

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

Before The Hon James Wood AO, QC, Commissioner

At the Newcastle Panthers Club  
Cnr King & Union Streets, Newcastle West, Newcastle

On Monday, 31 March 2008, at 2.00pm

Counsel Assisting: Ms Gail Furness

THIS TRANSCRIPT HAS BEEN EDITED

.31/3/08

1 PUBLIC FORUM - NEWCASTLE  
Transcript produced by Merrill Legal Solutions

---

1 THE COMMISSIONER: Good afternoon and welcome to the  
2 public forum. What we want to hear from you this afternoon  
3 is your experiences with DoCS, any problems you may have  
4 had, any good experiences you have had, relating to your  
5 interaction with DoCS or indeed with the child protection  
6 system generally because there are other agencies than DoCS  
7 included in dealing with child protection such as Health,  
8 Education and so on.

9  
10 I suspect that amongst us we have people who have had  
11 children maybe removed or had belonged to families where  
12 children have been removed from their care and placed into  
13 foster care. We may have some foster carers here. We may  
14 have some people who, although probably not from Newcastle,  
15 have been exposed to the early intervention Brighter  
16 Futures program, and we also might have people from some of  
17 the NGOs who have been concerned in providing assistance to  
18 families, particularly those where they have children who  
19 have got into problems or where the families have got into  
20 problems affecting the children.

21  
22 We have a number of people who have indicated an  
23 intention or desire to speak. As there are more people  
24 just coming in, if any of you do want to say something this  
25 afternoon about your own concerns or ideas, I would ask you  
26 please to perhaps indicate now and put your hands up and  
27 our staff will give you a form to fill in if you have not  
28 already done so.

29  
30 If you want to refer to cases, we would prefer you not  
31 name the child. There are obviously confidentiality and  
32 privacy considerations in relation to the child. It maybe  
33 when you telling us your account that you may inadvertently  
34 do so. If so, we will remove that child's name.

35  
36 Short of that, I would ask you, please, we will just  
37 go through the list. If you do speak, indicate what your  
38 interest is. Sometimes you have indicated on the form so  
39 that will save you having to do it, but otherwise if you  
40 have not indicated whether you are a carer or a parent or  
41 an NGO or whatever, I ask you to do so.

42  
43 First of all, perhaps we can go to Shauna Norman. You  
44 represent the Toukley Neighbourhood Centre.

45  
46 MS NORMAN: I will actually read this out.

47

1 THE COMMISSIONER: Before you do that, is it a very long  
2 document?  
3  
4 MS NORMAN: No.  
5  
6 THE COMMISSIONER: If someone has prepared a long document,  
7 leave it with us.  
8  
9 MS NORMAN: I hold here six letters of complaint from our  
10 workplace from clients. From September last year my  
11 colleagues and I have sent proof in the form of reports,  
12 documents, letters, et cetera, to ICAC, the  
13 Director-General of DoCS, the Ombudsman, the local MP  
14 Mr Harris, the Services auditor, the Minister of Community  
15 Services, Mr Green, and numerous other related persons.  
16  
17 To date nobody seems interested in identifying or  
18 resolving the systemic issues found within the complaints.  
19 My question is: if we, the staff have the same practice,  
20 have made complaints against our management and the  
21 management committee, cannot instigate and have a  
22 superficial investigation into extreme breaches of ethical  
23 work practices, how on earth can we advocate for our  
24 clients, much less expect them to speak out for themselves?  
25  
26 THE COMMISSIONER: If you have those complaint letters  
27 with you, can we see them because at the moment I don't  
28 know what the complaints are about. Can you give them to  
29 us? Are they copies or originals?  
30  
31 MS NORMAN: They are originals. I will copy them and give  
32 them to you today.  
33  
34 THE COMMISSIONER: While you are doing that, can you  
35 indicate to us in broad terms what the complaints are  
36 about?  
37  
38 MS NORMAN: Each of those clients has been abused within  
39 the system. There is money being moved around that should  
40 not be in our workplace, staff are being bullied,  
41 ostracised and punished for speaking out, all sorts of  
42 issues. We called on DoCS several times and asked them to  
43 intervene and look after us as staff and to look after  
44 their clients, and we were told that DoCS was only there  
45 for the management and the management committee and not for  
46 the staff. So who is there for us and who is there for the  
47 client?

.31/3/08

3

PUBLIC FORUM - NEWCASTLE

Transcript produced by Merrill Legal Solutions

---

1  
2 THE COMMISSIONER: Perhaps we will look at those and see  
3 whether we think something needs to be looked at or not.  
4  
5 THE COMMISSIONER: [REDACTED]  
6  
7 [REDACTED]: I am a grandmother of five grandchildren who  
8 were actually under investigation by DoCS over a couple of  
9 years. My main concern is I didn't have any problems with  
10 the DoCS workers, I thought they were very good. My main  
11 concern was they could not share information across states.  
12  
13 What happened is that they were brought up towards  
14 northern New South Wales, they moved to Queensland and then  
15 they moved to South Australia. It took a lot of doing and  
16 a lot of work to get information, and I am just wondering,  
17 that is my main concern, that they can move around, or any  
18 others can, but the sharing of information over computers  
19 is not happening.  
20  
21 When I asked the DoCS worker if they could ring FACS  
22 in South Australia, they said they could but in terms of  
23 that they had no legal right to give up any information  
24 about any sort of investigation that was going on down  
25 there. That is my main concern.  
26  
27 THE COMMISSIONER: Thank you. We are aware that there are  
28 problems when people move across states because there are  
29 different departments involved and different rules and so  
30 on. But these children have been placed in care, have  
31 they?  
32  
33 [REDACTED]: No, they never got out of care. They are under  
34 FACS in South Australia at the moment but they are just  
35 keeping an eye on them.  
36  
37 THE COMMISSIONER: Were they placed into care in New South  
38 Wales?  
39  
40 [REDACTED]: No, they were never actually placed in care, it  
41 was just an investigation, trying to get them into care.  
42  
43 THE COMMISSIONER: Thank you. David Whitson.  
44  
45 MR WHITSON: David Whitson, I'm a TAFE student in PUSH,  
46 Certificate IV. There are actually six other guys in the  
47 course with me. Perhaps I am wearing the hat of a Uniting

.31/3/08

4

PUBLIC FORUM - NEWCASTLE

Transcript produced by Merrill Legal Solutions

---

1 Care volunteer worker.

2

3

Firstly, thank you for coming to the Hunter.

4

5

Our market driven economy, Western capitalism, economic rationalism, call it what you will, no doubt has a few strengths. Perhaps you can say that one of them at the moment is producing world champion swimmers.

6

7

8

9

10

However, one of its greatest weaknesses is its treatment of disadvantage children, leaving these poor families and their children way behind. To me, to balance this situation needs a massive expansion of programs like the Brighter Futures program to redress this situation, and I have heard anecdotally that the Brighter Futures program has already a six-months waiting list, someone might be able to correct me on that figure, so please take this message to our Premier and his government. Thank you.

11

12

13

14

15

16

17

18

19

20

THE COMMISSIONER: Brighter Futures has just been introduced in this region. It is in some areas but it is subject to progressively being introduced and clearly we have heard that there is a significant need for that program, so thank you for your views on that.

21

22

23

24

25

26

Julie Watkins, Centacare.

27

28

MS WATKINS: Julie Watkins, Centacare. My concern is the length of time that matters are taking before the court currently in the Hunter. We had babies placed in our agencies placed at the age of 6 months and they have just return home at the age of 18 months and their case was before the court for all that length of time. I just think for little ones that is just too long, those babies had formed an attachment to their foster carer, so I just wanted to raise that today.

29

30

31

32

33

34

35

36

37

MS FURNESS: Were you involved in the court cases?

38

39

MS WATKINS: No.

40

41

MS FURNESS: So you don't know the reason for the delays?

42

43

MS WATKINS: No.

44

45

MS FURNESS: We are conscious that there are varying times taken between rural, regional and metropolitan courts with

46

47

.31/3/08

5

PUBLIC FORUM - NEWCASTLE

Transcript produced by Merrill Legal Solutions

---

1 dealing with care applications.

2

3 THE COMMISSIONER: Anthony Brooks, Lower Hunter Temporary  
4 Care.

5

6 MR BROOKS: Thank you. My concern is with regard to the  
7 working with children check. As an organisation that  
8 provides support services to people with disability,  
9 predominantly children and young people with disabilities,  
10 we utilise a lot of volunteers. We are funded by the State  
11 Government to do that type of service but the difficulty is  
12 that we can't get working with children checks done on  
13 volunteers. We can get it on paid staff, and even if we  
14 have volunteers providing services on a similar role, such  
15 as providing family respite care, we are not allowed to  
16 have the working with children check conducted, and it is  
17 something that we have been lobbying for six years to  
18 overcome and we hope your recommendations from this inquiry  
19 will include that.

20

21 THE COMMISSIONER: We are looking at that. Part of the  
22 problem in the past has been that I suppose the bright  
23 light or the demarcation between those people who are  
24 providing volunteer care on a continuing basis and those  
25 who might provide voluntary care or voluntary assistance in  
26 some organisations such as yours on an ad hoc basis, for  
27 example, if you have some kind of function they might come  
28 along for the day to help out with that, and that has been  
29 part of the sticking point.

