

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

Before The Hon James Wood AO, QC, Commissioner

At Council Meeting Room, Wagga Wagga City Council
Cnr Baylis & Morrow Streets, Wagga Wagga

On Tuesday, 11 March 2008 at 1.30pm

Counsel Assisting: Ms Gail Furness

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PUBLIC FORUM - WAGGA

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3 THE COMMISSIONER: May I indicate that the proceedings
4 will not be televised beyond the opening remarks, so don't
5 be troubled by the presence of cameras. Welcome to this
6 forum. We very much appreciate your presence. As you may
7 be aware, we are travelling around the state to a number of
8 regional areas to try to get an impression from local DoCS
9 offices and from agencies, government departments and so
10 on, but also very importantly from the public in relation
11 to your experience with the DoCS system.

12
13 Some of you may be here because you have had children
14 removed, some of you may be here because you are foster
15 carers or kinship carers, and some of you may be here
16 because you have accessed assistance from DoCS through
17 early intervention or similar services.

18
19 We very much want to have your views and your
20 experiences. We have a number of speakers who have
21 indicated they want to say something. Because of the
22 number of people, I would ask you to keep it fairly brief
23 if you could. Additionally, we do need to protect the
24 confidentiality of children, so I would ask you, please,
25 not to name the children. Similarly, it would be best not
26 to name the DoCS worker who you have dealt with. If there
27 is some matter you want to raise with us confidentially for
28 an individual case, then our staff can talk to you about
29 that. They can get some details and, if need be, we can
30 follow it up.

31
32 It may well be that, somehow or another, a name might
33 slip through. If it does, you may rest assured that we
34 will delete it from the transcript in due course. It is
35 very important to realise that we don't have protection
36 against defamation and also it is very important to
37 maintain confidentiality of children.

38
39 There are three areas we want to look. One relates to
40 the early intervention program which is now available,
41 whereby DoCS can provide assistance to people outside the
42 traditional protection statutory intervention program.
43 That is one area of interest. The second area of interest
44 is that which relates to the actual protection proceedings
45 where children have been removed and, thirdly, obviously,
46 we want to look at the out-of-home care situation, so far
47 as it affects children who have been removed and so far as

1 foster carers may have dealt with DoCS.
2

3 That is all I want to say by way of introduction. The
4 media may stay but I don't want to have the proceedings
5 recorded from here, could I ask that you remove your
6 cameras and microphones. We will then follow that by
7 inviting people who have indicated a desire to speak to
8 have their say, thank you. I assume there's another
9 microphone somewhere; otherwise I will get someone from our
10 support staff to take it around.
11

12 First we would like to hear from Nicole Dwyer from the
13 Legal Aid Commission. We would ask you, if you wouldn't
14 mind, if you could identify yourself before you speak and
15 identify your agency, if you have an agency, or whatever.
16

17 MS DWYER: Thank you. As you said, I am from the Legal
18 Aid Commission. I am a solicitor in charge there and I am
19 responsible for the representation of the parties in care
20 and protection matters including children and adults.
21

22 The only issue I would like to raise with you, because
23 our Commission has sent in a substantial submission to you,
24 is the difficulties we face in regional areas where there
25 are circuit courts. These circuit courts don't sit every
26 day in that particular location. For example, in the
27 Griffith circuit, where parties have their children
28 removed, they face the disadvantage of either having to
29 wait a longer period of time than anticipated in the
30 legislation to have their matter come back before the
31 court. Alternatively, which is often what is happening, if
32 we seek to have the matter listed within the circuit, then
33 they have to travel numerous hours in regional areas where
34 no public transport is available in order to have that
35 decision reviewed at an earlier stage.
36

37 It's a balancing act that I have to face with clients.
38 They either have to wait 14 days for the court to hear
39 their application; or, alternatively, we have to arrange to
40 transport them or for representatives to be transported
41 some two to three hours, for example, from Griffith to
42 Deniliquin. That needs to be reviewed in a timely manner.
43

44 THE COMMISSIONER: We have heard some suggestions that a
45 number of these proceedings are adjourned from time to time
46 so that they take a long time to resolve. Is that your
47 experience?

1
2 MS DWYER: It is in the regional areas. It is exacerbated
3 by courts not sitting in the one particular area, that is
4 the circuit courts. That is not my experience in Wagga
5 because we have a court that sits all the time. However,
6 in the Cootamundra circuit and the Griffith circuit that I
7 am responsible for, that is the experience. If you're
8 waiting for a matter to be adjourned for the next date,
9 whereas in Wagga that can easily be the following week or
10 three days, if you are in Griffith, the next court date
11 might not be for another two or three weeks. You are faced
12 with a problem where you either have to wait that time or
13 travel to another court location, and that presents
14 difficulties for our clients.

15
16 MS FURNESS: How many magistrates sit in Wagga?

17
18 MS DWYER: Wagga has two magistrates - one is a permanent
19 magistrate and the other is essentially a relief or
20 travelling magistrate. We are only guaranteed one
21 magistrate, but we may have two.

22
23 MS FURNESS: Is it the case that, more often than not,
24 your case is heard in its entirety before the one
25 magistrate?

26
27 MS DWYER: No, not necessarily so. It will depend. It
28 can vary with the magistrate, yes.

29
30 THE COMMISSIONER: In the other towns you mentioned, what
31 is the sort of time frame for hearing a case from beginning
32 to end to final orders?

33
34 MS DWYER: That can vary considerably depending on the
35 nature of the matter and the particular types of matters.
36 It can take between six months to over 12 months, some take
37 longer than others; it seems to vary.

38
39 THE COMMISSIONER: Thank you very much. The next person
40 is Tacita Morrell.

41
42 MS MORRELL: I am a local practitioner in the private firm
43 Farrell Lusher Solicitors. I do a lot of care work in the
44 court jurisdiction for parents, children and for the
45 department, so I come from several levels of frustration
46 with this system. Some of my frustration, when acting for
47 the department itself, is the lack of understanding by

1 caseworkers in relation to the court process and the
2 importance of the content of the material that they are
3 filing. There seems to be a lack of understanding on their
4 part of the need to file material in a timely fashion that
5 will bring all the evidence before the other practitioners
6 involved in the matter that will convince the other
7 practitioners of the need for the matter to be resolved in
8 a timely fashion.
9

10 For example, we have been dealing with a matter
11 involving a shaken baby - no medical evidence. We have
12 been acting for the department and have had to literally
13 pull our hair out about getting the medical evidence on in
14 a timely fashion so that the matter can be dealt with
15 speedily.
16

17 The other problem is that there often seems to be no
18 consistency of caseworkers involved in matters. They chop
19 and change. That is difficult obviously for families as
20 well, and it is difficult for the solicitors even appearing
21 for the department. At times you turn up to court to be
22 told, "We don't have a caseworker for that matter at this
23 point in time." So there's a lack of ability to get
24 instructions to conduct the matter properly.
25

26 Following on from that, I am dealing with a matter at
27 the moment that is in the District Court and we have all
28 agreed on a care plan. We have all signed the care plan.
29 It involves restoration of a two-year-old child. The
30 question was raised when we appeared before the court last
31 week, "Who has done a minute of order?", because we have
32 all agreed. My counsel drafted the order and the Crown
33 Solicitor's position in relation to that was, "I can't get
34 instructions."
35

36 A week later, he still does not have instructions, and
37 this is in relation to a child being restored, so that is a
38 serious concern. There seems to be a lack of instructions
39 from either caseworkers or the legal department in DoCS to
40 the people on the ground in court.
41

42 THE COMMISSIONER: Just pausing there for a moment, if the
43 case plan had been approved and you had all agreed on
44 restoration, why was there any need for further
45 instructions?
46

47 MS MORRELL: I don't know.

1 MS FURNESS: Who signed the case plan?
2
3 MS MORRELL: The caseworker, the caseworker manager, the
4 parents involved in the matter.
5
6 THE COMMISSIONER: The expectation when the matter went to
7 court would be that it be finalised that day?
8
9 MS MORRELL: That would have been my expectation as well.
10 I know that the judge in the matter certainly wanted to
11 assist. She said that she would make final orders in
12 chambers if all the parties could agree upon a final order,
13 but the Crown's position was, "We can't get instructions on
14 the final order."
15
16 THE COMMISSIONER: Was that from the local CSC?
17
18 MS MORRELL: No, it is a local matter, but it is now in
19 the District Court in Sydney.
20
21 THE COMMISSIONER: Where was the CSC?
22
23 MS MORRELL: Here in Wagga.
24
25 THE COMMISSIONER: It strikes me as strange that the
26 solicitor couldn't go straight to the CSC and say, "This is
27 where we are. Can we sign off on these orders today?"
28
29 MS MORRELL: I had the same experience when I had a direct
30 line to the office and spoke to them about it, and it is
31 still the same response, and I'm still waiting, so --
32
33 THE COMMISSIONER: But did the person you spoke to say
34 from whom they had to get instructions?
35
36 MS MORRELL: The legal services section of the department.
37
38 THE COMMISSIONER: So that meant going to Sydney, or not?
39
40 MS MORRELL: I'm not sure where they are based.
41
42 THE COMMISSIONER: There is a legal officer, I think, in
43 Albury.
44
45 MS MORRELL: Yes, there is, but it is a Sydney matter. It
46 is a Wagga matter, but obviously they are dealing with
47 legal offices in Sydney.

