here. They took our grandchildren off us last
14 year. It started from an accident downtown. Then it
15 escalated where DoCS came out and assessed the household of
16 my daughter and son-in-law. It was in a state. They gave
17 them about a weeks notice to find accommodation for
18 themselves and their kids, but they knew there were no
19 rentals about, so they took the kids straight from their
20 place - they lived up the block about two and a half
21 kilometres - and they come back about three weeks to assess
22 us - us being the grandparents. They said that we weren't
23 suitable people to raise a family until my son-in-law and
24 daughter got back on their feet again.

25
26 From March 16 last year, they put them straight into
27 foster care. Then they took us to court there. From
28 31 July they took my grandson and granddaughter and put
29 them under parental responsibility of DoCS. We have
30 limited contact just like that other lady just said. We,
31 the grandparents, were allowed contact from one to three
32 hours a month. My daughter and the father stayed together
33 for about 12 months, but they just busted up. Now they are
34 getting more limited access. They are getting one and a
35 half hours contact each because they are not together. We
36 the grandparents, and the aunties and uncles, are
37 restricted to only one and a half hours once a month. We
38 have asked them for further contact.

39
40 First off, the little grandson, he was three and a
41 half months when he was taken. When he turned one, we
42 asked them for time to be with him on his birthday, but
43 because it was on a Saturday, they wouldn't allow us to
44 celebrate his birthday with him so we had to celebrate it
45 four or five days later. We feel that we are not being
46 treated fairly by DoCS.

1 The point is that, from the first instant, it all
2 started with an accident in town. Then they came out and
3 assessed my daughter and son-in-law's place. In their
4 opinion, it was messy there. Then they took him to the
5 hospital. Then they took him straight away and put him in
6 foster care. They took about three weeks to come out and
7 assess our place.

8
9 THE COMMISSIONER: I think you are repeating what you have
10 said. We understand your concern. I think we have to pass
11 on to other people. A number of people have similar
12 problems and concerns as you about getting contact and
13 access to the children.

14
15 THE SPEAKER: Yes, but my point is that they should not
16 have been taken out of the family in the first place and
17 put straight into foster care. Those kids were never
18 neglected or abused all their lives. The little girl was
19 2 when she was taken. The little fellow was three and a
20 half.

21
22 THE COMMISSIONER: Thank you. I understand that,
23 [REDACTED], please? I think you are a grandparent carer.

24
25 THE SPEAKER: Thank you for the opportunity. My wife and I
26 are grandparent carers. We have been for 13 years - a long
27 time now. We are getting a bit older now and it is getting
28 a bit harder. My main comment today is possibly a bit of a
29 brickbat for DoCS but there are also some bouquets.

30
31 Brickbats: basically we first got our granddaughter
32 back in 1999. We got her because she needed to be rescued.
33 We have been rescuing her for a long time now. At the
34 time, we were not apprised of any support from DoCS. Some
35 two years later, I talked to other grandparents, and heard
36 about this non-parental custodians allowance. So we heard
37 about this. We learned that we should be getting some
38 support from DoCS for this little girl as we got her
39 through the Children's Court.

40
41 Anyway we went along and it was the usual thing with
42 DoCS. They had to check their records and all this jazz,
43 but eventually we got some money. My point is for the
44 Inquiry is that grandparent carers, kinship carers, should
45 have a system through DoCS where they are advised of what
46 is available, what support is available. Financially, of
47 course, it is always important, but any other support

1 should be advised.

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We went to a court at Murwillumbah. The magistrate stamped a document without even looking at us. We were given this document to say that this child was now ours till she turned 18 - and goodbye. We hopped in our car and went home, that was quite a surprise. We did not go into this business to make money. You would need your head read if you wanted to do that.

Anyway, what I want to find out about today is: does DoCS have a system where these grandparent carers are advised of what is going on? I spoke to a lady this morning who has had a grandchild for eight months. Just in this last week, she has found out that she is entitled to this new fostering allowance. Isn't that amazing; all these years later, DoCS is still not advising grandparent carers of the allowances that are available to them. It is just astounding.

From the point of view of a bouquet, the other case is that our grandson came to us through the Family Court. The parents signed him over to us 13 long years ago. They disappeared and we were left holding the baby. He is a big baby now. He is nearly as tall as I am.