30

31 There are many volunteers who are providing assistance  
32 to events which might involve children who are there only  
33 for a day or once or twice every year, whereas those such  
34 as your workers are there on a continuing basis. Just in  
35 relation to that, what is the sort of involvement of your  
36 volunteers?

37

38 MR BROOKS: Often they are in a regular planned  
39 arrangement such as a weekend per month or one day per week  
40 and it can be going on for many years as we try to build  
41 bridges between host families, people like yourself, and  
42 families who are caring for a son or daughter with a  
43 disability, so it is an ongoing regular planned  
44 arrangement.

45

46 THE COMMISSIONER: Thank you. Robyn Cotterell-Jones,  
47 Victim Support.

.31/3/08

6

PUBLIC FORUM - NEWCASTLE

Transcript produced by Merrill Legal Solutions

---

1  
2 MS COTTERELL-JONES: Thank you. My organisation provides  
3 support to people who have been threatened or harmed by  
4 crime, particularly violent crime. It is a very broad and  
5 very deep exposure we get to how people are treated, how  
6 they are impacted on by various systems, and I have been  
7 doing this work now for about 14 years, and when it comes  
8 to the essential complaints about DoCS that we have from  
9 clients who have children in need of protection, we have a  
10 problem there. If a child discloses sexual abuse, there  
11 does not seem to be any directive to a protective parent in  
12 what to do, who to speak to, how to go about doing it, so  
13 the comment that comes back to me all the time is, you are  
14 damned if you do and damned if you don't.

15  
16 If I stay in the domestic violence, DoCS will take my  
17 children away. If I leave, I am placed in jeopardy in the  
18 Family Court situation.

19  
20 The JIRT guidelines place suspicion on someone in a  
21 family situation who reports child abuse against a natural  
22 parent so what we are finding is the ramifications of that,  
23 where people are very concerned about what the children are  
24 telling them and there is no across the country guideline  
25 about how what to do and how the system should work. That  
26 is one particular issue.

27  
28 The next issue I would say is that there is an  
29 inconsistency between State Governments in their  
30 understanding of what is a victim of crime is and how that  
31 victim of crime policy should be related. There is a  
32 Charter of Victim Rights which says that all victims of  
33 crime should be treated with dignity and respect.

34  
35 What we find is that one department, for example,  
36 Victims Compensation, says that there is an ability to  
37 achieve compensation as a result of being traumatised about  
38 hearing about the crime of sexual abuse against your child,  
39 but when the same type of matter might get into DoCS, what  
40 we are finding is that there is a lot of suspicion around  
41 the mother who might be reporting and, instead of assisting  
42 that person to understand how the system works and what  
43 evidence is and how questioning might need to take place,  
44 what I am finding is a lot of my mums are being accused of  
45 manipulating the children to give evidence against dad.

46  
47 We are all very aware of false accusations but what is

1 happening in our state levels is really affecting families  
2 in the Family Court as well.  
3

4 The other thing is the complaints process with DoCS  
5 and with other government agencies is absolutely  
6 disgraceful, the avoidance of the issues, the lack of  
7 systemic review, that ordinary people go through the system  
8 trying to say, "this is what has happened to me", "this has  
9 been my experience", and we call it a butt covering  
10 response, and you will often get a response that when  
11 people get responses from different agencies, you will get  
12 Premier's Department saying this should happen, the Police  
13 Department will say this should happen and DoCS saying  
14 something different, so I would like to see a consistent  
15 complaints process and I think we will be able to resolve a  
16 lot of the issues that we are dealing with.  
17

18 There are about a thousand other things but that will  
19 do.  
20

21 THE COMMISSIONER: Thank you very much. [REDACTED],  
22 please.  
23

24 [REDACTED]: good afternoon. My grandson was removed from  
25 my care on [REDACTED]. He had been in my care  
26 for nearly four months of his life. He is only eight  
27 months old. DoCS came to our home on the [REDACTED],  
28 told me our grandson was in temporary care, and with that  
29 they told us that we were able to get financial assistance  
30 and also I asked for some legal paper work, some sort of  
31 legal paper work that when he went to see his mum and dad  
32 that we had something that, if something was to happen,  
33 this father had violent tendencies, if something was to  
34 happen the necessary things would happen to get our  
35 grandson back into our care.  
36

37 With that, I have been fighting them for paper work  
38 and financial assistance. In the end, my husband and  
39 myself emailed Neil Shepherd, Kevin Green, Katrina  
40 Hodgkinson, the New South Wales Governor, the Wood  
41 Commission, we have done everything to try to get my  
42 grandson back.  
43

44 On the [REDACTED] they came in, took him out of  
45 my arms, the police just took him, and he has been in  
46 foster care. I can't see him. I asked them the reason why  
47 he was taken away from me. They said it was because I had

.31/3/08

8

PUBLIC FORUM - NEWCASTLE

Transcript produced by Merrill Legal Solutions

---

1 a mental illness. I have bipolar. I only found out 12  
2 months ago that that is my condition. I was born with it.  
3 I am not irresponsible. I am not a drug user.  
4

5 Then because of that I had to ring my husband to come  
6 home to get to see what he could do. He rang up DoCS.  
7 They then said it was because I was blocking them, because  
8 I kept on asking for paper work after paper work, and also  
9 just to give me a little bit to say that my grandson was in  
10 my temporary care. I still haven't seen that paper work  
11 and I still haven't got any financial assistance.  
12

13 Now he is gone. I can't even see him. I have been  
14 asking and asking just to see my grandson and they said  
15 that some matters had come to their attention, and they  
16 won't tell us what, my husband has rung DoCS office and has  
17 been asking what is going on, and some of the things they  
18 are stating is criminal. And something needs to be done  
19 because my little grandson, I don't know where he is, I  
20 know there are some really good foster people out there,  
21 but I am just so scared for my little boy because they  
22 never asked if he had had his needles, they never asked if  
23 he had any sort of allergies or anything, they just took  
24 him, I never got the time to even give him his favourite  
25 little toy.  
26

27 Something needs to be done. This isn't right. This  
28 is a good stable home. Thank you.  
29

30 THE COMMISSIONER: I wonder if at the end of the meeting  
31 we could talk to you and get some more details from you.  
32 Do you have any paper work with you?  
33

34 [REDACTED]: I have a whole pile here.  
35

36 THE COMMISSIONER: One of our people will talk to you at  
37 the end of the meeting.  
38

39 [REDACTED], please.  
40

41 [REDACTED]: I am representing a Christian accommodation  
42 compensation service that was recently started. I am also  
43 here with a young girl who was raped by her father and in  
44 the process of working with her we took her to JIRT  
45 interviews and they pretty much said that because it  
46 happened 12 months prior there was nothing they could do  
47 and she hadn't disclosed previous to that 12 months and so

1 they said that because it was such a long time period, and  
2 she could not give enough detail of exactly what had  
3 happened between her and her dad, that they could do  
4 nothing for her and they left her in a very vulnerable  
5 situation where the law says that parents, as legal  
6 guardians, have to know where the child is staying. So  
7 there was a great threat for the young person because we  
8 were really concerned that the father would be told that  
9 accusations had been made against him and that he would  
10 come and try to collect the girl.

11  
12 DoCS didn't want to get involved because she was over  
13 15 and they felt that she was too old to be assisted.

14  
15 THE COMMISSIONER: Thank you for that. It is important  
16 for to us know cases of this kind.

17  
18 M J Campbell, please. We do have a submission from  
19 you which we can look at.

20  
21 MR CAMPBELL: You have two submissions from me. One was  
22 an email when the Commission was first set up and this one  
23 that I wrote yesterday on the basis of the advert from the  
24 Newcastle Herald.

25  
26 THE COMMISSIONER: As you appreciate, we have had a very  
27 large number of submissions which have come in and I will  
28 have to read through this one to just remind myself whether  
29 it is something which requires more information. Have you  
30 added anything in this letter to your previous submission?

31  
32  
33 MR CAMPBELL: I have changed the original submission which  
34 was done on hearsay of the Commission of Inquiry. That was  
35 based on the advertisement in the Newcastle Herald the  
36 other day on the questions that were asked in the Newcastle  
37 Herald.

38  
39 MS FURNESS: Is there anything you wish to add to your  
40 written submission?

41  
42 MR CAMPBELL: Not at this stage, except that there seems  
43 to be a culture within DoCS of problems that are  
44 highlighted, even here, these people here have said  
45 basically what is happening.

46  
47 MS FURNESS: Thank you very much.

1  
2 THE COMMISSIONER: Sabine Wagner, Carrie's Place.  
3  
4 MS WAGNER: That was not about an existing matter. I have  
5 also written a very extensive submission. I just want to  
6 point out that whatever issues you have listed there, for  
7 us as a service for women and children escaping domestic  
8 violence the system just does not work at all. We have  
9 made about 100 notifications in the last few years. One  
10 matter was attended to. And we don't make notifications  
11 lightly. We don't make them when women come into the  
12 refuge automatically. We only make them if there are  
13 concerns for the children's safety, if the mother returns  
14 or if there is neglect by the mother or abuse by the mother  
15 or if there are allegations of child abuse and we have  
16 disclosures.