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From a legal practitioner's perspective as well, one of the other things of concern, and I don't know whether there are caseworkers here today, is that it seems that if, at times, the department is not successful, there seems to be retribution and that is of serious concern.

MS FURNESS: Perhaps you could give us an example of that without mentioning names.

MS MORRELL: Without mentioning names, I can give an example of a final hearing where it was raised that a particular person should be assessed as an appropriate carer in a matter. The matter was adjourned to allow that person's kinship relationship to be assessed. The next day DoCS pulled all the contact that was occurring on a weekly basis and determined that it would only to happen on a bi-monthly basis.

Then we had to file an application in court to say, "Look, as soon as we raised our hands for somebody to be appropriately assessed, contact was being pulled off us," and the court immediately ordered that the weekly contact be restored. That was because DoCS were cranky that they had to do an assessment they had not bothered to do. The question, "If I raise this, will there be retribution to my client?" is a real concern to a legal practitioner

THE COMMISSIONER: That is a very interesting proposition. Does Legal Aid have a similar experience of retribution?

MS DWYER: I know the matter that Ms Morrell was talking about.

THE COMMISSIONER: Not a specific case, but do you have a similar experience that if DoCS don't get their way in a court proceedings, this might bounce back by way of retribution?

MS DWYER: I wasn't involved in the matter that Ms Morrell is referring to. I am aware of that matter.

THE COMMISSIONER: Leaving that aside, I am really talking about a general experience. Is it a one-off or is it a common experience?

1 MS DWYER: I really couldn't say. I find it difficult to
2 comment on that.

3
4 THE COMMISSIONER: Fair enough. We might move on to
5 [REDACTED], please.

6
7 [REDACTED]: My name is [REDACTED]. I'm a carer in Wagga
8 Wagga. My concern is that you can't take support people
9 into any meetings you have with DoCS. The last time we
10 took or tried to take a support person along the meeting --

11
12 THE COMMISSIONER: This is for a casework meeting or a
13 court or what?

14
15 [REDACTED]: Any meeting.

16
17 [REDACTED]: It was just a meeting. It wasn't a casework
18 meeting. It was just actually a meeting in regards to some
19 things about the children but also basically about the
20 carers in general. We were told that we weren't allowed to
21 take any support persons into the meeting. We took a
22 foster care rep and the meeting was basically adjourned.
23 She wasn't allowed to stay in the meeting and we were not
24 allowed to have a support person, so the meeting never went
25 ahead.

26
27 THE COMMISSIONER: You're a carer, do you say?

28
29 [REDACTED]: Yes.

30
31 THE COMMISSIONER: With DoCS?

32
33 [REDACTED]: And Anglicare.

34
35 THE COMMISSIONER: There are two situations. Are you
36 primary Anglicare or DoCS?

37
38 [REDACTED]: DoCS.

39
40 THE COMMISSIONER: Did you start off with Anglicare on a
41 short-term basis or what happened?

42
43 [REDACTED]: We have never signed anything.

44
45 [REDACTED]: We are dual carers.

46
47 [REDACTED]: We are dual carers. We originally joined

1 Anglicare. Then we took two children who came through
2 Anglicare long term; so then we went over to DoCS, but we
3 never actually signed anything with DoCS.
4

5 MS FURNESS: So the meetings you refer to are meetings
6 with DoCS or with Anglicare?
7

8 [REDACTED]: No, with DoCS.
9

10 THE COMMISSIONER: You wanted to talk about issues
11 relating to the medical wellbeing or otherwise of the
12 children, is that the situation?
13

14 [REDACTED]: Basically, yes. And in particular how long it
15 takes. You get children who come into care and if you try
16 to push issues such as wanting to take them to a
17 paediatrician or try to get some help for them, DoCS does
18 not like it. You're put in a different category because
19 you want to get help for the kids that you have. An
20 example is if you want to go to a paediatrician and you
21 want to get a second opinion. We had one child who has
22 been under a paediatrician for three years; yet we still
23 have no diagnosis because the paediatrician won't or can't
24 make that diagnosis. We asked if we could go to someone
25 else for a second opinion and that has been refused by
26 DoCS. They won't give us --
27

28 [REDACTED]: It took us two years to get an appointment in
29 Sydney. It's the worst case I've ever seen. We have all
30 the paperwork, but they don't believe it. It is
31 psychological damage to a five-year-old but it is just
32 ongoing. Every time we have access, we have problems with
33 it, but it is just continually going on and on. We were
34 told if they wanted to give us access every week, they
35 would. We actually complained to the Ombudsman about it.
36

37 THE COMMISSIONER: There is a complaints unit with DoCS
38 too. Have you tried that?
39

40 [REDACTED]: They don't want to listen to you.
41

42 [REDACTED]: With what we have actually stirred, we have got
43 retribution now.
44

45 [REDACTED]: Every corner I turn around, I get into trouble.
46

47 [REDACTED]: It's only for the kids. We are actually trying

1 to get help for them because they have issues. You don't
2 know when kids come into care what their issues are until
3 you get them and then you say, "This kid is doing this,
4 this kid is doing that", and then, it is a case of: "Oh,
5 no, that goes in the too-hard basket."
6

7 THE COMMISSIONER: I think we have the point. You want
8 two things: firstly, you want a greater listening to your
9 concerns and reference to appropriate medical services;
10 and, secondly, you would like to have a support person to
11 go with you to meetings.
12

13 [REDACTED]: Yes.
14

15 THE COMMISSIONER: I have Dr Moloney, who is a local
16 paediatrician, who may have some views about the system or
17 questions as to what is working or not working
18

19 DR MOLONEY: I am sorry. I have just arrived and I was
20 hoping to get the feel of this meeting first. I am not
21 really prepared for a formal speech.
22

23 THE COMMISSIONER: You don't have to be. I am interested
24 in your views. You made a couple of comments. You say
25 you would like feedback on the protocol for referring
26 foster carers. Are you referring to a situation such as we
27 have just discussed, and this is why I've come to you;
28 namely, whether foster carers want to have --
29

30 DR MOLONEY: My concerns for foster carers stem from the
31 fact that they are often seeking opinions from
32 paediatricians and come to me as part of that process.
33 There are a number of things that are difficult to
34 organise.
35

36 One issue is that children are often removed from
37 dangerous and as yet unknown situations and placed in
38 foster care, often outside the districts that they were
39 originally from. I would like careful attention paid to
40 introducing a process that whips into action when that
41 occurs. That process would involve basics such as trying
42 to find out whether the children are on medication and
43 whether or not that medication can be continued in the new
44 district they are in.
45

46 That sounds basic, but a child who is picked up off
47 the streets and then placed somewhere within 24 to 48 hours

1 who might be epileptic has already missed two days of
2 anticonvulsants, and quite often the foster parents don't
3 even know.
4

5 There are other issues and many other sorts of
6 conditions that children might have that have led them to
7 medical services in the past. I think there should be a
8 unit somewhere that files this information and rapidly
9 or as rapidly as possible - hopefully within a 48-hour
10 period - can rummage through medical files and find out
11 what the hell those children are on and what's happened to
12 them in the past. That would mean that they can be quickly
13 processed under the new roof and in the new locality that
14 they find themselves. That probably requires funding we
15 don't have.
16

17 THE COMMISSIONER: I think there are plans for a scheme,
18 if not in some places the implementation of a scheme,
19 whereby every child that goes into foster care should get
20 an immediate and comprehensive medical assessment within a
21 very short time. It doesn't necessarily occur at the
22 moment on a uniform basis. Additionally, it seems to be
23 the case that children's Medicare cards don't follow them,
24 medical records don't follow them, the blue book doesn't
25 follow them.
26

27 I think we are well aware of the problem that you
28 identify. It is a real problem that has to be addressed.
29 It is a combination of Health and DoCS and, of course, the
30 birth parents actually disclosing to DoCS or DoCS finding
31 out what has been the medical background of the child. It
32 is a comprehensive problem which you have addressed and we
33 do have it in mind
34

35 DR MOLONEY: I only mentioned that first because I would
36 have thought it would be easy to put protocols in place to
37 follow. It gets increasingly more complex if you have
38 children who have been psychologically traumatised -
39 I don't mean just abused; I mean really traumatised -
40 and/or sexually abused, who have issues that they have not
41 even been able to disclose which they then take to the new
42 household. Those foster parents need a great deal of
43 understanding. What I find happens is there seems to be a
44 breakdown when they request help.
45

46 I guess the process to remove children has been so
47 necessarily prioritised that everyone sort of takes a big

1 sort of sigh and waits and doesn't put into the process the
2 very necessary next step, which is to try and get
3 counselling both for the family and for the children.
4

5 When you actually try and find out things like this,
6 in the health system, there are, from my point of view, a
7 number of barriers that the earlier speaker was referring
8 to that just become, in the end, an obstacle to you.
9