The important thing is when we got the permission for our little girl, we were told, "I am sorry, your grandson might be a nice bloke but he is under a different hat. He's under this Family Law and we don't acknowledge the Family Law. We only look after State things." Isn't that ridiculous? Anyway, the bouquet now is that DoCS woke up 18 months ago. They now acknowledge the children in care under the Family Law and we are now getting support financially for him and his sister.

As I mentioned sometime ago to the former federal minister for children, we used to buy clothes for one child from David Jones because we got support, but with the other bloke, we had to go to Vinnies for him because he got no support. Fortunately now we can both go to Kmart and get clothes for both of them at the same time. So it makes a big difference.

My main point is that DoCS should have some system in place for new grandparent carers who, all of a sudden, find themselves with these children, sometimes damaged. That

1 was not our case, thank goodness, because we got them early
2 enough. These carers should be informed of their rights,
3 of what money is available to them right from the word go
4 and not have to find out about them later.

5
6 THE COMMISSIONER: Can I just stop you there. That's
7 something we have been discussing this morning. I am just
8 going to ask around the room whether there any foster carers
9 here who belong to a local network of support for foster
10 carers? There is a network of foster carers in this
11 region. They do have a newsletter which goes out, as I
12 understand it, via DoCS which gives you some advice as to
13 the entitlements and news about developments and so on.

14
15 I'll come to those carers in a minute, but one of the
16 things that seems to me at the moment to be very important
17 is that foster carers do get the kind of information on a
18 continuing basis. It is no good giving a child to a foster
19 carer one year and giving you a current support package of
20 information because things change. You need to be kept up
21 to date on a continuing basis. I don't know how many other
22 foster carers are here who don't belong to any foster carer
23 network. Are there any people here who are foster carers
24 who don't belong to any network? Does anyone want to say
25 anything about this situation as to the provision of
26 information?

27
28 MS PARMENTER: My name is Leonie Parmenter. I am actually
29 president of the local support group that has been going
30 for 25 years now, and an area rep for what was the FCA in
31 Sydney. We have a meeting once a month. The DoCS office
32 now we send newsletters to each month but they actually
33 pass on information to people if they ask the department
34 where they can get support or information and we give it
35 out as carers and area reps.

36
37 THE COMMISSIONER: Are you finding the newsletter is
38 beneficial?

39
40 MS PARMENTER: Yes.

41
42 THE COMMISSIONER: Are DoCS supporting you on that?

43
44 MS PARMENTER: Yes. We send it in and they put it out each
45 month and any other information that we get or training
46 information.

1 MS L BROWN: When we did our out-of-home care submission
2 we actually saw a gap that foster carers were really
3 feeling unsupported. We went along to the foster carers
4 local network and tried to discover how many foster carers
5 were in the region. Because of privacy laws, there was no
6 true number available in terms of being able to have an
7 understanding of the number of people that were needing
8 support. The system is completely reliant on ensuring that
9 the information is passed on through DoCS. That seemed to
10 be a flaw. It was really coming through from the network
11 that there are a number of people that don't know about
12 this and it is only through word of mouth that they
13 eventually find out.

14
15 THE COMMISSIONER: Thank you for that. [REDACTED],
16 please. I think you have actually given us a submission.

17
18 THE SPEAKER: Yes, I have. There is only one point I
19 want to speak on.

20
21 THE COMMISSIONER: We will treat the written document as a
22 submission, but if there is something you want to say
23 additionally, please go ahead.

24
25 THE SPEAKER: There are two things. One is that I have
26 been a carer for 28 years in New South Wales and six years
27 before that in Queensland and I find most caseworkers here
28 in Lismore DoCS are hard-working, conscientious,
29 compassionate people. Every now and again you might meet
30 one that isn't but hopefully carers have developed skills
31 to negotiate with that worker for best outcomes for the
32 child in their care.

33
34 The other point is the memorandum of understanding
35 between DADHC and DoCS which I think came about in about
36 1996. I am the carer of five children with disabilities
37 and that memo is still a mystery to me. Nobody at DADHC or
38 DoCS seems to be able to explain it to me. I would like
39 more information about it. I don't think I am the only
40 carer of a child with a disability who is in that boat.

41
42 THE COMMISSIONER: Thank you. Rhonda and Josh Skinner.

43
44 MS SKINNER: I think we will give it a miss, thanks.

45
46 THE COMMISSIONER: Well, you have made a couple of points
47 which we will note, thank you. Gary Hutton. Again,

1 Mr Hutton, I think we have got a written submission from
2 you, so we will treat that as what you want to say. But is
3 there anything you want to say in summary fashion or
4 additionally?