17  
18 None of our children ever get seen. Nothing gets  
19 followed up. The whole system, if you look at the  
20 interagency guidelines, nothing like that ever happens, it  
21 is just such a huge, huge issue which cannot be addressed  
22 by DoCS as it currently works and how the whole thing is  
23 set up. But in detail I have talked about it in the  
24 submission.

25  
26 THE COMMISSIONER: Thank you. Leonie Forsyth, Kidsafe  
27 Hunter.

28  
29 MS FORSYTH: Thank you very much. I work with the Kidsafe  
30 organisation in the Hunter region. Previous to this I  
31 worked for 13 years in child abuse prevention with NAPCAN.  
32

33 Listening to some of the stories today, they are the  
34 same stories that I heard 20 years ago and it seems that,  
35 with all the money we have thrown at it and resources, we  
36 have not managed to find a way through to help these  
37 parents and their children to have a better life.  
38

39 I only found out this morning that this meeting was on  
40 so I have not prepared anything but what I would like to  
41 bring up in my role as Kidsafe coordinator would be to look  
42 at how the parents of the lower socio-economic groups are  
43 supported to keep their children safe, not just from abuse  
44 but from injury as well, because we know most of the  
45 children that are admitted to hospital come from the lower  
46 socio-economic groups, and I have people coming in seeing  
47 me saying, "Look, I need a latch for the front door and I'm

1 in a Housing Commission home, but they tell me it is not a  
2 priority", and this lady had a two-year-old who was  
3 escaping out onto the road.  
4

5 Those things are so simple to fix and it is so  
6 frustrating that a child could be injured or killed on the  
7 road because it wasn't a priority to put a lock on the  
8 screen door for this mum.  
9

10 That is just one story. I hear many of those sorts of  
11 stories and what I would like to raise today is that injury  
12 prevention is very much a part of the safety of children,  
13 not just safety from abuse, as injury can cause such a lot  
14 of pressure on families once you have an injury, and  
15 getting to and from the hospital, looking after the child  
16 brings a lot of emotional stress as well as financial  
17 stress on people who more than likely in their day-to-day  
18 lives are struggling with their marriages at home and the  
19 things that they have to live with, drugs and all those  
20 other things.  
21

22 We can't put it all in one pile, I understand that,  
23 but I would just like to raise with you that we should get  
24 places like the Department of Housing to look at what their  
25 priorities are when there are young children living in  
26 homes that they provide. Those homes should be safe at all  
27 times and it is one way of lessening some of the pressure  
28 that people have in their families and hopefully it filters  
29 down into how they care for their children and the eventual  
30 outcomes.  
31

32 The other thing too, and I don't know if this is the right  
33 forum, is that there is no funding particularly for child  
34 injury prevention for Kidsafe in the Hunter. We would like  
35 to see the State Government look at that, because we have a  
36 wonderful program that will be implemented in the next  
37 12 months, but we need desperate help with funding for  
38 that. So far, we have a block of land, but we do not have  
39 any cash money. What we will be doing there is easing the  
40 pressure on families from everywhere, particularly  
41 targeting lower socio-economic groups. We would like to  
42 see some support to help ease the burden on parents.  
43

44 THE COMMISSIONER: Could you tell us, please, what Kidsafe  
45 actually does at the moment?  
46

47 MS FORSYTH: In the Hunter, what we are trying to do - and

1 we have been here for 13 years - is try to raise the  
2 profile of child injury prevention as against child abuse  
3 prevention. I shouldn't say "against"; I should say hand  
4 in hand. We do many community programs educating people,  
5 but because we are so small and with the lack of funding,  
6 we are not making the inroads into the community that we  
7 should be.

8  
9 Our child safety centre will become an education  
10 centre for parents from everywhere, including grandparents,  
11 which is a new thing. We are just starting to see the  
12 results of grandparents - there are many, many more these  
13 days - looking after little ones under five. We are  
14 finding that once you reach 55, 60 years of age, you start  
15 to have your own problems, and that's when the littlies  
16 come into your care. Child-rearing practices are so  
17 different today than they were when I raised my children.  
18 We need to educate those grandparents to help them in their  
19 role of caring for their little ones.

20  
21 It goes right across the board, we will be looking  
22 after people or educating people from birth through to  
23 death. All we need is more finance to do it. I get very  
24 frustrated when I see money thrown at projects that do not  
25 seem to get anywhere. I would like to see us have the  
26 opportunity to get on with the work that we know will make  
27 a difference and therefore relieve some of that stress on  
28 parents.

29  
30 THE COMMISSIONER: Thank you for that. Anne Llewellyn,  
31 please.

32  
33 [REDACTED]: I am a grandparent. I am speaking today on  
34 behalf of my grandchildren. Four of my grandchildren are  
35 currently not being cared for by DOCS. They have been  
36 reported many times to DOCS, having come to us with  
37 bruising, and other things. We reported that incident to  
38 DOCS. Whenever we try to get information from DOCS on  
39 where this situation now is, we are told, "This is  
40 confidential information." We can't get any information  
41 that can tell us whether they are actually following up  
42 with the reports.

43  
44 It is very difficult to know how to get other people  
45 to report these issues to DOCS. Many neighbours are now  
46 starting to report to my grandchildren's father that their  
47 mother and her new partner are contributing to the

1 children's current predicament. We can only say to these  
2 people, "Please go to DOCS and report it", because clearly  
3 DOCS wants to hear about these things. Trying to get the  
4 community to understand the importance of reporting can be  
5 very difficult.

6  
7 It is very hard for the non-custodial parent to have  
8 any input into these issues. Nobody wants to give their  
9 father any information because clearly the children are  
10 living with their mum. She is the one who has all the  
11 jurisdiction in terms of their medical treatment, their  
12 schooling and any issues to do with their safety. Not all  
13 mums are great mums, and children can suffer with a mum as  
14 much as they can with a dad.

15  
16 When the Family Court is involved, or the Federal  
17 Magistrates Court as is the case with this situation, it is  
18 frustrating that it is taking up to five months to get  
19 something done about these issues. There is contravention  
20 of orders. They go to court, they are in court two or  
21 three times. You may not have the benefit of Legal Aid, as  
22 the mum does. Their father is paying a fortune to  
23 barristers and other people just to get his children  
24 protected.

25  
26 The other problem with the Federal Magistrates Court  
27 is that you have Federal Court orders. The local police  
28 will not deal with those court orders because they come  
29 under State legislation. This a real issue for children  
30 who are not safe. The police will go to the house, but if  
31 they can't find immediate answers, they have told us they  
32 can't action any other things because it is not their area  
33 of legislation.

34  
35 Probably one thing that I would see as important is  
36 that there be more information to the community as to how  
37 they can best help children who they fear are at risk.  
38 Also there needs to be some dialogue between the Federal  
39 Magistrates Court, the Family Court and the local police so  
40 that some action can be taken to save these kids.

41  
42 THE COMMISSIONER: There is an overlap between the Family  
43 Court and the Children's Court and we are looking at that.  
44 But have you contacted the Australian Federal Police  
45 because the Australian Federal Police are concerned really  
46 with federal matters.

1 [REDACTED]: No, I haven't, but is this a possibility in  
2 Newcastle?  
3  
4 MS FURNESS: The AFP are everywhere.  
5  
6 [REDACTED]: Will they come and when are they going to  
7 come?  
8  
9 THE COMMISSIONER: I obviously can't promise anything  
10 because I do not know enough about your case. If you are  
11 having a problem with Federal Court orders being flaunted,  
12 then you may have to speak to the Federal Police. There is  
13 this overlap between the two courts. It is problematic, I  
14 accept that.  
15  
16 [REDACTED], please.  
17  
18 [REDACTED]: Hi, my children were taken from me 12 months  
19 ago. They were a few months old. I believe that they  
20 should not have been taken. There needs to be something  
21 changed, as I've said in my letter to the Inquiry, to do  
22 with reports. You cannot have just anyone ringing and then  
23 someone coming out and being constantly on your doorstep  
24 almost every day when there is no actual proof of anything.  
25 Basically this needs to be investigated and questions need  
26 to be asked.  
27  
28 THE COMMISSIONER: Is your case before the court at the  
29 moment, the Children's Court?  
30  
31 [REDACTED]: Yes.  
32  
33 THE COMMISSIONER: There are requirements for  
34 investigations that take place, but do you have Legal Aid?  
35 Do you have legal assistance?  
36  
37 [REDACTED]: Yes, I have that, but I wasn't sure of the  
38 process; I wasn't told, or anything.  
39  
40 THE COMMISSIONER: All I can suggest is that you listen  
41 carefully to your Legal Aid lawyer because there are  
42 procedures that have to be followed. I think, as the  
43 matter is before the court, it is best speak to that  
44 lawyer.  
45  
46 [REDACTED]: Yes, I've talked to everyone about it -  
47 different people, like ministers and Katrina Hodgkinson,

.31/3/08

15 PUBLIC FORUM - NEWCASTLE  
Transcript produced by Merrill Legal Solutions

---

1 but it has been 12 months.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

Also since they have been involved with the carers - not at the moment; thank goodness for that - they have been very distraught and upset constantly. They have been extremely unwell the whole time. I do not have any rights at all and I can hardly ever see them. There's no reason at all why it should have happened in the first place. But also it having happened, there is no reason for hardly any contact, not having any chance to be with their mother and stuff like that, and letting an abusive father to see them more because of the personality; you know, there are these sort of discriminatory opinions.