10 I have developed a little bit of an idea in my head as
11 to which DoCS' services are more functional than others in
12 the district. There seems to be quite a spectrum and it
13 depends on which people of character - I think it's more
14 character than training - are manning the posts. It does
15 require a lot of character to be a good DoCS officer, and
16 I don't think the system supports them very well.
17

18 Having spoken over, I guess, a 25-year acquaintance,
19 and seen the burnout and, at times, the suicide of some of
20 the more able officers, I think there is not enough funding
21 to support them. That's why we don't find that character.
22 Once you deal with a place that is a black hole and doesn't
23 have character, you have no hope.
24

25 You might make an application to the DoCS Helpline,
26 which in itself is not easy for someone in my position.
27 You're often questioned as though you're a new chum by
28 someone with a psychology degree, someone who's wet behind
29 the ears and who doesn't really have any respect for what
30 you're saying - but you get over that. Then you make the
31 notification and then there is supposed to be some sort of
32 follow-on process whereby your notified case gets attended
33 to.
34

35 In that next step, there are pitfalls that I have
36 encountered. You are not told what happened. Something
37 arrives about a month later with a number on it, but by now
38 you don't know what it refers to because you have had three
39 more cases. The number wasn't, if you like, disclosed in
40 the beginning. Then you wait for something to happen to
41 the case that aroused your concern.
42

43 I could think of a number of examples. There are
44 many, I could go up to 10 if you wanted me to, but I will
45 refer to two that come to mind. One is the case of a
46 mother who was seriously depressed. She would be catatonic
47 in the kitchen, just sitting there, not eating for three

1 days. The eight-year-old would come home from school and
2 expect to be somehow functional in the household and try to
3 take over the role of parent and try to get people to
4 understand that his mother was not functional and somehow
5 get notified to DoCS for respite care. This kid is
6 starving and not being attended to and a month later you're
7 wondering what has been done? Then you find out that it
8 was not prioritised and it was actually dumped into the
9 wastepaper basket and no-one told you. If you had known,
10 you would have almost driven down there yourself and
11 started sorting it out with mental health services.
12

13 It is as though DoCS didn't think about what the
14 implications were when they brushed it off the desk. They
15 should have afforded me some respect and acknowledged that
16 I might have had some real concerns underneath the case.
17 They should at least have got back to me if they could not
18 do anything about it.
19

20 There is a whole host of cases like that that get
21 deprioritised and you don't get told. If you are busy like
22 me and you come to this country town once a month where you
23 have found out these problems, then it is not immediately
24 on the radar that nothing is happening. So you learn to
25 double-check DoCS and that requires a bureaucracy of your
26 own.
27

28 There are some other things that I find impossible,
29 but I guess I sympathise with DoCS. I don't think that
30 people are outright incompetent. They are just too busy, a
31 little bit undertrained at times, and they certainly need
32 more support from their colleagues in the State government
33 than they get in terms of respite for themselves and time
34 to recover away from the job.
35

36 I could go on but those are just some of the
37 difficulties that I regularly face. I also have rung the
38 complaints unit. It is an interesting exercise.
39 Occasionally you get some charming individual, who should
40 be involved in some sort of entrepreneurial enterprise, who
41 is just good at calming you down, but you know he is going
42 to do nothing. Most of the time, though, you get people
43 who can't do that; they don't have the personal qualities
44 to be a complaints officer. Those people are just so rude
45 and make you feel like you're being a nuisance to them.
46

47 I sympathise with the issues that people have raised.

1 That will do for now.

2

3 THE COMMISSIONER: Thank you very much. [REDACTED]
4 [REDACTED], please.

5

6 SPEAKER: I had a speech prepared previously, but it's
7 extensive. I will try and pull out the main issues.

8

9 THE COMMISSIONER: Give that to us by way of a submission.
10 I could indicate if anybody wants to write to us with
11 individual case concerns, you can do so on an open basis or
12 confidential basis. It's quite helpful to have these kind
13 of submissions. I haven't seen this one yet, but you
14 probably will summarise it, indicate what the problem is.

15

16 SPEAKER: This is the summary there. I will try to be
17 quite brief. I'm an area representative for the Foster
18 Carer Association and a relative carer. I am the paternal
19 aunt to five children. Basically, I have five children in
20 out-of-home care. I have the care for the youngest two
21 aged eight and five. My brother and his partner have six
22 children in total and all children have been removed. None
23 of the children have been restored to the parents at any
24 time.

25

26 My key concerns with the Wagga Department of Community
27 Services started in approximately 2002 when they declined
28 to remove a child in immediate risk of harm. The mother
29 was sentenced to two years gaol for grievous bodily harm
30 for a four month old preemie baby whose injuries included a
31 skull fracture, broken leg, rib fractures. The father is
32 child molester. Both parents have been diagnosed with
33 psychological disorders with the Children's Court clinic
34 and the parents have had no contact with any of their
35 children in the almost 10 years they have been in care.

36

37 Basically, I had to protect my nephews, and faced a
38 great deal of retribution by the department, namely, Wagga.
39 I applied to be a temporary carer for my youngest nephew
40 and I was told no, even though I had the oldest siblings.
41 I moved to the Wagga area but I was still denied this and
42 the child was placed in temporary foster care. He was
43 placed in that for a period of eight months and was granted
44 a two-day transition period from his primary carer to
45 myself. This resulted in the child suffering from trauma
46 basically, from separation and the consequences of this
47 lasted for many years to come. Then the parents had a

1 sixth child, 2007. Once again Wagga DoCS refused to remove
2 the child.

3
4 Now, I understand that this is against legislation
5 being that section 106A of the Children and Young Persons
6 Care and Protection Act states where a person has
7 previously had a child or a young person removed from the
8 care and the child has not been restored to their care,
9 that is considered prima facie evidence and so it is up to
10 the parent to prove that the circumstances that previously
11 existed no longer do so. However, I had to fight the
12 department to remove the child basically.

13
14 This youngest child has now been in care proceedings
15 for one year. After six months, the department finally
16 came to the conclusion that restoration was not realistic.
17 It took the department reportedly two months to find an
18 assessor to assess me. I successfully completed six
19 relative placement assessments and I have 12 professionals
20 attested to my parenting capacity and abilities.

21
22 So, I took out a few thousand dollars loan and paid
23 for a child psychiatrist and clinical psychologist, an
24 approved assessor to make recommendations and do an
25 assessment. The department ignored this and also blocked
26 it from being heard by the magistrate.

27
28 The department also provided false and misleading
29 information to the courts, and I reported repeatedly that I
30 had documentary evidence to contradict this and that I knew
31 Wagga DoCS had this information because I had it DX-ed it
32 to them at the beginning of the sixth child's case.

33
34 After Wagga DoCS declined to accept the two
35 recommendations, they wanted to get their own assessors and
36 it was very clear to me once I found out who this assessor
37 was, why they chose her. This assessor is a clinical
38 psychologist and has a widely negative reputation, even
39 amongst professionals, and she is known for diagnosing
40 certain disorders. This assessor met with me and made
41 certain implications and I challenged the department to
42 have me assessed by the Children's Court clinic as I was
43 not willing to accept labels that weren't properly
44 diagnosed. The Children's Court clinic came to the
45 proceedings to mediate. It was decided that the
46 psychologist who had conducted a placement assessment of me
47 was to provide a supplementary report. The supplementary

1 report concluded there was no basis for any of the findings
2 of the department's chosen psychologist. Further to that,
3 she continues to recommend me for the placement of this
4 child. The department received this supplementary report
5 that they themselves had commissioned in January. It's now
6 March.

7
8 THE COMMISSIONER: This year?

9
10 SPEAKER: It's now March and the child is still in
11 temporary foster care, and they are now taking it to a
12 four-day hearing. They ignored the report that they
13 commissioned themselves.

14
15 Also, I have applied on at least seven times for
16 contact between myself, my nephews and my nieces and this
17 child, and I have a letter from the department stating that
18 they will be actively denying any more contact that I make
19 through the court, and they have done so. My nephew's
20 birthday is tomorrow. His brothers and sisters have never
21 seen or met him. I have supervised visits and I'm
22 basically treated like a criminal even though I have never
23 done anything wrong. I am observed and notes are taken
24 about me, and it's quite upsetting.

25
26 THE COMMISSIONER: Thank for that, we have got your
27 submission and we can look through this.

28
29 Now, [REDACTED].

30
31 [REDACTED]: My name is [REDACTED]. I am a local
32 area representative for the Foster Carers Association. I
33 would like refer to Nicole Dwyer's comments. I know with
34 my own experience of taking the department to the ADT to
35 have a matter challenged, that I was not granted legal aid
36 so I had to self fund it and basically the upshot was that
37 they were able to out fund me. My lawyers, my barrister,
38 the QC, all worked pro bono for a period of time, such was
39 their belief in the case. However, there came a time when
40 they had to pull the plug on continuing to work for
41 something that could be resourced in.

42
43 THE COMMISSIONER: What was the nature of the case that
44 went to the ADT?