5
6 MR HUTTON: It might sound hard to say this, but the
7 council just got sacked up in Wollongong. I believe every
8 DoCS member should be sacked and it should all start as a
9 fresh new environment.

10
11 THE COMMISSIONER: [REDACTED], please. You have given
12 us a submission also.

13
14 THE SPEAKER: Yes, I have. My name is [REDACTED], [REDACTED]
15 [REDACTED]. I have recently been
16 accused by my 13-year-old daughter of physically and
17 indecently assaulting her. That was one allegation. There
18 have been five subsequent retractions since then. And do
19 you think DoCS really want to listen? They are not
20 listening to the child. They are not listening to my wife
21 or myself. In five months nobody has been interviewed. We
22 have had one interview with DoCS and that is it. No police
23 investigation. No JIRT. A detective from JIRT threatened
24 my 13-year-old daughter that if she was lying in her
25 retraction, she would be charged, but she still stated that
26 the retraction is true.

27
28 I have to front up to work every day [REDACTED]
29 where I work with people who have assessed my daughter, who
30 prejudice me. I have seen lies in court documents in
31 regards to DoCS caseworkers lying to their solicitor, lying
32 in affidavits. My wife and I have not seen my daughter
33 since November. There is no input from our family into
34 what is going on. There is nothing. I find it appalling
35 and disgusting how we have been treated.

36
37 THE COMMISSIONER: Thank you for that. We do have your
38 submission in more detail. [REDACTED], please.

39
40 THE SPEAKER: Good day, I have got a lot. Did you get a
41 submission?

42
43 THE COMMISSIONER: I think we have, yes, but we don't have
44 it here.

45
46 THE SPEAKER: I have had my children taken off me. It was
47 September 3, 2004. I have jumped through all the hoops. I

1 was on methadone and I understand the full reason why my
2 children were taken off me. Now I have got off the
3 methadone, I have gotten away from my domestically violent
4 horrible partner, now ex-partner thank God, and gotten
5 myself stable accommodation through Women Up North. As
6 Deni said before, they get the housing for the women in
7 hope of restoration, and then DoCS turns around and says
8 no. They turned around and said no about my restoration
9 last year.

10
11 I have still not received any formal reason as to why
12 this actually happened, well, the ceasing of my restoration
13 plan. It never went to court and they have made decisions
14 based on a very, very bias towards the carer's psych report
15 and then I have had threats from DoCS basically that if I
16 don't adhere to the decisions that they have made in
17 regards to the psych report, instead of having contact once
18 a fortnight for six hours all-up with my children, if I
19 don't like that I can have once every three months for two
20 hours supervised.

21
22 Every time I have stood up to DoCS and questioned
23 their methods, their madness, et cetera, et cetera, not
24 only have I been punished but my children, more
25 importantly, have been punished as well as my extended
26 family, which we have subsequently been alienated from
27 through procedural things at DoCS.

28
29 My family comes from Melbourne. I was brought up
30 there. It is my home. They have punished my father, who
31 is a solicitor, and it has just gone beyond a joke.

32
33 Also, the emails I keep sending - I don't have phone
34 contact with DoCS any more because every time I have
35 something to say my words get twisted to their own agenda,
36 so therefore I do all my correspondence via email - and my
37 emails just get ignored. My father's emails get ignored.
38 It is just ridiculous.

39
40 Also, the indirect racism that I have experienced with
41 the department. I was brought up Jewish, always have been,
42 I want to bring my children up in a Jewish lifestyle. I
43 told DoCS from day dot that I wished my children to be in a
44 Jewish foster home. Couldn't happen. Okay, fair enough.
45 Now, since the psych report and the lack of contact, which
46 I am enduring at the moment, they come over three hours on
47 a Friday evening for the Shabbat celebration. I cook them

1 a Shabbat meal, et cetera, et cetera.

2

3 Now, three hours is not anywhere near enough to be
4 able to impart on my kids' knowledge about their cultural
5 heritage and background. DoCS are also going to test me on
6 it in a year, basically test me and my children about what
7 kind of knowledge I have been imparting on them in regards
8 to their cultural heritage and religion.