THE COMMISSIONER: Thank you for that.

██████████: It will take me too long to tell you all that has happened in the last 12 months between myself and my family.

THE COMMISSIONER: Thank you. ██████████?

██████████: I am ██████████, ██████████'s ex-partner. I am speaking on behalf of our daughter ██████████. Going back to the year 2000, my daughter was taken from us. It was on my birthday. They used an emergency warrant, and basically that was the emergency. They were able to put on the warrant. They used a wrong name. They didn't even use the right name. It was pointed out to them, but they still went ahead and they were able to take her.

Since that time, despite any evidence of neglect or abuse, we have not had one unsupervised visit with our daughter. We have been through the court process about three times to bring her home. We have split up since that time - there was depression and strain. Quite honestly, I feel that this is the first time I've had a chance to express what is going on.

The very end of last year was my last attempt through the courts. I find the court process is just as difficult. You are assigned a lawyer. For all intents and purposes, you get your hopes up. You really think you are getting somewhere because you have some good hard evidence; but when it comes down to it, you see that, in a sense, they all work out what is going on between them. You do not get any sort of chance or time to put what you need before the

1 court. You are sort of brushed away if you're at that sort  
2 of standard where you do not have your own paid  
3 representation, for example. The Legal Aid solicitors,  
4 they do not have the time to put the effort into your case  
5 that you would like.  
6

7 I have spent years and years trying to bring my  
8 concerns to DOCS about my daughter and about where she is  
9 placed, even with regard to the way she was reported. The  
10 fact was the only people who made calls to report her were  
11 the people who ended up with her. To me, it is a gross  
12 kind of inconsistency that anyone can make reports. The  
13 reports do not have to be verified, and they can just turn  
14 up and take her as they have. I am sorry, I still have a  
15 lot of trouble coping with it, and I have received no  
16 support at all from the department since that time.  
17

18 There are a thousand other things I could tell you.  
19 To this day, she is still not known by her real name. So  
20 far as I am concerned, that is so sad. I want more of an  
21 influence in my daughter's life and I would like the chance  
22 to be a father again.  
23

24 THE COMMISSIONER: The matter is still before the court,  
25 is it?  
26

27 [REDACTED]: I have taken it before the court three  
28 times. We finished up the last time about last December.  
29 I am prepared now to take it again. As far as I am  
30 concerned. I have not given up.  
31

32 I think there can be an issue with the age of carers,  
33 apparently. The woman she is placed with is a  
34 great-grandmother on her maternal side. She is 70 plus  
35 years of age. Then I hear of cases where they say, "You're  
36 too old for us to place a child with you." There is a  
37 double standard in DOCS' rules. Of course I will be back  
38 to court, but it is not a current court matter. That's her  
39 story in a nutshell.  
40

41 THE COMMISSIONER: Thank you for that. [REDACTED],  
42 please.  
43

44 [REDACTED]: I have a couple of matters that I would like  
45 to address. I am actually a foster carer. I look after  
46 three small children. My first complaint would be about  
47 the inconsistency and the non-communication in the

1 department. My worst experience with the department  
2 happened when I sent my children on access. My boy would  
3 have been 18 months at the time and the little baby girl  
4 would have been six months.

5  
6 Something happened the night before. [REDACTED] is care  
7 plus one. When he was in utero, he was very drug affected.  
8 He is care plus one and we have got him into early  
9 intervention provided, of course, that there is enough  
10 funding to get him started next semester. When they went  
11 on access, they filed abuse in care charges and [REDACTED]  
12 didn't come home. They notified me by a phone call. My  
13 caseworkers were all vacationing, holidaying, not in, sick,  
14 unwell. They sent caseworkers around to my house that very  
15 day to interview me.

16  
17 I was in a state of great distress very distraught and  
18 emotional. They judged me. They looked at me and treated  
19 me like I was a criminal. They accused me: "Do you let the  
20 dogs sleep inside? Could it have been the animals?" What  
21 had happened was that [REDACTED] had bitten [REDACTED] in the bath. I  
22 was bathing [REDACTED]. [REDACTED] bent down to kiss her and he bit  
23 her when he kissed her. So she had a little bite mark on  
24 her arm.

25  
26 When the people came in to take the children to  
27 access, I had [REDACTED] on the bed wearing a nappy. I was  
28 playing with her. [REDACTED] - we're on familiar terms; she is  
29 from [REDACTED] - didn't notice any mark on the  
30 arm and she was in the room with me while I was playing  
31 with [REDACTED]. Because I didn't notify DOCS that day that  
32 there was a mark there, which I never actually saw, she was  
33 removed from my care.

34  
35 As I said, the department came out that very day and  
36 it was very stressful and very emotional. I went through a  
37 period where I was very depressed and unable to cope with  
38 the children left in my care. Then I thought, "No, this is  
39 wrong", and I fought it. I fought it hard. I put my  
40 family under the microscope. I put myself under the  
41 microscope. I had agencies from everywhere coming into my  
42 home analysing me, analysing my family.

43  
44 It was worth it: in the end, about six months later,  
45 we got her back. The department ended up doing an  
46 about-turn and getting behind us as well and saying, "Yes,  
47 we have done the wrong thing here." I hear today that

1 that is quite unusual because there were a lot of  
2 cover-ups. There was a lot of policies, things I wasn't  
3 allowed to be told - all that sort of thing. It was all  
4 butt-covering, but we did end get up getting our baby back.  
5

6 That is one thing that irked me about the department.  
7 There is no contact. There is no continuity. No-one knew  
8 what the other person was doing. If my caseworker was  
9 there, this wouldn't have happened. We were left out. It  
10 greatly affected the other children that I had in care.  
11 When they went on access, they were saying, "Oh, are we  
12 coming back?"  
13

14 The other thing is contact - that there is mandatory  
15 contact between the natural parents. I have children that  
16 have been removed at birth. I have a child as well who was  
17 removed when she was two. She does have a bond with her  
18 natural mother. She looks forward to her access and I  
19 support that.  
20

21 As for the babies as such - they're in my care  
22 technically until they are 18 - the whole experience for  
23 them is very traumatic. They do not like getting in the  
24 car. They get very clingy when people arrive to pick up  
25 the children. It is a very traumatic experience. It  
26 disrupts their life for the next few days until they get  
27 back into their routine.  
28

29 I know everyone's situation is different. I am not  
30 saying that I disagree with contact or anything like that.  
31 Everyone is different, but in some circumstances I just  
32 feel they need to be looked at separately. Not everyone  
33 sits in the same box. They are too small. They do not  
34 understand. They have the rest of their adult life. You  
35 actually have to see it for yourself. It is heartbreaking  
36 and very distressing.  
37

38 I feel that everything is catered more towards the  
39 needs of the natural parents than the needs of the  
40 children. I know that the natural parents have needs too,  
41 but we have done the court process. We have gone through  
42 court, which took a very, very long time. They were held  
43 accountable for what they have done. I think that's about  
44 it, thank you.  
45

46 THE COMMISSIONER: Thank you for sharing that experience.  
47 [REDACTED], please.

1  
2 [REDACTED]: This is just about my grandkids and DoCS. We  
3 had the mother of the kids with us. My son is the father  
4 of the kids. She was a drug addict. My son is a drug  
5 addict too. We told DOCS about it, that they were on the  
6 drugs with the kids and smoking like anything. DOCS were  
7 at my place. What can they do, they asked.  
8

9  
10 Before the kids were born, we were able to look after  
11 the girl while the kids were still in the girl's stomach.  
12 I think they thought she wasn't going to have them with the  
13 way she carries on because she was a prostitute and  
14 everything. As soon as the kids were due to be born, DOCS  
15 stepped in and said, "We will take over from here. It is  
16 not your concern anymore." They were our grandkids.

17  
18 Then they took the girl with the kids, put her in a  
19 home, did all this, gave her everything, which was a waste  
20 of time because she just wrecked everything. She didn't  
21 want the stuff; it was just that they gave everything to  
22 her, which was ridiculous. They should have let her learn  
23 that she had to work for it or she had to learn by her  
24 means a little bit, not out on the street, not doing the  
25 drugs and everything. But they gave her everything.

26  
27 We told DOCS that she was having trouble coping.  
28 We weren't supposed to see here. She would ring us, which  
29 I don't think she was supposed to do. We told them that if  
30 she was having problems, we would look after the kids while  
31 she got on her feet a little bit till she came around.