45
46 [REDACTED]: I had a child in my care for two and a half
47 years from his birth. After nearly three years his

1 grandmother decided she would like him to live with her, so
2 the department removed him. There was no cause for concern
3 about my care of him. I had never received any
4 allegations. There had never been any issues there. He
5 was just removed so I took out a stay of placement. It was
6 the initial thing. I was assured I could represent myself
7 at the ADT, so I travelled to Sydney for that and
8 represented myself. I was there with my two little bits of
9 paper, and DoCS arrived half an hour before the proceedings
10 and served me with over 800 pages of documentation which I
11 was to refute myself and make legal arguments, which I
12 could argue my case black and blue but to make a legal
13 argument was out of my league. I was given 15 minutes by
14 the magistrate to look through those 800 pages and refute
15 them. I therefore lost the stay of placement and it went
16 to hearing.

17
18 At that time I tried to sell my house to afford the
19 legal fees. I was unable to sell my house in time. I got
20 a lawyer who then put on a barrister and then DoCS
21 requested that the ADT claim be taken to Albury; I am
22 closer to Albury than Wagga. Usually they travel, if the
23 carer requests it, to help the carer. What I am referring
24 to with courts moving that Nicole was speaking about
25 before, because I come from a small area, every legal firm
26 in Albury have conflict of interest with me. That means I
27 had to get legal practitioners from Sydney to represent me.
28 So when DoCS requested that the ADT come to Albury, I then
29 had to fund my legal team totally to bring them in and
30 represent me. It doesn't suit me to have it in Albury. It
31 would have been a lot easier on my pocket to go to Sydney
32 and have the matter heard there.

33
34 The matter ended up in the Supreme Court where we were
35 ultimately successful, and it was referred back to the ADT.
36 There was a lot of issues with my case. I eventually had
37 to withdraw due to lack of funds. They won by default.
38 The matter actually eventually, I took my matter to the
39 independent commission against corruption. I had a number
40 of concerns about the handling of the case by the judicial
41 commissioner, the judicial person in charge, and although
42 they didn't take on my case they did recommend that I refer
43 the matter to the judicial commission for investigation.

44
45 So, my concern is that the department has the ability
46 to turn up with six lawyers and barristers and stuff and
47 basically out fund carers. I am not in a position to take

1 on the government basically. So, that was my concern.

2

3 I had indicated I wanted to address two issues. I am
4 going to stick with legal issues or can I move onto
5 out-of-home care?

6

7 I brought with me representatives from three of our
8 local support group from Cootamundra, Albury and Griffith.
9 One of the concerns for the foster carers is the
10 allegations policy. Most of the people in this room would
11 be foster carers and at some stage will face an allegation
12 of abuse. My concern is I have been representing carers
13 here for three years now and I am yet to see a carer face a
14 serious allegation of something that I would consider to be
15 serious abuse. In that three years I have only seen one
16 come back with a false allegation. That means sitting in
17 this room is potentially a large number of child abusers
18 according to the standards that DoCS place on carers. I
19 don't believe that to be the case.

20

21 THE COMMISSIONER: Can I just ask: For each of those
22 cases, has the child been removed from that foster carer
23 once the allegation is made?

24

25 [REDACTED]: The children are removed first and the
26 allegations are then investigated.

27

28 THE COMMISSIONER: Have any of those children been
29 returned?

30

31 [REDACTED]: Not to my knowledge. We have had a couple
32 of occasions where it has been investigated while the
33 children remained. That is few and far between. Mostly
34 they are removed first and even if the matter comes back
35 unsubstantiated, it's not the same as a false finding.
36 Given it can take 12 months for the allegation to be
37 investigated, the children have then gone to a new school,
38 a new area and coming back to that carer is not a
39 possibility from the child's perspective. A number of the
40 allegations have been really, really petty things. If I
41 can I would like to refer to a couple of carers that are
42 here, and their specific cases. I think they can give you
43 a better idea of their specific case.

44

45 THE COMMISSIONER: Maybe they are amongst the other people
46 who have filled in forms. I don't know. Without naming
47 them at this stage, can you refer briefly to what it is the

1 allegation is?

2

3 [REDACTED]: We have had allegations made against carers
4 that the children are not allowed to sleep in bunk beds and
5 those children were removed. An allegation was made that
6 the foster mother was a psycho. There is no medical
7 opinion that came with that. She's expected to respond to
8 an allegation that she is a psycho from the child. I'm
9 sure that the department ascertained she was a psycho or
10 not before she came a foster carer. Things like that are
11 just ridiculous allegations.

12

13 My concern as a foster carer is no-one wants to see
14 anyone who abuses children protected, but there needs to be
15 something between a child making an allegation and removal.
16 There has to be something in between. Commonsense would be
17 a good start. Something that says when I look at this and
18 see a 16-year-old says I am a psycho or whoever is a
19 psycho, maybe there is more going on behind the scenes.

20

21 THE COMMISSIONER: It's not something that has not already
22 come to our attention. We are well aware a lot of these
23 children have had a very difficult background and become
24 quite street smart and if they don't get their way, it's
25 very easy to make an allegation against the carer. I think
26 what you have said is something which is a fact of life and
27 I think we are aware of that.

28

29 [REDACTED]: One other point about the process in general
30 and about the retribution a number of people have referred
31 to is that, in my own particular case, as a result of
32 taking them to the ADT I have now been made an inactive
33 carer. That means I'm not de-authorized. I can't then
34 challenge that decision. I'm just inactive. I'm in limbo
35 land where I can't foster. I have no allegations, I have
36 nothing to fight. Although I have requested the reason in
37 writing to be told why I am being made inactive as a carer,
38 that has never been provided in the last two years.

39

40 THE COMMISSIONER: Had your working with children approval
41 been taken and revoked you could have appealed.

42

43 [REDACTED]: That is right.

44

45 THE COMMISSIONER: That is a halfway house where you can be
46 parked.

47

1 [REDACTED]: That is a common problem for foster carers
2 specifically in the Wagga and Albury area.

3
4 THE COMMISSIONER: Have you heard of a number of cases like
5 that?

6
7 [REDACTED]: There are a number of people here who have
8 the same problem.

9
10 THE COMMISSIONER: Can people put their hand up if people
11 are in that situation; being deactivated. There is six.

12 [REDACTED].

13
14 [REDACTED]: My name is [REDACTED]. I am spokesman for
15 [REDACTED] who is being treated for depression. I have been
16 with [REDACTED].
17

18
19 THE COMMISSIONER: [REDACTED] is the child?

20
21 [REDACTED]: She is the mother. I am a recovering addict and
22 recovering alcoholic. I have 29 years of recovery under my
23 belt. [REDACTED] is also a recovering alcoholic. Her children
24 were not taken from her, she gave them to DoCS so that she
25 could get well. During the time in the last 11 years she
26 was denied access to her children. The boys ran away from
27 foster care. I have present a photocopy of the statements
28 they made on being received into foster care. In the 11
29 years they have had 36 foster care placements. I
30 acknowledge too the foster care workers here today are
31 judged by DoCS. I think they are very lovely people and
32 DoCS should be ashamed of themselves. I find DoCS to be a
33 dysfunctional organisation. It should not exist. They do
34 everyone else's moral inventory but their own. They get
35 young ones out of university and train them to their way of
36 thinking.

37
38 I would personally not put my children with DoCS if I
39 was to go into recovery again. These matters and
40 statements were made by young children not teenagers. They
41 need their own internal investigation. The youngest of the
42 foster care boys has had several suicide attempts. He is
43 now 17 and he will take himself. He's being treated for
44 depression. He's a lovely young man who came out of care,
45 ran away from care with his brother. He was addicted to
46 prescription medication. He went on to use pot and alcohol
47 to feed the habit he got when he was in foster care.

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I would like to submit these.

THE COMMISSIONER: If we could have those, we will have a look at them.

██████████: His mother has been to lawyers, legal aid and to solicitors in Sydney. No-one will take it on. DoCS are untouchable, aren't they ladies? DoCS are untouchable and a dysfunctional organisation and they are guilty of criminal negligence. I know a bit of law, enough to know as a parent and a grandmother and a person who for 29 years has not touched a drug or a drop of alcohol. Then, to have this mother here for 11 years, this mother here also has studied and is a drug and alcohol counsellor but because of her health has not been able to practice. She's of Aboriginal descent and a lovely person. I think it's a shame that what she has learnt and done is wasted because of depression. There are so many people out there that this lady could help.

Today DoCS are having a case conference with her youngest son and she is not there, because they didn't even extend her the compliment of making a telephone call and saying "You are invited". I am also her carer and I do not receive a carers pension or anything for anything I do. This is what we call my 12th step to reach out the hands of others and not necessarily other people who have drug and alcohol parents. My religion taught me we care for everybody and the love I felt in this room today and the people who share, who are loving people and are totally demoralised by this department. They choose to, DoCS when they take all the money that the governments of the day gives them, to drag this lady down and many other people.

THE COMMISSIONER: We have got the message thank you.

██████████.