9

10 I have requested that my children come down for the
11 Passover celebrations. I want to take them down to
12 Melbourne so they can have a proper family Passover thing
13 and DoCS is basically ignoring my request, my father's
14 requests as well, so, yes, they are systematically being
15 racist in the way that they are not letting me teach my
16 children about their cultural heritage and not only that,
17 the amount of people I know in this town that have had
18 their children removed, for reasons but they have gotten
19 their act together, and still DoCS renege on the contract,
20 yes, it is just mind-blowing the amount of stories I hear.
21 They are creating another stolen generation.

22

23 THE COMMISSIONER: Thank you for that. [REDACTED],
24 please.

25

26 THE SPEAKER: I just want to comment on [REDACTED] comments,
27 [REDACTED] comments and [REDACTED] comments. I am a father of
28 six children, four from a first marriage and two from a
29 second. DoCS have taken the two last children from my
30 wife, from my partner, and I wasn't there at the time that
31 the children were taken. Unfortunately I was incarcerated.

32

33 On the release from my imprisonment, I tried to get
34 contact of the children and custody of the children. But
35 DoCS have not given me that hope. I got a care plan the
36 other day which said there is no hope of getting
37 restoration of the children. I don't see why. No-one has
38 explained to me why that is not possible. I am not an
39 angel but I have changed my life a great deal.

40

41 I just want the opportunity to show DoCS that they are
42 wrong in their beliefs of me, but unfortunately I am not
43 getting that opportunity. That is all.

44

45 THE COMMISSIONER: Thank you. I take it the matter has
46 proceeded to the courts so you should have legal
47 representation. [REDACTED], please.

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1
2 THE SPEAKER: Our situation is that we are foster carers
3 that have had a child removed to be placed into another
4 foster carer's care and we had concerns in relation to that
5 with the way DoCS handled the situation, but not to go into
6 full detail about that because we would be here for a good
7 few hours, but the situation was that we put in complaints
8 through the proper channels, through the complaints
9 department, didn't get a full explanation as to what
10 happened, then we have moved on since then to the local MP,
11 Thomas George, and he has actually been working for us in
12 trying to get answers as to the reasons for what happened.
13

14 And that was around three years ago and in that time
15 the minister's office hasn't been able to give us any real
16 information as to why DoCS actually did the removal of the
17 child and also the fact that they have also been and spoke
18 to us, the Department of DoCS has spoken to us in that
19 time, and they have actually admitted that the removal of
20 the child was actually incorrect and should not have
21 happened.
22

23 THE COMMISSIONER: I would be interested in getting
24 details of that. Could you give us a submission setting
25 out the experience you had because the question of
26 complaints and allegations is something we are particularly
27 looking at. It is probably not appropriate to go into full
28 details here, but if you could send us a letter. Can I ask
29 you this: are you now an inactive carer?
30

31 THE SPEAKER: Yes, at the moment. We are awaiting on a
32 full explanation as to why it was done that way, so we are
33 just at the moment waiting on that.
34

35 THE COMMISSIONER: Again, if could send us some details
36 along with any correspondence you might have had, it would
37 be helpful because we are looking at that process in
38 particular, so thank you for that. [REDACTED].
39

40 THE SPEAKER: I am a foster mum, have been for 20 years.
41 I sent a submission in to you and I have not had a return
42 back from that, so I don't know if it has got lost in the
43 mail or not. But I do want to say that when you do report
44 something that happens, you are treated as the criminal,
45 not the person that has done the trouble. We are punished,
46 foster parents, and you do not get a foster child for six
47 months or 12 months.

1
2 THE COMMISSIONER: So far as submissions are concerned, we
3 have had well over 250 from the public and I can't recall
4 every name. We can check, though, and perhaps you might
5 leave your contact details with one of our staff over there
6 and if it somehow has gone astray in the mail then we will
7 contact you and ask for another one. I am not sure how
8 recently you sent it in because they do come in, we
9 acknowledge every one, but it might take a few days to get
10 through our system and get formally acknowledged. How long
11 ago did you send a submission in?
12

13 THE SPEAKER: Last November.
14

15 THE COMMISSIONER: It either has not arrived or our
16 response to you has not arrived in the mail, but we will
17 just check on that.
18

19 THE SPEAKER: Another point I want to make is that foster
20 parents do not get enough money for the work that they do
21 looking after these children, especially when you do
22 respite. Nobody can look after a child for \$25 a day if
23 you are on a pension.
24