32  
33 A little bit further on this happened: her mother,  
34 the grandmother, was not supposed to have contact with them  
35 but after a little while: "Oh, no, she can have contact  
36 with them." In the first place, she put that daughter and  
37 the other daughter on the street to be prostitutes; yet  
38 DOCS saw fit after the kids were born to say, "Oh, no,  
39 she's all right to see the kids again." The first day they  
40 were in hospital, she almost dropped a baby because she  
41 came in like a drunk, or one thing or the other. We said  
42 we would look after the kids to get the mother on her feet.  
43 We were then told, "No, no, we will look after them."

44  
45 A little further down the track, the mother was still  
46 running into problems, so they took the kids off her. They  
47 gave them to her mother. As I said, she had put her own  
daughter on the streets as a prostitute at about age 11,

1 and her sister as well, as we were told. All of a sudden,  
2 everything was all right for DOCS to let the kids go back  
3 to their grandmother, who had put her own daughters on the  
4 street as prostitutes, and as far as we know, as I said,  
5 she was one herself and a drug addict as well, to our  
6 knowledge.

7  
8 All of a sudden everything had changed around. We  
9 said, "How come she got the kids and not us?", we were  
10 told, "Oh, sorry, you never said you were going to take  
11 them, that you would look after the kids." When we said,  
12 "Hold on a minute; we did", the Aboriginal bit came in  
13 then.

14  
15 You can't see anything; you can't see any Aboriginal  
16 blood in them, but because she's supposed to have a little  
17 bit of Aboriginal blood, then the Aboriginal bit came in:  
18 "Oh, sorry, you can't look after the kids because you have  
19 no Aboriginal in you." We were fobbed off from one to the  
20 other.

21  
22 We didn't have the money to fight in court to get the  
23 kids. We would have had to pay for three other lawyers  
24 because we can't get Legal Aid. We would have had to pay  
25 those lawyers to try to fight for the kids. Had we done  
26 that, we would have ended up without a house trying to  
27 fight for the kids. Now that grandparent has the kids.

28  
29 The other point is that, all along with DOCS, the  
30 mother of the kids was not supposed to be in the house when  
31 the grandkids were passed over to her mother, but she was  
32 living there at the same time. DOCS knew about it. DOCS  
33 were told all about it. Nothing was done.

34  
35 The big problem with DOCS is that they give the foster  
36 carer a chance to clean everything up before they get  
37 there. They give a half-hour warning that they are  
38 turning up. With this grandmother, you could go into the  
39 house and the house would be full of smoke. I rang DOCS  
40 about the problem. When they went out, everything was  
41 clean, but they gave them half an hour warning before they  
42 get there. DOCS has no idea what they are doing half the  
43 time.

44  
45 THE COMMISSIONER: Thanks for that. [REDACTED],  
46 please.  
47

1           ██████████:       I myself have been on both sides of DOCS.  
2       I've grown up being a foster carer, pretty much. We have  
3       had foster children our whole life. I had a foster sister,  
4       an aunt. When I was a bit older than 18, I fostered for  
5       people across three States, Victoria, New South Wales and  
6       Queensland and I was also on the way to being one of them.  
7       I come from a town of 8,000. Such towns tend to have more  
8       integrity, I find, among their professionals than city  
9       people do.

10  
11           When I came to Sydney, I was unfortunate to trust an  
12       illegal immigrant. I had a very brief relationship with an  
13       illegal Kurdish Muslim. He would like to think that he is  
14       the father, but all evidence says that he is not. I  
15       turned to DOCS thinking that after all the favours I have  
16       done for them, they would help. I was needing one favour  
17       to get out of this bad case of domestic violence. I never  
18       dreamt in a lifetime that they would go as far as they did  
19       in mismanaging their resources.

20  
21           They always complain that the problem is lack of  
22       resources, whenever we have a case go wrong - like the  
23       recent Ambervale case, where there was a child drowned in a  
24       suitcase. I tend to find that they have more and more  
25       resources every year. The real problem is that they are  
26       mismanaging things and my case is one of those examples.

27  
28           My daughter would be just over five, if she's even  
29       alive. She was born ██████████ and I ended up  
30       falling victim to one of the worst hospitals that made lots  
31       of errors, including clipping my tubes during the Caesarean  
32       without any previous discussion. I am inclined to believe  
33       what many have said about DoCS' method. I do agree with  
34       what other people here have said - the lady here from VOCAL  
35       as well as the lady from Kidsafe. There is a lot of  
36       butt-kissing. There is a lot of disorganisation. If you  
37       try and contact them and the person that you are meant to  
38       talk to is not there, they will not bother to call you  
39       back.

40  
41           My matter alone is based on assumption, followed by a  
42       long list of concocted probabilities that can't be  
43       justified. They have tried to say I might do this and I  
44       might do that. To this day, they are now in more than four  
45       years in contempt of court. The court minutes can prove  
46       that. Even the magistrate did not want to look at  
47       evidence. In his words, he said, "This is too much

.31/3/08

22

PUBLIC FORUM - NEWCASTLE

Transcript produced by Merrill Legal Solutions

---

1 evidence. I am not going to look at it. Take it back."  
2

3 This all keeps pointing towards this butt-kissing that  
4 is going on. Letters have come to me via children's  
5 vaccination organisations and others that send out  
6 documents compulsorily alerting me that DoCS cannot even  
7 manage all the routine things in a child's life. And then  
8 if I am the one to have to prompt them in writing of their  
9 vaccinations which have failed to be done, then try to  
10 deflect that guilt saying that I am the one that has had to  
11 be prompted, but all the evidence can prove quite the  
12 opposite.  
13

14 To this day, it is looking like it will end up costing  
15 my life because it has turned me into a very serious  
16 insomniac where for four years I have relied on the  
17 controversial Stilnox just to get a few hours sleep.  
18

19 Thank God I have a good medical background, I  
20 understand all that is going on with the tolerance factor  
21 to it and I do a lot to contemplate it and combat it. But  
22 it is still getting very, very high and I push myself now a  
23 week without sleep to prevent that tolerance from getting  
24 too high.  
25

26 But I do not know if my five-year-old daughter is  
27 alive. As I mentioned, they are more than four years in  
28 contempt of court no doubt because they knew to uphold the  
29 orders to their concocted accusations would mean conducting  
30 serious drug abuse for a problem that does not exist.  
31

32 In the meantime, she's with an illegal immigrant  
33 living in incest. He also raped me months after it was  
34 over. He is an alcoholic. He spends all his spare time on  
35 the Internet on port sites.  
36

37 MS FURNESS: Thank you very much.  
38

39 THE COMMISSIONER: Patricia Walker, please. .  
40

41 MS WALKER: Thank you. My name is Patricia Walker and I  
42 have been involved in the foster care system for 66 years,  
43 which is longer than most. If you do your sums, I went  
44 into foster care when I was eight years old and grew up in  
45 care for ten years.  
46

47 I was never going to become involved in the foster

1 care system but I became a foster carer in the 1980s and  
2 during that time I was also involved in foster carer  
3 support administration, supporting people like we have been  
4 hearing from today.

5  
6 So telling you who I am and how long I have been  
7 around, you can understand I have heard a lot of the same  
8 sort of things you are hearing today.

9  
10 My concern is I have also been involved in a lot of  
11 committees and reports and I really feel as if I am on a  
12 time capsule and I get out every ten years and nothing has  
13 changed. My question to the Commission and to the people  
14 who are doing it is, what can we expect now because your  
15 report is due in on I believe 30 June; how long are we  
16 going to have to wait to see the results of this Commission  
17 because this isn't isolated, what you have heard today is  
18 not isolated, and I worry about how much longer we are  
19 going to have to wait for the results?

20  
21 THE COMMISSIONER: Thank you. The position is this, that  
22 we are making an independent investigation of every aspect  
23 of the operations of the child protection system, not only  
24 so far as it concerns DoCS but all the other agencies that  
25 have some role in relation to child protection issues.

26  
27 We are going around the state meeting representatives  
28 and employees of DoCS at each of the major centres. We are  
29 having meetings with the various agencies at those centres,  
30 including Health, Education, Housing, DADHC, DoCS, the  
31 police and so on, to get their views as to where they see  
32 problems or where they see solutions.

33  
34 We are also having these public meetings where we hear  
35 from the individuals who are caught up in the system,  
36 either as families who have lost children to the system,  
37 alternatively foster carers such as yourself or others  
38 involved through NGOs in providing some of the areas of  
39 support.

40  
41 Apart from all those considerations, we also have a  
42 number of significant public hearings in Sydney which  
43 involve each of the heads of all those departments and we  
44 are taking it topic by topic, looking at every aspect from  
45 mandatory reporting right through to every aspect of  
46 out-of-home care, interagency cooperation, oversight, et  
47 cetera, et cetera.