██████████: Can I preface what I say, my comments are related to be Bega Community Service Centre. My background is a foster carer. My parents started taking children when I was 10. I became an accredited foster carer when I turned 18. I would like to share three things with you. One is with regard to recruiting foster carers. I have been involved formally and informally in that process. There is one question that gets asked that is ignored or dismissed by DoCS. What about my natural children? What

1 will happen to them? The usual response from DoCS is that
2 it doesn't impact natural children of the family, they
3 float along and everything is fine. Let me tell you it was
4 an interesting experience being a teenager living with
5 disturbed children and being ignored. These parents have
6 real concerns. They are fantastic parents and will be
7 fantastic foster carers. Some of them don't go down the
8 path because they can see their first and most basic
9 question is being dismissed. They think they have no hope
10 down the line.

11
12 I think natural kids have a lot of ability to help the
13 children that come into their care. A lot of kids that
14 come into care are terrified of adults. If you look at why
15 they have come into care it is not surprising that to have
16 children play with them, to be their friend at school to
17 understand the thing they don't understand about the adult
18 world is helpful. But, good foster carers either give up
19 or don't start in the first place because they are
20 concerned about their own kids. I don't think it's in any
21 way detrimental to be in that situation, as the natural
22 child, but it's something that parents are worried about
23 and I think it shows a lot of empathy on the part of DoCS
24 for the reality of what will happen. It will be really
25 helpful to have some kind of encouragement particularly for
26 the teenage children, who are well aware of what is going
27 on and are struggling to deal with distressing issues, to
28 be told how they will be constructive and acknowledged in
29 what they are doing.

30
31 The second point is about the training of foster
32 carers. This is from my experience when I did the training
33 myself, and also I have helped out with a number of shared
34 life experiences as a foster carer who is going to answer
35 questions. Sometimes what is presented is a very narrow of
36 foster care. You are told things like "children come with
37 a full medical history". I have never seen a medical
38 history, at least not in the first few month. I understand
39 there are complex reasons why DoCS can't do this. They
40 don't necessarily know. But, to be told you will get
41 something that you then don't get is just not helpful. You
42 are also given very little information about the reality of
43 the kinds of behaviours that you might be dealing with in
44 future. It's obviously not possible in a few short
45 training sessions to explain all the occasions of abuse,
46 drug and alcohol use, of demeaning psychological, emotional
47 social and medical situations that children come from but

1 to think that you can live 24 hours a day with a child that
2 is dealing with some major disturbance without any training
3 or background is a pretty big call. I think that future
4 foster carers need to be given some information about what
5 day-to-day life is going to be like and when the issues
6 arise to be given real information about the specific issue
7 that is there.

8
9 THE COMMISSIONER: What has been your experience in the
10 situation like this, where problems have arisen, where you
11 have gone to DoCS and asked for support to deal with it?
12 Have you had a favourable response or found it difficult to
13 get the support?

14
15 [REDACTED]: It depends on the individual caseworker. There
16 are some who are fantastic and genuinely understand what
17 you are dealing with. Often the response is they don't
18 have any better ideas. They can see it's a serious problem
19 but your guess is as good as theirs.

20
21 The more disturbing cases are simply ignored. The
22 child is placed, it's not an emergency, we have got bigger
23 things to deal with. One thing that I know a lot of
24 experienced carers in my area are well aware of is if you
25 want something to happen through DoCS, you say "There is
26 danger of this placement breaking down unless I get support
27 immediately". You can say "This is really difficult. This
28 child is not being coped with. We don't know how to deal
29 with such and such, we are worried about this long term"
30 but until you say the magic words "This placement is about
31 to break down" nothing happens. Sometimes when you say
32 that nothing happens either.

33
34 My biggest concern is that -- this comes back to a
35 training thing really -- you are told in training it's your
36 responsibility to care for the daily needs of the child and
37 the big background issues will be looked after by someone
38 else, that is not your responsibility, you are not a
39 professional you are not supposed to know how to deal with
40 that. That is a good policy. When no-one else is doing
41 it, the issues keep going and I can think of a number of
42 cases that have broken down. I think they could have quite
43 easily been avoided if DoCS had been following up what was
44 going on in that placement, even though no-one was saying
45 "This placement is about to break down".

46
47 The carers I'm thinking of, it was their first

1 placement. They didn't know how to work the system, how to
2 get the support they needed. They may or may not have got
3 it if they had known how to work the system. As first time
4 carers they don't yet know the tricks for being listened
5 to. You shouldn't need to manipulate the system. It
6 should be obvious children who have come from a background
7 of drug abuse and a parent has just committed suicide are
8 going to have psychological issues. They obviously need
9 counselling. That seems obvious, but it's not. It's just
10 that we are losing really good carers because they don't
11 know how to get the help.
12

13 My third thing doesn't relate so much to foster carers
14 but more relates to the actual experience of the children.
15 It sounds like a basic thing. Caseworkers need to be
16 honest with children. Implications of the caseworker lying
17 to the children are just huge. Sometimes it's really petty
18 things. It can make the trip from the natural parents to
19 the foster placement, that half an hour in the car
20 difficult. If they told the child they will going back
21 next week, if that is not true it's going to make
22 everyone's job further down the line difficult.
23

24 Someone mentioned integrity of DoCS's workers; if you
25 can't be honest with a child who is dealing with really
26 complex issues in the first place, there is a real problem.
27 It also then flows a little bit to kids understanding the
28 fact that for the next 23 hours of that day the foster
29 carer is going to have to deal with explaining to the child
30 what they were told wasn't true. It would make that
31 one-hour car trip a bit easier. It sounds really obvious,
32 honesty is a basic thing we teach 4-year-olds and DoCS
33 workers need to as well.
34

35 THE COMMISSIONER: [REDACTED].
36

37 [REDACTED]: I wanted to talk about after care services.
38 My understanding is that there's only two agencies in New
39 South Wales that actually are funded to do this. There is
40 one in Wollongong and one in Newcastle for the Gosford
41 area. I think that makes it really hard for support people
42 to actually access it. Basically that was my comment. I
43 don't have any proof of this but the instance I am talking
44 about, my ex-foster son, who I still support, has tried
45 many times to contact the particular person he needed to in
46 Gosford, and never gets a response. Whether they are too
47 busy, I don't know. It's on numerous occasions. An

1 18-year-old, who has been in care and his placement was
2 before he came to us, in seven and a half years was in 11
3 different places. He has not got the confidence to deal
4 with people that he needs to deal with in this situation,
5 and he let's it go. I guess what I am saying is can there
6 be more places, more services throughout the state, more
7 accessible to kids?

8
9 THE COMMISSIONER: I think this area moving out of care
10 into the adult world is very difficult and there are some
11 strategies under development and there are procedures
12 available. I think sometimes they may not be well known.
13 It is something we are looking at.

14
15 [REDACTED]?

16
17 [REDACTED]: [REDACTED], who had to leave the room with a noisy
18 child, and I are foster carers and we have been for 20 odd
19 years. Our care relates to DoCS family care, as temporary
20 carers, at this stage of our life. We do have two children
21 that are in permanent care, however.

22
23 Let me say that, over the years, the experience has
24 generally been rewarding and satisfactory, but there is
25 obviously the odd occurrence that you would have preferred
26 to be different.

27
28 There are three issues I would like to discuss: the
29 first one is the slow assessment of children with needs.
30 As carers, we are the experts. We are not taken as experts
31 when we go to DoCS, particularly with problems. They are
32 assessed slowly. The aid comes slowly. Often early
33 intervention would have been far better and resulted in a
34 far better and far more satisfactory outcome. The process
35 of giving support to children with need - and most of the
36 children who come into care have need because of their
37 personal circumstances - needs to be sped up.

38
39 The second issue which we are facing more and more is
40 inappropriate moving on. There appears to be a time limit
41 at which alarm bells ring and children are moved on. We
42 have made it very clear to DoCS that we wish to be the last
43 but one placement. However, recently we have had the
44 experience where, for no particular reason, the child was
45 moved on into a permanency placement. That placement broke
46 down and the child has been moved on to another placement.
47 The children's parents are currently fighting for

1 restoration. There is no need to move that child on when
2 it has already settled into a placement. We believe that
3 providing a placement has not broken down and providing
4 there are no issues, until a permanent resolution of that
5 child's situation is achieved, where possible, placement
6 should remain. That is not currently happening.
7

8 THE COMMISSIONER: That might be partly a function of the
9 fact that if you are working for Anglicare or Mission
10 Australia, your contract is for short-term placements, but
11 you can move across to DoCS. You seem to have both - you
12 are working as a foster carer for both Anglicare and DOS?
13

14 [REDACTED]: We are certainly approved for both and it
15 certainly appears to be that there is some trigger.
16 Whether it is moving across from one agency to the other or
17 whether it is just so that the records would show that a
18 permanent placement was given at a given period of time, we
19 can't ascertain. It appears on the surface of it that it
20 is to meet a clerical requirement. That might be a bad
21 assessment, but --
22

23 THE COMMISSIONER: I would be interested in following this
24 one up. We are picking some case studies from here and
25 there which might indicate a problem in process or system.
26 Would you mind, at the end of the day, giving one of our
27 people here your names or the name of the child? Is that a
28 any problem for you?
29

30 [REDACTED]: Not at all.
31

32 THE COMMISSIONER: We would be interested in seeing what
33 has been a trigger in this case.
34

35 [REDACTED]: Certainly.
36

37 THE COMMISSIONER: The theory is there should be a minimum
38 number of placements for any one child. All research says
39 that stability is absolutely critical. To move children on
40 is really problematic.
41

42 [REDACTED]: That is our absolute wish. As I said, we
43 have always made our wish clear since we have reached this
44 age: if a newborn were to come into our care today, when
45 it's 18, I am afraid I would be fairly old. I don't think
46 that is fair on that child, but continuing as short-term
47 foster carers is certainly our wish and we put no time

1 limit on what short term is at this stage.