25 THE COMMISSIONER: I am just trying to find the paper.
26 How many children do you have in care?
27

28 THE SPEAKER: I have none now because I have been
29 punished.
30

31 THE COMMISSIONER: Previously you had how many?
32

33 THE SPEAKER: Over the years, the 20 years, about 60.
34

35 THE COMMISSIONER: Have you been unaccredited or what has
36 happened or are you just inactive?
37

38 THE SPEAKER: When you do make a report on something and
39 you know you are right, and when you do your training you
40 are taught what you have to do, and it is, no, it never
41 happens, it is swept under the carpet.
42

43 THE COMMISSIONER: What was the actual process, though,
44 did DoCS say you are no longer accredited?
45

46 THE SPEAKER: No, nothing has been said, that is just what
47 you get. If you put a report in, you are punished. For

1 six months or 12 months you don't get any children. Even
2 though they are screaming out for foster parents and there
3 are foster parents sitting around doing nothing, they will
4 not give them to you because you reported something they
5 didn't see.

6
7 THE COMMISSIONER: I think we had better try to either
8 recover a new submission from you or make sure that we have
9 actually received it. Thank you. [REDACTED]

10
11 THE SPEAKER: Good afternoon, everyone. I have a point
12 to bring up that concerns my eldest daughter. She was 13
13 at the time in 2000. She ran away from home. We found
14 her. She went to Reconnect and then two elderly men, men
15 in their 40s, mid-30s, picked her up and took her away.

16
17 I made as many complaints as I possibly could, I went
18 to the chamber magistrate, I sent letters off to the
19 Minister of DoCS, they sent me letters back saying that my
20 daughter was in absolutely no danger. This guy was
21 molesting his daughters. The police did nothing. DoCS did
22 nothing. No-one did nothing and they have still done
23 nothing. I would like to know when and where and how this
24 is going to stop? This is wrong. This destroyed our
25 family. This has really destroyed our family. It is
26 wrong. It is really wrong.

27
28 THE COMMISSIONER: I can't obviously answer your questions
29 because I don't know the facts of the matter but again we
30 note what you have said. Thank you.

31
32 THE SPEAKER: All the matters have been sent to Federal
33 parliament. That is how serious I thought about it at the
34 time. And things are going to come up about me, and I am
35 not ashamed to stand here and say them either, that I had a
36 drug problem and I have fought that, but that is not an
37 excuse to take my kids away from me and treat me like I am
38 dirt on someone's shoe. That is just wrong. I should just
39 have as much rights as anyone else. So why don't I? Why
40 am I told that I am nothing but a piece of junkie piece of
41 shit and I am not going to do nothing for you. Is that the
42 way Australia works now?

43
44 THE COMMISSIONER: I am not sure it is for me to answer
45 that question. But we have got the point that you
46 obviously have had an experience that you are not happy
47 with. [REDACTED].

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THE SPEAKER: I am here because I would like to express my concern about the way DoCS handles investigations, especially on a matter of sexual abuse. I loss custody of my daughter a long time ago. She was two years old. I couldn't remove her nappy and made allegations against her father and I have been denied my daughter since. She was 13 this year and I am lucky to see her an hour a year if I am lucky.

All the systems have failed me, not just DoCS, Family Court, all of them. But I am here because of DoCS. I am appalled at the way they have treated this matter. My daughter had numerous injuries, broken bones, bleeding bottom, and her father's care was horrendous. I don't know how they can put people through such cruelty, is the only way I can describe it, it is cruel, it is cruel, especially when there is evidence that your child is being abused and the courts ignore it. That is the other thing that really concerns me as well.

THE COMMISSIONER: If I can just ask some questions: Your daughter was removed from your home and has been placed in out-of-home care?

THE SPEAKER: With her father.

THE COMMISSIONER: Are you saying that her father was the perpetrator of the abuse?

THE SPEAKER: She claims her father abused her.

THE COMMISSIONER: You say you reported all this to DoCS?

THE SPEAKER: Yes. DoCS didn't deal with her case appropriately. By law it should have been reported to the police immediately. We were referred to DoCS by a paediatrician. Her nappy could not be removed, she was so severely traumatised, and the paediatrician could not examine her and we were referred to DoCS and they should have reported it to the police and they didn't.

I went to the Ombudsman. He got me onto the Commissioner of Children, who made numerous complaints against that department, and the response to those complaints were just anonymous letters, unsigned, slandering me to the hilt.