.31/3/08

24

PUBLIC FORUM - NEWCASTLE

Transcript produced by Merrill Legal Solutions

---

1  
2 At the end of that exercise we will be producing a  
3 report to the Government which will identify where the  
4 problems are and identify solutions and make  
5 recommendations for change.  
6

7 When that report is completed, it will be given to the  
8 Government. The Government is committed to tendering it,  
9 that is, to making it available through parliament to the  
10 public, and thereafter it is for the political process,  
11 that is, the Government and the Opposition, to respond to  
12 whatever recommendations we make.  
13

14 I can say one thing, that wherever we have been so far  
15 as government agencies are concerned, there is a lot of  
16 goodwill and cooperation in improving the system. I think  
17 many of the problems have become perfectly obvious. There  
18 are solutions available. There is a degree of cooperation,  
19 as I have indicated, between all of the major players.  
20

21 So that is the environment in which our report will be  
22 given to the Government. It is then up to the Government,  
23 as I said, to respond to it. I can't give you a time frame  
24 as to when something will happen, because that is out of my  
25 control, but I would have every reason to suspect and be  
26 confident, having regard to the public interest, the amount  
27 of media coverage, the criticisms of the government and so  
28 on in this area, that the recommendations so far as they  
29 are sensible and workable, will be implemented. If I  
30 didn't have that confidence I would not be wasting this  
31 part of my life involved in this inquiry, neither would  
32 Ms Furness who is with me, or any of the other people  
33 working on the inquiry with me, giving up our time to go  
34 trudging around the state working long hours and  
35 investigating this system.  
36

37 So that is the best answer I can give to you.  
38

39 [REDACTED].  
40

41 [REDACTED]: I have got four grandchildren who have been in  
42 care since 2000 and in all those years I have been  
43 reporting that they were at risk. They were put into a  
44 home where there is drugs and violence every day. They  
45 were taken off their parents because of drugs and violence  
46 and yet the father has them from Friday to Sunday with no  
47 supervision, and he has them all holidays, and he is still

1 on drugs.  
2  
3 THE COMMISSIONER: Are you reporting that to the CSC, the  
4 local DoCS office?  
5  
6 [REDACTED]: I have reported it numerous times to DoCS. I  
7 have written to ministers, to the government.  
8  
9 THE COMMISSIONER: Have you rung the Helpline?  
10  
11 [REDACTED]: The Helpline. And I just get told they will  
12 investigate.  
13  
14 THE COMMISSIONER: Do you know whether those children have  
15 a caseworker allocated to them?  
16  
17 [REDACTED]: Yes.  
18  
19 THE COMMISSIONER: Which CSC is looking after them?  
20  
21 [REDACTED]: Maitland.  
22  
23 THE COMMISSIONER: Do you have any correspondence with you  
24 relating to your complaints or your concerns?  
25  
26 [REDACTED]: Unfortunately not. It is at home.  
27  
28 THE COMMISSIONER: Would it be possible for you, not  
29 today, but perhaps to send us some more detail about where  
30 the children are, what your concerns are and, if you have  
31 got any copies of letters you have sent or received, if you  
32 could give us copies of those?  
33  
34 [REDACTED]: I certainly could.  
35  
36 THE COMMISSIONER: We will give you contact details where  
37 to send those.  
38  
39 [REDACTED]: The father has had a number of girlfriends who  
40 have had two babies in the last two years and both have  
41 been removed, yet they can still have the other children.  
42  
43 THE COMMISSIONER: We would like to have a bit of a  
44 further look at this, so if you could give us the details.  
45  
46 Betty Whitton, who is a retired PANOC worker.  
47

.31/3/08

26 PUBLIC FORUM - NEWCASTLE  
Transcript produced by Merrill Legal Solutions

---

1 MS WHITTON: I have had 25 years and various experience in  
2 the complex and challenging world of child protection, as  
3 we can hear here today. I have been a foster parent, I  
4 have worked in DoCS and for the last ten years I have been  
5 a child protection counsellor with Health, and prior to my  
6 retirement I was also training the community in child  
7 protection.

8  
9 I guess what I want to say is really that I have been  
10 privileged to have a very good working relationship with  
11 DoCS and I think the majority of DoCS workers do a very  
12 good job and what I see as the biggest difficulty is the  
13 gate keeping they have to do to actually keep themselves  
14 sane and the lack of resources that they have.

15  
16 They cannot, as we have heard today here, the  
17 atrocities almost, attend adequately to every case. We  
18 know the best practice with case management of child  
19 protection is to do it very slowly and take time and, as a  
20 PANOC worker and as a DoCS worker, I know that you just  
21 don't have the time to do that.

22  
23 So really what I would be advocating on behalf of kids  
24 is that there are more DoCS workers and that the structure  
25 and the skills are there within the PANOC services, yet  
26 they are so under-resourced and they could be doing so much  
27 more work with so many more children and families. Thank  
28 you.

29  
30 THE COMMISSIONER: Thank you. I reassure you that we are  
31 looking at the question of resources and also at ways that  
32 caseworkers can spend more time doing field work rather  
33 than being involved in administrative work, so the point  
34 you make is a valid point and thank you for that.

35  
36 Taryn Stubbs, please, Victims of Crimes Assistance  
37 League.

38  
39 MS STUBBS: Of the few issues I would like to address, the  
40 first one is that I commenced working at VOCAL after  
41 finishing a psychology degree and I was quite shocked with  
42 some of the service responses that I encountered when  
43 dealing with DoCS. At first I thought people were  
44 exaggerating or there had to be more to the story, but  
45 after being involved in a number of cases I have actually  
46 seen things misreported, things made up.

1 To give you an example, I took notes during a child  
2 being interviewed. The child said that they were scared to  
3 spend time with their father and feared sexual abuse, and  
4 that was written up in their notes as "the child did not  
5 mention anything about seeing their father". Now, you  
6 could put that down to an error or you could put it down to  
7 something more. I have observed that there seems to be a  
8 bit of an effort to only report information consistent with  
9 the initial view that they have and no reporting of  
10 information that does not support that view.

11  
12 I have also seen breaches of privacy where DoCS  
13 workers have given people information about their clients'  
14 drug result tests and other information that they are not  
15 allowed to do and getting other members of different  
16 organisations on side to support their views.

17  
18 I guess in terms of child sexual abuse, what we see  
19 the most often is that children are disclosing and  
20 continuing to disclose, the parents ringing DoCS saying,  
21 "what do I do", nothing is done and then many, many months  
22 down the track the parent is told, you have contaminated  
23 the evidence or you have approached the child or the child  
24 is just too young and we can't do anything about it.

25  
26 That seems to be a blanket response, so if the child  
27 is under a certain age we are told, look, they are too  
28 young, they can't give evidence, we can't do anything about  
29 it. For those parents the case has ended and then they get  
30 into the Family Court and mention the abuse and they are  
31 accused of using it as a tool for custody. So the  
32 preliminary indications there are huge.

33  
34 Also in terms of being represented in the Children's  
35 Court, quite often the children may have three different  
36 solicitors if there are three children, and the parent has  
37 a Legal Aid solicitor, and time after time we hear that the  
38 solicitors aren't doing what the client instructs them and  
39 that if the client puts in a complaint about the solicitor,  
40 they are known as a difficult client and then can't get  
41 further representation, or it can be taken away from them.

42  
43 Also there has been caseworkers' errors amplified with  
44 constant changing of caseworkers, so that the  
45 misunderstanding about a case gets worse with each  
46 caseworker and contradictions, so a child will be removed  
47 due to a mother's drug use but placed with a carer who has

1 admitted using the same drug. And inconsistent responses,  
2 for example a child with a bruise on their hand there will  
3 be a response that same day, yet where there has been a  
4 child with cigarette burns on their body and constant  
5 reports by a GP, no response by DoCS.  
6

7 I could go on and on, I won't, but there are many,  
8 many examples, including the comedy of supervision and what  
9 is written up in supervision reports.

10  
11 THE COMMISSIONER: You are referring to supervised  
12 contact?  
13

14 MS STUBBS: Yes, and the way that reports are written up,  
15 judgments made, the supervisor not being informed as to  
16 what sort of case it is and issues about the case, parents  
17 taking lots of gifts to supervised contacts, issues like  
18 that.  
19

20 THE COMMISSIONER: All of the things you have mentioned we  
21 are looking at and I am grateful to have your views and  
22 your experience. There is another speaker with a similar  
23 interest. [REDACTED], I know you don't want your surname  
24 used.  
25

26 [REDACTED]: My name is [REDACTED]. My main question is, when a  
27 mother has had a child removed due to drug abuse and lots  
28 of other reasons, why then is that same mother allowed to  
29 have one, not one, not two, but three children, and be  
30 allowed to keep them? I don't understand why that is  
31 allowed to happen?  
32

33 This particular mother has had a third child who is  
34 now dead. In my eyes, if DoCS had done their job and  
35 removed that child, he would possibly be alive. Two  
36 children have been removed from this mother's care and they  
37 are being cared for responsibly. Can't do anything about  
38 the other child, but my question is, why, when there is a  
39 history of drug abuse, are they still allowed to have other  
40 babies and children in their care?  
41

42 THE COMMISSIONER: I am not quite sure when it is you are  
43 tacking about these events occurring but I can tell you  
44 that the act now requires or permits evidence to be  
45 received of removal of one child in a family and if that  
46 child hasn't been restored it's prima facie evidence that  
47 the remaining children are in need of care and the

1 obligation then passes to the parents to prove some reason  
2 why those children should not also be removed.  
3