2
3 The third issue is the time it is currently taking for
4 adoption and permanency placements to take place. As I
5 said, we have been foster parents for nigh on 20 years.
6 When we first became foster parents an adoption, for
7 example, would take eight weeks from go to whoa. The last
8 two adoption placements we had took eight to nine months.
9 The last of those happened in the middle of this year.
10 That's too long.

11
12 THE COMMISSIONER: So those are children you are caring
13 for who have been adopted out?

14
15 [REDACTED]: They have been adopted out. They have gone
16 into the permanent, but adopted care - so, yes. As I said,
17 20 years ago, it took eight weeks. Now, the last two
18 placements have taken between eight and mine months and it
19 is too long. The process of determining whether a child
20 will go into permanent care or not, the process of going
21 through the courts to determine whether a child be returned
22 to its parents or should this child actually stay in
23 permanent care is also taking in excess, in our experience,
24 of nine months generally. It is too long.

25
26 THE COMMISSIONER: Next is [REDACTED]. I think you
27 mentioned the name of a daughter on this document and you
28 have asked me that we make an inquiry into that.

29
30 [REDACTED]: Good afternoon, my name is [REDACTED].
31 I am a Wiradjuri member. I am from Leeton originally. I
32 won't go into too much detail with my three kids. Without
33 going into too much detail and naming names, when the
34 Leeton Department of Community Services took my last little
35 girl, they placed her with the natural father.

36
37 I went to the DoCS worker at the office and I said to
38 her, "Look, I have a fear that there's a potential that the
39 natural father will sexually abuse my child." As it turned
40 out, that happened. It took 26 notifications over a
41 six-month period to remove my daughter from him and their
42 answer was, "We had to try all avenues." Did that avenue
43 have to mean that my daughter got sexually abused before,
44 they would say, "Okay, we will remove her; it's a fact"?
45 They never went in to check to see if my daughter had food
46 in the fridge. They'd just go knock on the door. There
47 wasn't a proper screening of my daughter.

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She came before Dr [REDACTED]. He wrote a report on her saying that a child at that age would not have the imagination or the specific indication of certain things; that she wouldn't have imagined them unless she had seen those things or they had happened.

That person is still around today and I am questioning the child sexual assault unit; I want to know why haven't they taken an action to charge this person? My daughter was not penetrated but she was fondled.

I cannot rest. I am married, I have three other children, aged 17, 9 and 10, and each night I toss and turn. I have been at the courthouse between Leeton and Wagga.

Two of the DoCS workers are actually related to me. One was my second cousin. She couldn't handle the case because there was a conflict of interest. This other lady, who resided in Narrandera, I didn't get on with her much. To me, she didn't have enough qualifications or experience.

I actually worked for the Department of Community Services as a trainee clerical assistant back in the Leeton office in 1983, so I know a bit about it. I just think that the system is dysfunctional. They say some families are dysfunctional. I think the system is dysfunctional, it is out of date. We have had the apology that Kevin Rudd made about the Stolen Generations and things like that. To me paperwork is creating a stolen generation here. Things have to change. You can't keep taking natural children. Unless there is something really wrong mentally sexually or physically, you just cannot take children from their nuclear or extended family. Thank you.

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

[REDACTED]: I am a foster carer or was a foster carer. I had allegations made against me last year. When the allegations were made, I just had a phone call and was told, "Come into the office the next morning." The whole thing sort of threw me. I requested that the allegations be put in writing. They said to me that if I had them in writing, I could not have that interview - that is something you forfeit if you have the allegations put into writing.

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I don't think it is right to expect someone to go in off the cuff and have allegations just thrown at them. That is a pretty devastating thought. You don't know what to expect or who the allegations are from or anything. There is no information whatsoever.

The moment I requested to have the allegations put into writing, there was no investigation on my side. No-one was interviewed. They didn't inspect the house. They didn't come and see things that could have changed the whole outcome - and I became a category 1. It was devastating.

The child that I was caring for had a lot of big issues. We had a psychiatrist involved, a paediatrician. There was a huge list of issues on the medical side of things and the behaviour that we were experiencing at home. Then she made the allegations, but it was only just a matter of time before she would make them. That is why I couldn't understand that, when those allegations were made, they just took her away from me. This little girl was put into care as a baby. She has no parents - I'm sorry - she has no family and she has just been shunted from one foster carer to another. No-one even wanted to know any of her history that might be able to help her or help other kids. I'm sorry, I have found that the department plays games with you - they say one thing and they mean other.

I am 52 years old and I have done nothing but care for kids all my life. All I have ever wanted to do was make a difference in some kid's life and they have taken it away from me. I was a professional nanny when I was young, before I was married, and now I can't do that. I can't do anything that involves kids, aged people or people with disabilities. They say category 1 will not affect my working with children, but if I did a child check on someone and it came up a category 1, I would not employ that person. I don't know what they have done. I don't know what it was all about. I wouldn't take the risk, would you?

THE COMMISSIONER: You don't know what the allegation is even now?

██████████: Yes, I have the allegations and I have answered them. Then it came back that I had five

1 allegations made against me. Then when they to a
2 conclusion, the allegations grew from five to twelve and
3 involved my daughters, which is just so ridiculous.
4

5 THE COMMISSIONER: Have they been sustained or not
6 sustained?
7

8 [REDACTED]: Three have been sustained and the rest were
9 unsustained. But they dragged my children into it too, my
10 own daughters, teenage girls.
11

12 THE COMMISSIONER: This has taken place over a lengthy
13 period, has it?
14

15 [REDACTED]: Yes. I had her for two years. It was the
16 longest placement she had had in quite sometime. I believe
17 she has had several placements since they took her away
18 last March.
19

20 THE COMMISSIONER: Thank you for that.
21

22 [REDACTED]: I just don't have the strength to be
23 appealing to the ADT. I don't just have that strength to
24 put up with that. I have had enough and I don't need to
25 deal with that. I need the department to sit down and just
26 be honest. They pulled the rug completely from underneath
27 me. Not only did they destroy myself and my career, but
28 now that I can't continue to foster, I have to go back to
29 work. I had been working, but I had to give it up because
30 this child was such a high-needs child. When they took her
31 away from me from me, it was awful.
32

33 THE COMMISSIONER: I think we understand the position. I
34 think some other people want to make similar observations
35 about allegations. We have your position, thanks, and we
36 understand the stress it occasions you and the problems you
37 face.
38

39 [REDACTED]: But who is out there to help me clear my
40 name?
41

42 MS FURNESS: Unfortunately, the appeal is to the
43 Administrative Decisions Tribunal, if in fact --
44

45 [REDACTED]: And how fair is that? They did this
46 investigation. They didn't ask questions. My whole street
47 knew of these temper tantrums we were having. They were

1 three-hour and four-hour temper tantrums and would involve
2 the whole street with her carrying on. They didn't
3 investigate or ask anyone. They didn't interview my girls.
4 They didn't interview anybody. How can they make a just
5 decision when they go on what DoCS have been telling them -
6 and God knows what they have been telling them?
7

8 THE COMMISSIONER: Sorry, did your case actually go to the
9 Administrative Decisions Tribunal or was it determined by
10 DoCS?
11

12 [REDACTED]: It was just determined by DoCS, the
13 allegations section in that department.
14

15 MS FURNESS: This inquiry will be looking at the way in
16 which allegations against foster carers and patients are
17 dealt with by DoCS.
18

19 [REDACTED]: I have a lot of love to give and I have two
20 rooms and I could be helping out some poor little kid. I
21 could still have the foster child they have taken away from
22 me.
23

24 MS FURNESS: Thank you.
25

26 THE COMMISSIONER: I think we understand the problem. I
27 think there are some other people here who may have a
28 similar problem. [REDACTED] and [REDACTED], do you have
29 a similar problem about allegations?
30

31 [REDACTED]: Yes.
32

33 THE COMMISSIONER: It's a common problem so if you could
34 perhaps briefly say what your experience was.
35

36 [REDACTED]: With our allegations, we tried to ring up
37 Sydney --
38

39 THE COMMISSIONER: Are you foster carers?
40

41 [REDACTED]: Yes. To try and work out what were the
42 allegations, we had to ring up Sydney. The allegations had
43 gone to Sydney and they could not give us any time frame on
44 how long that would take. We got on to DoCS. They said,
45 "Ring DoCS in Coota" - that is where we come from - "and
46 find out what the problem is and why are you still not
47 fostering kids", because we'd get called all the time for