1
2 THE COMMISSIONER: All right, thank you.
3
4 THE SPEAKER: I am just asking, please, can something be
5 done? It is not just my child, there are many others and
6 it is very, very cruel for everyone involved.
7
8 THE COMMISSIONER: Thank you. I think it was Ken Murphy.
9
10 MR MURPHY: No.
11
12 THE COMMISSIONER: We have got through the various people
13 who filled out a form saying they wanted to speak. Are
14 there any people in particular who represent NGOs who are
15 involved in either early intervention or in out-of-home
16 care? We would like to hear from anybody who has had
17 particular experience as to how the system works, so far as
18 problems or things that are working well if you think there
19 are things that are working well.
20
21 MS YOUNG: My name is Gretchen Young, I am the general
22 manager of the Mid Richmond Neighbourhood Centre. The Mid
23 Richmond Neighbourhood Centre is the administrative agency
24 for Brighter Futures North Coast for the consortium of
25 neighbourhood centres. It is a real mouthful.
26
27 In terms of Brighter Futures, our experience thus far
28 has been very positive. It certainly for NGOs around the
29 region has led to further collaborative relationships and
30 experiences with the CSCs that hasn't necessarily been the
31 experience of neighbourhood centres in particular before,
32 so that has been particularly positive.
33
34 The thing that we are actually finding in terms of
35 clients is that quite often clients are already in crisis
36 mode, they have already gone through the Helpline and so on
37 and so on, so in terms of early prevention it would be
38 great if it could be even earlier. That is something that
39 the data is showing us.
40
41 In terms of Brighter Futures also we have found that
42 the ratio of community referrals versus Helpline referrals
43 is something that we will be battling with in terms of the
44 community referrals, our ratio won't be enough.
45
46 THE COMMISSIONER: Just so I understand, you won't have
47 enough community referrals?

.27/3/08

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1
2 MS YOUNG: We will have more than is coming through the
3 Helpline.
4
5 THE COMMISSIONER: You would like to have that ratio
6 varied to give the community referrals a greater
7 proportion?
8
9 MS YOUNG: Yes.
10
11 THE COMMISSIONER: Just on that, do you have a spare
12 capacity at the moment, either for community referrals or
13 DoCS referrals?
14
15 MS YOUNG: DoCS referrals, yes. Community referrals is
16 narrowing as we speak. One of the things that we found is
17 that having the program in grassroots organisations that
18 those community referrals have been forthcoming, and really
19 quite quickly, and a lot of engagement in the Aboriginal
20 community. And what we are finding is that there is a
21 preference for Aboriginal communities to go through
22 community-based organisations in preference to DoCS because
23 of past history, so I think that needs to be acknowledged
24 in terms of those ratios as well.
25
26 THE COMMISSIONER: What has been your experience in
27 getting people to accept involvement in the program, or
28 saying, we don't want to be involved, we don't need it or
29 don't like to be involved with DoCS?
30
31 MS YOUNG: Our consortium is not cold calling. That is
32 something that I think other lead agencies are doing. And
33 they can certainly speak to that. Our approach has been
34 gently, gently. I think that there has been a long
35 explanation, not just in our sector in engagement with
36 clients, but also in the whole wider sector of what
37 Brighter Futures is actually doing. And it is a relatively
38 small area in terms of gossip and so on and so on, so
39 actually getting the word out there of what is factual
40 about Brighter Futures. So our engagement of clients at
41 this stage is usually between one or two out of four, which
42 is relatively good.
43
44 THE COMMISSIONER: And are you finding that you are
45 getting a positive response to the intervention, that is,
46 people are getting their problems solved and not being
47 re-reported?

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MS YOUNG: No, not being re-reported, and definitely a positive response in terms of the suite of services. And also linking in with other services. That is certainly something I would like to say on behalf of neighbourhood centres, is the opportunity to work collaboratively with any other agency, Health, Education, is certainly what works.

MS MEYER: I just wanted to pick up on Gretchen's point. I am also from the consortium, from Nimbin Neighbourhood Centre. My name is Natalie Meyer. In relation to the community referrals versus DoCS Helpline referrals, we have been getting statistically about one in four clients picking up who have come to us through a DoCS referral and 100 per cent picking up that are coming through to us through a community referral. And we think the reasons for that are fairly self-evident. Yes, there is actually some data behind that, and all of our community referrals are being picked up and are voluntarily entering the program.

MS FURNESS: How long have you been operating under Brighter Futures?

MS MEYER: That is the other issue. We have been rolling out since November and we are just completing roll-out now, so in some centres we are only just commencing. We are only at approximately half capacity across the whole program.