4 So it may be the case you mentioned occurred prior to  
5 that particular amendment to the act, but the point you  
6 make is a very good point. If some children have been  
7 removed from a parent, clearly there is at least a strong  
8 suspicion of danger for subsequent children, which the  
9 court can and should take into account. So it should not  
10 really happen.  
11

12 [REDACTED]: With the second child, I personally made a  
13 complaint to the DoCS Helpline and was told, "new baby, new  
14 slate".  
15

16 THE COMMISSIONER: Well, that is contrary to the act and  
17 that should not have been said to you if it was said to you  
18 in those terms. That is all I can say about it really.  
19 Thank you.  
20

21 Krystyna, I am not sure I can get the surname correct,  
22 but you have identified yourself as a retired London health  
23 visitor now living here. It may be that Krystyna has left.  
24 We will pass on.  
25

26 Wendy Hood.  
27

28 MS HOOD: My name is Wendy Hood and I am a grandparent  
29 rearing a grandchild. I am with a support group called  
30 GAPS, which is Grandparents as Parents. We get to know  
31 many people or grandparents that come into our group and  
32 don't know that they can get financial assistance from  
33 DoCS. These people are rearing their children either on  
34 their retirement money or just the pension and I think it  
35 should be clearly public that grandparents are entitled to  
36 payments from DoCS. And there are so many of them that  
37 don't know this.  
38

39 THE COMMISSIONER: Again, that is something we have well  
40 and truly identified as a problem and we are looking at  
41 ways that foster carers and kinship carers and others who  
42 have voluntary care or supported care are kept up-to-date  
43 as to their rights. I am not sure in your case whether you  
44 got any information when you first took on the care of  
45 these children but there are facilities through some of the  
46 foster carer associations also to provide information.  
47

1 Can I just ask, is there anybody here who belongs to a  
2 foster care association in this region? Perhaps you might  
3 tell us anything that your association does to help  
4 potential foster carers, kinship carers and so on be aware  
5 of their rights because the rights do change from time to  
6 time. It is important that DoCS actually notifies carers  
7 what are the current rules for any new entitlements which  
8 exist.

9  
10 MS SNELL: My name is Leonie Snell, I am treasurer of the  
11 Foster Carers Association of New South Wales. I would say  
12 that we spent a goodly amount of time supporting  
13 grandparents. It is just getting out there the information  
14 that we are there and available to support and help in a  
15 non-judgmental capacity. We also run a 24-hour Helpline  
16 and once again they can ring us, and if the person who  
17 answers that phone feels as though this woman would like to  
18 talk longer and at length any day, they hand over their  
19 personal phone numbers, which is part of the support.

20  
21 I feel that grandparents bringing up grandchildren has  
22 become a very big problem, that the information for  
23 payments is often met with reluctance from the side of  
24 DoCS. At other offices they are swept through and handed  
25 the money. We need a universal system and I guess a thing  
26 where these people are heard because, yes, they are on the  
27 pension, we know of a couple of ladies who have had to sell  
28 their homes. It is hard. A pair of shoes for a child  
29 costs in excess of \$99. How can they do it on a pension?

30  
31 THE COMMISSIONER: There are, as you say, potential areas  
32 for payment and we are also looking at the situation of  
33 foster carers who do know their rights who seek assistance  
34 from DoCS to buy a pair of shoes or medical assistance or  
35 dental assistance and so on and we are aware that that can  
36 be a very time consuming and difficult process. We are  
37 looking at ways of streamlining that as well. But does  
38 your organisation have any sort of newsletter whereby you  
39 update your members of their rights?

40  
41 MS SNELL: Yes, we put out a newsletter and I am proud to  
42 say I am a sub editor. We put out a newsletter every two  
43 to three months.

44  
45 THE COMMISSIONER: Do you get DoCS support in doing that?

46  
47 MS SNELL: Some will, some won't. Once again, we need a

1 universal plan. I would also like to remind the Commission  
2 that there are grandparents out there who don't have a case  
3 plan, they are just given these children to bring up, so  
4 they too find it very hard.

5  
6 THE COMMISSIONER: The reality is any grandparent, or  
7 anybody for that matter who has someone else's children in  
8 their care, does have various entitlements to get financial  
9 support, so just don't use your own money, particularly if  
10 you don't have the money. You need to get in touch with  
11 DoCS or the foster carers association, and there are  
12 several of them, for advice as to your entitlements. I am  
13 sorry you have had that experience, but you do have  
14 entitlements, and it is something we are certainly going to  
15 address.

16  
17 As you have both said, there is a huge number of  
18 children being brought up by grandparents. Grandparents  
19 really unfortunately today seem to be bearing a very, very  
20 large share of the out-of-home care, and there are all  
21 kinds of reasons for that which need to be looked at.  
22 [REDACTED], please.

23  
24 [REDACTED]: Excuse me, I am a bit emotional after what  
25 [REDACTED] said, she hit the nail on the head for me.

26  
27 My son disclosed sexual abuse by his father and I  
28 reported and reported to DoCS. I immediately moved the  
29 children from the danger and it has just been an absolute  
30 nightmare. I have had no support from DoCS whatsoever.  
31 Then he sought access to the children through the Family  
32 Law Court and there has been a lot of suspicion and I feel  
33 like I have had absolutely no support at all. There has  
34 been a lot of misinformation.

35  
36 One thing I put down on the sheet is who is actually  
37 responsible for putting in place an AVO for children  
38 because the police told me, and it was [REDACTED], who is  
39 the [REDACTED] officer for the Lower Hunter,  
40 told me I need a referral from DoCS, then DoCS told me it  
41 is up to the police.

42  
43 THE COMMISSIONER: The simple answer is that only police  
44 at this stage can apply for an AVO. DoCS has not been  
45 happy with that situation. At the moment they don't have  
46 any entitlement to apply for an AVO.

47

1 [REDACTED]: Again, I have a lot of complaints but I believe  
2 you have got my file. Just again, what [REDACTED] and the other  
3 lady from Victims of Crime have said summed it up really  
4 well for me. Thank you.

5  
6 THE COMMISSIONER: Astrid Hocking put a maybe. Do you  
7 want to speak? .

8  
9 MS HOCKING: I have a long list of things. I am a foster  
10 carer for quite a few years. I also represent an  
11 organisation for foster carers called Foster Carers Support  
12 Network, which operates for support carers right across New  
13 South Wales. We report a monthly newsletter that goes out  
14 to all carers who provide foster care and kinship care.

15  
16 We have recently been in negotiations with DoCS  
17 successfully to run a peer support program for foster  
18 carers across New South Wales. I think that is a step in  
19 the right direction for foster carers to actually receive  
20 support.

21  
22 We all know that DoCS is handling a lot more  
23 notifications than they have in the past. They are  
24 increasing at alarming rates. Children coming into care -  
25 the numbers of those children are also increasing at  
26 alarming rates. Unfortunately the number of foster carers  
27 is declining. We need to be doing more to support foster  
28 carers to be able to support the children that need to come  
29 into the care system.

30  
31 We don't want to bring in every child that comes under  
32 the notification of DoCS into care, so for those who have  
33 had their children removed, that happens for a good many  
34 reasons. But there are also many, many programs that DoCS  
35 is putting into place now to be able to support families to  
36 keep their children as well, so it is not necessarily just  
37 to remove children and put them into care.

38  
39 But if you are going to remove children and put them  
40 into a cared system, you need to have well supported foster  
41 carers to do that so that they can do that adequately.

42  
43 THE COMMISSIONER: Are there any representatives of NGOs  
44 here who have not spoken who would like to say something  
45 about their experience or their concerns?

46  
47 MS HARLAND: Jenny Harland, I work for Carrie's Place in

1 Maitland, an NGO. My only comment probably has been  
2 covered a lot today. Our local officers told us that  
3 nearly 100 per cent of the work they do is domestic  
4 violence related so I guess it is about resourcing; it is  
5 also about training for them; and I guess for the community  
6 to support their local DoCS office, as what they are trying  
7 to do locally is difficult because we are still talking  
8 about resources and training. I guess that is just one  
9 thing I would like to bring up.

10  
11 THE COMMISSIONER: Any other NGO representatives who have  
12 not spoken?

13  
14 MS LIZASOAIN: My name is Karen, I work with the Samaritans  
15 on a project call kinship care. It is looking after  
16 kinship carers, anybody who is raising somebody else's  
17 children.

18  
19 I am concerned with the complexity that faces  
20 grandparents, the complexities of not only dealing with  
21 DoCS and obtaining financial assistance to raise these  
22 children, then dealing with another government department,  
23 CentreLink and going through the custody, access and child  
24 support issues, and the legal system when most grandparents  
25 are not able to access Legal Aid. The parents of the  
26 children can and prolong the legal process, resulting in  
27 the grandparents having to spend thousands and thousands of  
28 dollars, some losing their homes, losing their  
29 superannuation and losing their retirement.

30  
31 These complexities are huge and there is no support  
32 for them and I find where DoCS comes in they are not really  
33 being helpful to grandparents. In some cases it is being  
34 clear cut and maybe the families get on with their lives,  
35 but it depends how complex the families are. You may have  
36 one grandmother with a daughter who has nine children, nine  
37 babies, all taken from her, and different fathers. The  
38 complexities of that family are extraordinary.