1 respite, or whatever. It has been six months. We have
2 had no phone calls for kids. DoCS' response is, "At this
3 stage, there are no kids to be fostered out."
4

5 THE COMMISSIONER: So the situation is this: you are at
6 Cootamundra?
7

8 [REDACTED]: Yes.
9

10 THE COMMISSIONER: And you had, what, one child or two
11 children?
12

13 [REDACTED]: Two boys.
14

15 THE COMMISSIONER: So the allegations were made by the
16 children?
17

18 [REDACTED]: By one of them, yes.
19

20 THE COMMISSIONER: Were the children then removed?
21

22 [REDACTED]: What happened is that the grandparents were
23 put on DoCS' books as a carer, as our respite carers,
24 because nobody else would take them on. The youngest boy
25 wanted to go. He'd just got to the stage that, in my
26 opinion, if I didn't take him, he would have done
27 self-harm; he would have gone anyway. We took him to his
28 grandparents till we could work out what was going on.
29 Since they went back to their grandparents, we haven't
30 received them back.
31

32 Then the allegations came, and this is six months down
33 the track. We went to DoCS in Coota to find out what's
34 going on and their response is, "We need to reassess you
35 into a different category." The youngest one has a
36 disability. Now we can't have kids with disabilities
37 because we can't handle them because of these allegations.
38 We said, "All right, what do we have to do to sort of be
39 reassessed?" They said, "We will get to it." We are now
40 six months down the track and we are still asking -
41 nothing has been done.
42

43 THE COMMISSIONER: You are still wanting to be foster
44 parents?
45

46 [REDACTED]: Yes.
47

1 THE COMMISSIONER: But at the moment the system is --

2

3 [REDACTED]: We have always looked after kids. Our
4 house has always been the neighbourhood house. All the
5 kids from around the neighbourhood used to come when they
6 were on holidays. We love looking after kids, but at the
7 moment they have said that we can't look after kids.

8

9 It is sort of difficult, and I can understand where
10 other people are coming from, but to me it is very hard.
11 [REDACTED] might help you and it might make things
12 that much easier, but it's still hard to get things done.
13 You're not just getting the response when you ask
14 questions. Like politicians, they work around it; they
15 just won't tell you. Thank you.

16

17 THE COMMISSIONER: [REDACTED]?

18

19 [REDACTED]: I want to mention something about DoCS and
20 that is that carers are not allowed to take a support
21 person with them. My wife is Wiradjuri. She is from the
22 Stolen Generation. I originally come from Queensland, but
23 what I'm trying to say is us Kooris, we don't know the
24 system at all, so we are like a fish out of water.

25

26 THE COMMISSIONER: If you have a meeting with DoCS staff
27 you want to have a support person with you, do you? Is
28 that your point?

29

30 [REDACTED]: Yes. We did attend one meeting when we had
31 a child in care and we were told to back off, leave the
32 system alone to them. This child was in, like, a
33 correctional school and they were blending him into a
34 mainstream school. He went to school from 9 o'clock till
35 11.15 in the mainstream school. Then he was supposed to go
36 back to his correctional school on that day, but he didn't.
37 If you add that up over the term, he's missing out of a
38 week and a half of his education. We were told to back off
39 as carers. We weren't allowed to do anything about it. I
40 hate to say it, but it was an Aboriginal child in question
41 and I just couldn't understand the system. Why would they
42 say to back off when everybody says a child must have
43 education?

44

45 THE COMMISSIONER: Thank you.

46

47 [REDACTED]: Thank you.

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THE COMMISSIONER: [REDACTED], please.

[REDACTED]: I'll try my best. I have a very bad cold so I'll make it quick and short. I've been dealing with DoCS for about 12, 13 years.

THE COMMISSIONER: In what capacity?

[REDACTED]: I am a grandparent/carer. I took my grandchildren off my daughter because of the failure of DoCS in Cootamundra in their duty of care. My own personal opinion is that the Police as well as DoCS in Cootamundra failed in the care of my children or in protecting them to the point where it was suggested to me by DoCS that maybe I could take the children myself, rather than they do their job. They didn't feel that they had any reason to take the children, although my daughter was being abused, there was drug abuse.

Any complaint I made to the Police or DoCS was looked upon as just stirring. I wasn't taken seriously, although there were Police records there to indicate the violence, the drug use, the neglect, I was made feel useless and that a grandparent doesn't have any rights.

I took the hint and took my daughter to the Family Court. I went into debt, and took my grandchildren to the Family Court at Canberra and I succeeded in getting full custody of the children off the mother and the father.

I have dealt with DoCS here in Wagga as well. I have been given the impression that if you question anything DoCS says or does, then you would be on the wrong side of them. If you don't agree with what they say, then you're not going to get their support; so I am a full time carer of my grandchildren on my own.

THE COMMISSIONER: Are you getting any financial support from DoCS now for that?

[REDACTED]: I found it very, very hard in the beginning for the first five or six years. I was working at the time. I was paying off a solicitor to take my children through the courts. I received no benefit from DoCS, no help, no financial support, although I qualified for Legal Aid.

1
2 The process of going through the Family Court took
3 several years and several court appearances. It was in
4 Albury, then went to Canberra. I was taking the mother and
5 father to court, and they were separated. So there were
6 three different court proceedings, until it was joined up.
7 Then finally, we got a date to go to Canberra to go to
8 court. On the way to make a final affidavit to appear in
9 court to get custody of those children, I was in a horrific
10 car accident and I nearly died. However, in the time that
11 it took me to get to court, I was able to supply enough
12 evidence to the Family Court to show that these
13 grandchildren were at a high risk and that they should be
14 removed.

15
16 THE COMMISSIONER: So you got custody via the Family Court
17 rather than through the DoCS system, the Children's Court?

18
19 [REDACTED]: That was only because I had asked DoCS
20 constantly --

21
22 THE COMMISSIONER: I understand you couldn't get the
23 assistance from DoCS, so you did it yourself at your cost.
24 DoCS haven't supported you, but you obviously get the
25 Centrelink benefits.

26
27 [REDACTED]: Until about two years, maybe 18 months ago, I
28 was unaware that I was entitled to a carers pension. I
29 think it is called a carers pension, which I get to help
30 look after the children. Other than that, I get no support
31 from DoCS.

32
33 I did try to become a foster carer to help support
34 other children. I felt I could do that after going through
35 with my own grandchildren. Because I disagreed with some
36 of the things that DoCS were telling me in the training
37 sessions, it was suggested to me that maybe I should think
38 of something else that I might like to do.

39
40 THE COMMISSIONER: Thank you.

41
42 [REDACTED]: There are some other things that I'd like
43 some advice on. I have some great-nephews and
44 great-nieces, who are in danger at the moment, under DoCS
45 care. They have been abused. They have been put under
46 protective custody by DoCS. The father has a criminal
47 record and has just been to court. I would like to know:

1 at what stage does DoCS decide those children are at risk
2 and when they will be taken out of the care of the parents?
3 To me, I think DoCS is more interested in how the parents
4 are feeling rather than what's best for the children. The
5 children's safety, to me, should come first.
6

7 THE COMMISSIONER: I think we all agree with that. I
8 don't think we can answer the specific case without knowing
9 a lot more about it. This unfortunately is not the time
10 and place to do that. There are obviously other places
11 where you can get advice. You could try the chamber
12 magistrate or Legal Aid, but it is something we really
13 can't answer in the broad in this context. You need to
14 know a lot more about it.
15

16 The next people I am going to ask to speak, I am not
17 going to use your name, because you have referred to a
18 concern about the response of DoCS in relation to your
19 child being sexually assaulted at a school. You will know
20 who you are. I won't use your names. I would ask you,
21 please, that you not refer to the name of the child or the
22 school. Do we have those people?
23

24 SPEAKER: I just wrote something out while I was sitting
25 here. My five-year-old daughter was sexually abused by a
26 twelve-year-old boy at a public school, on numerous
27 occasions. For two weeks with the education system, we
28 achieved no action. We were advised by the school
29 counsellor not to contact the police as it could hinder her
30 recovery. We contacted the police in the third week. That
31 was JIRT through Wagga. Our case had gone missing in the
32 DoCS system. It was passed between three DoCS departments.
33

34 The DoCS department that handled our case has had over
35 10 years involvement with the offender's family as they
36 have a disabled child. They closed our daughter's case
37 because they had organised counselling for my daughter,
38 myself and my son, who also had a sexual gesture made to
39 him by the offender - but they did promise to give us
40 counselling.
41

42 We were told that they would give the boy help, but,
43 in offering help, DoCS told us that they could not enter
44 the accused's house as the parents had refused their entry.
45 Parents who remain at the school have told me the principal
46 has notified them that the boy has been cleared of all
47 charges by DoCS. We have never been told this by DoCS.

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What are we left with? We have a daughter who is suffering 12 months later. DoCS claims their hands are tied and it is up to the Education Department; vice versa, the Education Department says it cannot take any action as it is up to DoCS.

Our case was being handled in three different towns: JIRT was in Griffith, DoCS was in Cootamundra and our counsellor was in Wagga. Our case was doomed from the start. We were told by a DoCS worker that my daughter is not a priority. I will fight this. My daughter will get justice.