MS FURNESS: How many families have you engaged so far?

MS YOUNG 45.

MS MEYER: We have got a capacity goal of 130.

THE COMMISSIONER: Are there any other representatives?

THE SPEAKER: My name is [REDACTED] I have a series of questions really. I live next door to a family that was in a difficult situation. It is very complicated, quite often. One of the questions that I've had for DoCS is why do they seem to repeatedly look at the most simplistic evidence and simplistic solutions?

I have been supporting this family in just a very ordinary way for about five years, as would anybody. That

1 has included food, water to drink, transport, protection -
2 a whole range of stuff. I believe that DoCS has now picked
3 up the case. In the course of the case being picked up,
4 the family has now been broken up.

5
6 The two older children have gone to live with their
7 grandfather, which is a good solution in lots of ways for
8 those kids. That's where I am talking about the simplicity
9 and complexity. They get fed every day. They get clean
10 clothes and they go to school every day, and that's a great
11 thing.

12
13 The two little ones are left with their mum who has a
14 mental health issue that I don't think DoCS has ever picked
15 up on. It is not for me as a neighbour to announce that to
16 DoCS. I am not comfortable with revealing it. When you go
17 inside someone's house and see that walls have been taken
18 out, the toilet many times and the shower, and then she got
19 stressed and took out plumbing. I don't know what
20 questions you should ask? Why can't DoCS see that that
21 lady needs some support?

22
23 She is now living in a caravan park in Lismore with
24 two tiny children. I am very worried about her and her
25 children. I do not think it is a safe place for her kids
26 to be, especially the kind of kids they are. They really
27 want love and attention. They would do just about anything
28 to have affection.

29
30 DoCS have been around. I actually had the older girl
31 in the car and DoCS arrived outside the house. As we drove
32 in, she saw them standing there. They were really obvious;
33 they were all in black. She jumped out of the car and went
34 straight up to them and said "Who are you?" They said to
35 her, "Oh, hi, we are from DoCs." They identified
36 themselves and she said, "What do you want?" Her image of
37 DoCS is that they take children away. I think that image
38 is really damaging. Around my neighbourhood people who
39 have been concerned about this family have said: "What do
40 we do? Who do we ring? I am really worried. Look, he's
41 wearing his stepfather's clothes and his T-shirt is down to
42 there, and he doesn't have any lunch and he is not allowed
43 on the bus because he doesn't have any shoes." Then they
44 say, "Who do we call?" I say, "It is DoCS, isn't it? That
45 is who it is - the department of children's services;
46 that's who you ring." They said, "Don't they just take the
47 kids away?" Is that really the solution for that family

1 that those kids get taken away?

2

3

4 The older girl is down in Sydney with her brother.
5 Like I said, that's a great thing for them in some ways,
6 but she was also the mother of those two little girls. It
7 was a big responsibility for that little girl, but the
8 reality is that is what she did. She has been looking
9 after those two little girls, her little sisters, for her
10 whole life - for their whole life. It is she who cuddles
11 them and picks them up and takes care of them most of the
12 day. She is present in their lives.

13

14 Now the mum is so stressed she cannot even speak to me
15 or anybody. She says, "I am busy at the moment." She is
16 so manic, and those little girls don't have their older
17 sister or older brother who might make them a sandwich or
18 do up their shoes or do the basic stuff.

19

20 I am saying DoCS is a bit simplistic in their approach
21 and do not seem to have a good idea of the complexities
22 involved. Their image is terrible. That little girl knew
23 straight away that they meant business. She was frightened
24 of them. She clammed up. There was no way they could have
25 any good relationship with those people. There needs to be
26 a relationship built up between the people that are
27 supposed to protect those children and those children
28 themselves so they can be honest and there can be a good
29 exchange between that service and those children? Those
30 children are the ones who will tell you what's really going
31 on if they feel safe enough.

32

33 THE COMMISSIONER: You have made the point, thank you very
34 much for that. I was just wondering if Lenore Marlowe
35 would like to say something. She represents one of the
36 Aboriginal child and family centres, I think. I know you
37 said you didn't want to speak, but if you would tell us
38 something about any concerns you may have, then we would be
39 grateful to hear from you.

40

41 MS MARLOWE: I am not supposed to be up here but I'll say a
42 few words anyway I suppose. Concerns about DoCS: we have
43 had some past history with CSCs. We have capacity building
44 for our services and through that, the relationship is
45 starting to get better because we have some great managers
46 that have come through the CSCs. We are working together
47 and they have been in partnership with us.