39  
40 The children that the grandparents are looking after  
41 are not well-rounded, cute children. They are coming from  
42 traumatised families to begin with. Some were born into  
43 drug addiction. These grandparents then are the only  
44 anchor for these children providing the stability for the  
45 family, but they do not have stability because the parents  
46 have rights for access to continually go back through the  
47 legal system and try for custody again and again.

.31/3/08

34 PUBLIC FORUM - NEWCASTLE  
Transcript produced by Merrill Legal Solutions

---

1  
2 Grandparents really have huge issues. Apart from the  
3 fact that they may be in their 60s or 70s they are taking  
4 on all these issues, dealing with government departments,  
5 legal systems - it is quite large.  
6

7 With DoCS I have seen both sides. I appreciate the  
8 workload they have. My project is finding that the number  
9 of kinship carers is growing exponentially every month and  
10 the number of DoCS workers is not increasing. The DoCS  
11 staff are overworked. They do not have enough time to deal  
12 with all their cases. They are doing a good job with what  
13 resources in time and money they have, but it is certainly  
14 not enough. I would say 85 to 90 per cent of my  
15 grandparents who I am supporting would have adverse  
16 problems with DoCS.  
17

18 THE COMMISSIONER: Could I take up one matter with you.  
19 We have heard concerns in various places about what should  
20 be a fairly obvious fact of life; namely, a lot of these  
21 kids are placed into care when they are babies or in the  
22 first year or so. They are actually placed with a family  
23 effectively till they are 18; that is the plan, that they  
24 will be there for 18.  
25

26 Things are okay for the first few years while they are  
27 littlies, but once they move into adolescence then the real  
28 problems start. Very often the kinship carers or foster  
29 carers have not been given any assistance or training or  
30 warning as to what to expect down the track.  
31

32 I am just interested to know whether you have seen  
33 anything being done either by your association or by DoCS  
34 to provide a support at those critical points down the way  
35 where these are changes in needs, demands and behaviour of  
36 children occur.  
37

38 MS LIZASOAIN: I must say I haven't really seen anything  
39 from DoCS in putting into place assistance. I think Foster  
40 Carers, through their newsletters, put out education  
41 programs that they may be able to promote. My program sets  
42 up support groups and I find that the grandparents are  
43 educating each other. They are buying the books. They are  
44 talking to each other to find out what the clues are with  
45 teenagers, for instance.  
46

47 My organisation has a youth service and I can refer

1 grandparents to the youth services. We have accommodation  
2 services for youth, but there are not enough of those  
3 support services around. Yes, my program is mostly  
4 information referral because I am a lone worker and that is  
5 all I have time to do, but the support groups that I am  
6 setting up and the grandparents are starting to help  
7 themselves.

8  
9 I am trying to empower the grandparents to seek  
10 assistance for themselves through family support services  
11 or wherever. The networking through service providers is  
12 working very well, but DoCS are not a part of that.

13  
14 THE COMMISSIONER: Thank you for that. I think there are  
15 some more NGOs.

16  
17 MS ELLIOTT: My name is Yvonne Elliott. I actually work  
18 at the Toukley Neighbourhood Centre on the Central Coast  
19 and I am a youth worker. While we have spoken about  
20 mandatory reporting and we have talked about how more  
21 community people should be reporting these incidents, my  
22 experience in my workplace has been the failure of staff to  
23 report. A co-worker and I actually identified a number of  
24 clients that should have been reported to DoCS. Other  
25 staff had not done that. We took it upon ourselves to do  
26 that and told DoCS that other staff members in the building  
27 were not doing the mandatory reporting as legally required.

28  
29 Nothing was done to those people. There was no  
30 training advice for those other staff members. As far as  
31 we are aware, that is still occurring with some of the  
32 young people that I work with. There were a few  
33 incidences. I can refer to a young couple. The girl was  
34 15 and pregnant. The boy was 16. They had been to see me  
35 on a number of occasions. I had helped them. They were  
36 homeless. I was supplying food, blankets, et cetera, and  
37 trying to get them accommodation through a youth service.  
38 DoCS rang and said, "The next time they do come in, could  
39 you please ring us? We have a flat available for them."  
40 That really was very important because they were in an  
41 unsafe environment. Despite having told the other workers  
42 a number of times, "If those kids come in again, please  
43 ring DoCS", they did not do it.

44  
45 Two weeks later when those same kids came in to see  
46 me, they said, "Oh, no, we've been in here three or four  
47 times." They could have been in a flat, not living on the

1 street. It really distressed me to see that not only are  
2 community people a little slack in reporting things, but  
3 also workers are. I would like to see DoCS be a bit more  
4 full on in dealing with staff members in their funded  
5 groups who are not reporting. Thank you for that.  
6

7 MR MACEY: My name is Glenn Macey. I represent an  
8 organisation called Passive Power. I am here today to ask  
9 the question: what is actually being done to support these  
10 DoCS workers that everyone so far has been very, very  
11 critical of? Let's face it these people are faced with  
12 incredible workloads, and more concerning internally are  
13 the severe cases of bullying and the violence they receive  
14 from the public and from the people that they are working  
15 with. Nothing is being done to help protect those people.  
16

17 I have spoken to many a caseworker with DoCS as well  
18 as various other carer organisations which report and are  
19 involved with the care of children and the protection of  
20 children. They are all telling me very much the same  
21 story. They feel their job means that they are a punching  
22 bag. With internal work in DoCS, there are cases of  
23 bullying, being put down by management. They feel  
24 absolutely powerless. That is causing cases of stress and  
25 illness and absenteeism that you wouldn't believe, thus  
26 taking the valuable DoCS resources away from where they are  
27 needed the most, which is out dealing with the cases, and  
28 these are very, very senior, very experienced DoCS workers.  
29

30 In the community services training package, there is  
31 an environment for these workers as well as everyone else  
32 under the community service umbrella to actually be trained  
33 to deal with this situation. That is something that our  
34 organisation has been trying to have arranged and get  
35 implemented for the last two and a half years. Every time  
36 we talk to DoCs, DADHC, disability and home care services  
37 and other organisations, we are being told that there's not  
38 a problem; but the workers and the guys that are at the  
39 forefront of this and coping the brunt of it fail to  
40 agree.  
41

42 THE COMMISSIONER: You make a very valid point. It is a  
43 very stressful job and it is sometimes a dangerous job. We  
44 are looking at all of the areas again of recruitment and  
45 retention of DoCS staff including the kinds of matters that  
46 you have identified. It is a matter of real concern, and  
47 you're correct that DoCS workers do need to be supported.

1 Can you tell me what does your organisation do?  
2  
3 MR MACEY: Yes. Passive Power is the only workplace  
4 accredited passive self-defence system- both through VTAB  
5 and WorkCover - which is designed specifically for dealing  
6 with these matters of violence that are becoming so  
7 prevalent in the workplace.  
8  
9 Sir, I have some information with regards to what we  
10 actually do which I can supply you.  
11  
12 THE COMMISSIONER: If you could leave it with us, that  
13 would be great, thank you. Are there any other NGOs who  
14 would like to say anything?  
15  
16 MS HOOD: There is a conference being held in Sydney next  
17 week for grandparents, particularly for kinship carers. I  
18 know it is a bit late for this year. I have to refer to  
19 Karen and ask will it be on next year?  
20  
21 MS LIZASOAIN: No.  
22  
23 THE COMMISSIONER: If there is such a conference and it  
24 was possible for us to be aware of it, this is the year we  
25 would need to know about it.  
26  
27 MS HOOD: Karen can tell you the definite dates. It is on  
28 in Sydney next week. I understand that it is on Monday,  
29 Tuesday of next week.  
30  
31 THE COMMISSIONER: Can someone give one of our staff some  
32 details of it? This is for grandparents who are carers, is  
33 it?  
34  
35 MS HOOD: Grandparents and kinship carers.  
36  
37 THE COMMISSIONER: Who's actually organising it?  
38  
39 MS LIZASOAIN: It is the Council on the Ageing.  
40  
41 MS FURNESS: So the Council on the Ageing is hosting it;  
42 is that right?  
43  
44 MS LIZASOAIN: Yes.  
45  
46 MS HOOD: It would be good if somebody could be there from  
47 the Commission.

.31/3/08

38 PUBLIC FORUM - NEWCASTLE  
Transcript produced by Merrill Legal Solutions

---

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

THE COMMISSIONER: Thank you. I think we have probably held you here long enough. We have are very grateful for your experiences and for your views. As I've said, on all the other occasions we have had these forums, the only way we can actually find out in a comprehensive way what are the problems and what your experiences are is by coming out around the State and speaking to people who have been in direct contact with DoCS in one way or another, or with other agencies such as Health, Education and so on.

I am very grateful to you for coming this afternoon. I very much appreciate the views that you have given to us. Again, thank you very much. We will take these things we have heard today forward to assist us with our final report.

AT 3.44PM THE COMMISSION ADJOURNED ACCORDINGLY