47

1 The biggest problem - we have 19 kids in care at the
2 present time - is that we are not getting the referrals
3 from CSCs that we were getting in the past. From Tweed
4 CSC, we haven't had any referrals over 12 months. Ballina
5 has been consistent. Lismore has been okay. Grafton is
6 starting to refer.

7
8 My problem is where are all the Aboriginal kids being
9 placed? I guess that's where we are at at this time. They
10 are not being placed with Ngunya Jarjum. We are the only out
11 out-of-home care care service in the Far North Coast from
12 Tweed to Grafton. We cover 35 Aboriginal communities in
13 the area. Where are our Aboriginal kids being placed?
14 That's what I'd like to know.

15
16 THE COMMISSIONER: How many kinship carers do you have
17 that you can use?

18
19 MS MARLOWE: We are going to do the capacity building; in
20 year two, we will take on kinship. We train Aboriginal
21 foster carers. We have about 20 carers.

22
23 THE COMMISSIONER: Are DoCS helping you with the carers?

24
25 MS MARLOWE: We create our manual. We do our own training.

26
27 THE COMMISSIONER: Where is your funding from?

28
29 MS MARLOWE: Our funding is from DoCS.

30
31 THE COMMISSIONER: So you have spare capacity to take
32 children through your carers or are they all occupied at
33 the moment?

34
35 MS MARLOWE: They are all occupied at the moment. The
36 first year, we will need to have 21. Over a three-year
37 period, we will have 37 kids in long-term care and we have
38 to take on 23 kinship - so that just gives us 60.

39
40 THE COMMISSIONER: Thank you for that. Are there any
41 other NGO representatives here?

42
43 MS REIMER: My name is Elizabeth Reimer. I am not
44 representing an NGO as such. I am a PhD candidate at the
45 Australian Centre For Child Protection. As part of my
46 research, I've been speaking with parents who are working
47 in family support services in this areas.

1
2 There have been some matters raised about the Brighter
3 Futures program. I wanted to feed back some responses that
4 I have been getting through my interviews with parents with
5 respect to their experiences of Brighter Futures, both the
6 NGO element and the DoCS element. You probably know the
7 Family Support Services, who have been in this area doing
8 early intervention-type work for years, were overlooked for
9 a number of reasons for the Brighter Futures money.

10
11 It is great that there are new services. It is great
12 that there is new money and new services in the community,
13 but I think there are problems as a result of that that
14 have come up with respect to family work and the experience
15 of family work. From the reports that I was getting
16 through my interviews with parents about the research I was
17 doing, it seems that the skills required to build a working
18 relationship, which are quite nuanced and which are often
19 learned through family work experience rather than academic
20 means, haven't been really there from what these parents
21 were saying in their experience of the Brighter Futures
22 workers.

23
24 What they have been doing is rather than returning to
25 the Brighter Futures service, either the NGO or the DoCS
26 service, they have been returning to the working
27 relationships that they had with the family workers
28 previously, which is making it difficult for Family
29 Services because they are not being funded to work with
30 these families, but the families who already have working
31 relationships with these workers are coming to them to keep
32 working on their needs.

33
34 I think there was a lot of competition. My concerns
35 are about the way that DoCS went about their competitive
36 tendering with respect to the early intervention program.
37 I think that does seriously need to be looked at. Just
38 this point of the working relationship, which is what my
39 research is in, it is quite nuanced and the skills are
40 learned in the family service. These vulnerable families
41 who are coming to the early intervention services are
42 possibly not experienced in seeking the same level of
43 working relationships that they would be in an organisation
44 that has been doing it for years and has a culture of a
45 particular type of working relationship, particularly in
46 relation to the DoCS workers.

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One of the parents raised before that one of their concerns was that DoCS used information that has been given to them voluntarily against them. That has happened with a few of the parents who spoke to me. Thank you.

THE COMMISSIONER: Thank you very much for that. I think that brings the hearing to an end. There may be some other people who might want to have their views conveyed to us. We will leave some contact details here. You are perfectly free and welcome to write to us if you have concerns that you have not raised today or that you would like to raise with us. Thank you very much for that. It has been very helpful to inform us as we go around the State of what are the issues and the problems.

AT 2.55PM THE COMMISSION ADJOURNED ACCORDINGLY