THE COMMISSIONER: Could I ask you one question: do you know whether the school reported the assault to DoCS?

SPEAKER: The school won't actually give us the date when they reported it. We went to the principal on the Wednesday - that was over a condom issue first. Then we went to see her on Friday and she was just concerned about the paperwork problem it was going to cause her. We forced the issue that something was wrong because our daughter was talking about killing herself.

THE COMMISSIONER: I wonder if you could just leave your names with one of our people at the end of the day. We might see if we can find out some more about that case. Do you have any objection to us trying to follow it up a bit?

SPEAKER: No, we get nowhere. We have actually gone to a solicitor and I just haven't been forcing the issue because I haven't been well enough.

THE COMMISSIONER: We have limited powers to do things, but there are cases we are looking at to see what the problem is. I can't guarantee I can give you an answer. If you do have a lawyer involved, and there is some problem with contact, I think that probably the lawyer is your first port of call. But, if we look at it, it's really to inform us as to where the system failed, rather than being able to give you a specific answer.

There are complaint mechanisms. You can complain to education, if you think education didn't do the right job, and you can complain to DoCS if you don't think they did the right job. You can complain to the Ombudsman who has

1 far-reaching powers to investigate both education and DoCS
2 and everybody else involved and that may be your best
3 recourse of getting a solution for yourself.
4

5 SPEAKER: The state government is saying the hands are
6 tied, it's up to DoCS.
7

8 THE COMMISSIONER: The Ombudsman's powers are not tied,
9 they have overarching powers to investigate those agencies.
10

11 [REDACTED]. Do you want to add anything? You
12 discussed your case, thank you.
13

14 [REDACTED]. Again, I have used your name, but perhaps
15 if you just don't mention the name of the children.
16

17 SPEAKER: I am here today because I am a father of six. I
18 have one child in my care; five have been removed. It's
19 nearly been a year now. I won't go into too much detail
20 for fear of retribution of the department. We don't get
21 along with them.
22

23 Restoration was indicated to us from the word start.
24 We had some issues that we have identified, addressed, had
25 to be dealt with. We willingly relinquished our children
26 through the courts under the grounds that restoration was
27 to happen. We have corrected our faults, received
28 counselling, done courses through the department, through
29 ourselves. Nearly six months, we have been courses,
30 looking into things. The bomb has been dropped on us that
31 restoration was never on the table. They wished to foster
32 the children out until they are 18. I think that is wrong.
33 Basically for six months we have wasted our lives under the
34 false pretences we were getting our kids back. We could
35 have been concentrating on fighting in the legal system,
36 the department to get our kids back.
37

38 THE COMMISSIONER: Was the matter in the children's court
39 at any stage?
40

41 SPEAKER: It's being heard, yes. It's being heard the end
42 of this month. There is a two day period being set for a
43 hearing, to try and decide whether we get our kids back or
44 not. We have still got one in our care. It's two and a
45 half years before they were removed. They were removed at
46 the start of last year. For two and a half years we asked
47 the department for help and assistance. We weren't given

1 it. The reason was that we either didn't meet the criteria
2 or there was no funding.

3
4 We wanted the help because we knew if it was left
5 longer there was a point where our children would be taken
6 off us. Why weren't we given that help? We approached the
7 department and said there are some areas we need help in,
8 can we get it. We weren't given it and the end result is
9 now we have one instead of six.

10
11 THE COMMISSIONER: I take the court proceedings began
12 immediately after the children were removed.

13
14 SPEAKER: Pretty much, yes.

15
16 THE COMMISSIONER: When you came before the Children's
17 Court at that stage, were their undertakings sought from
18 you or parental responsibility contracts or similar
19 arrangements offered to you, or agreed to, whereby you
20 would undertake counselling and support with a view to
21 restoration down the track?

22
23 SPEAKER: The department stated what they wanted us to do,
24 services we had to access. We done that, and yet it wasn't
25 until three months ago when they submitted their care plans
26 to the courts, that restoration was no longer viable. They
27 felt in the children's best interests it would be best they
28 are fostered out until they are 18. For six months they
29 told us to do things with the promise that "Yes you have
30 raised issues that need to be dealt with. If you deal with
31 them, we don't see a problem of restoration". We have
32 dealt with them, had no more complaints. We only get one
33 weekly visit with our children, there is no worries there.
34 We are under the impression we were going to get our kids
35 back, but now we have to leave it up to the courts.

36
37 THE COMMISSIONER: You obviously have a lawyer acting for
38 you.

39
40 SPEAKER: Yes.

41
42 THE COMMISSIONER: I think we can't do much more at this
43 stage than leave it to the court.

44
45 SPEAKER: My biggest concern was, it's different, I
46 understand for carers and parents, the shoe is on the other
47 foot. If you are asking for assistance, and help, and it's

1 part of DoCS protocol where if they are asked to help they
2 have got to, because you must act in the children's best
3 interests. Why weren't we given that assistance? Why we
4 were told you either weren't fit for funding or fit the
5 need because we weren't abusive parents, drug users,
6 alcoholics? What else can you do?
7

8 THE COMMISSIONER: There is, of course, the early
9 intervention program which is being progressively expanded,
10 and there is a procedure for getting assistance on a
11 request for assistance. I think you put your finger on a
12 important consideration, if somebody wants help, they ought
13 to get it. We will note your case.
14

15 [REDACTED].

16
17 [REDACTED]: My beef, I suppose you could say with DoCS
18 is in our office we have heaps of acting managers that are
19 caseworkers that come up into the position of acting
20 out-of-home care manager. They are inexperienced. They
21 don't make any decisions on your cases. They don't get
22 back to you when you require their assistance with things.
23 If you do get an answer back, they refer to the previous
24 out-of-home care manager, who has now gone over to child
25 protection. It's whatever his decisions are, if you get a
26 decision, is what goes.
27

28 In my case, I have a special needs child and I
29 requested things, because we are on a category 1 allowance
30 from an acting out-of-home care manager for training to be
31 done that was coming through with a professor and I was
32 told that comes out of my category allowance; that anything
33 extra I needed for the child is to come out of my category
34 allowance. That is not correct. But, this acting manager
35 has taken it on the word of the previous manager. I think
36 that when caseworkers do their six to eight weeks training
37 to then become an acting manager, they are not experienced
38 enough. They don't know what the position holds. How can
39 they keep making decisions that are affecting how these
40 children are being cared for and to meet the requirements
41 of them?
42

43 THE COMMISSIONER: We understand the point that you are
44 making, and it's a problem with staffing and retention and
45 rapid growth in the industry. That doesn't provide a
46 solution to your problem. Having the right people making
47 those decisions is critical.

1
2 SPEAKER: We have in our office a huge turnover of staff.
3 We don't have a case manager.
4
5 THE COMMISSIONER: You refer to our office, do you mean
6 the DoCS here?
7
8 SPEAKER: DoCS in Albury.
9
10 THE COMMISSIONER: Do you work there?
11
12 SPEAKER: No, I'm a carer.
13
14 THE COMMISSIONER: When you say your office you mean your
15 region's office?
16
17 SPEAKER: Yes. I have had this child for two years. We
18 have never even had a case plan meeting.
19
20 THE COMMISSIONER: Do you have an allocated caseworker?
21
22 SPEAKER: No.
23
24 THE COMMISSIONER: Even as a high needs child?
25
26 SPEAKER: Yes.
27
28 THE COMMISSIONER: If we go around the room for those
29 people who have a child in their care, either through DoCS
30 or one of the agencies, perhaps through DoCS first of all
31 who don't have a case manager allocated, either currently
32 or in the past.
33
34 [REDACTED]: Either currently or in the past?
35
36 THE COMMISSIONER: Either currently or in the past. That's
37 instructive. How many have a child in their foster care
38 who do actually have a case manager allocated to the child?
39 DoCS at the moment. Anglicare or an NGO? Do you have a
40 caseworker allocated? There is a higher proportion
41 obviously in NGOs. A fairly low proportion for DoCS.
42
43 [REDACTED].
44
45 [REDACTED]: I would like to know what the policy is when
46 you have damage to your tools of trade, how long it takes
47 for the department to repair same? I have had two years

1 where I have had a high needs child damage equipment and I
2 can't do my job; also to personal property, cars and
3 neighbour's property. The care plus payment back in
4 September 2004 when I had a child in my care was diagnosed
5 with autism, with the care plus payment backdated to 2004.
6 The paperwork wasn't dealt with until about eight months
7 ago.

8
9 THE COMMISSIONER: When was the application made back in
10 2004?

11
12 [REDACTED]: Yes. It was only backdated for six months, the
13 time it took for the person to deal with it, when they
14 finally decided to deal with it.

15
16 THE COMMISSIONER: As to the first question of yours, as
17 to what is the policy for paying for damage to house or
18 property, quite frankly I don't know. We will make some
19 inquiries. You have applied to DoCS, have you, for money
20 for repairs?

21
22 [REDACTED]: Yes.

23
24 THE COMMISSIONER: What has been the response, do they
25 refuse it?

26
27 [REDACTED]: They don't answer the letters or emails. I
28 organised a meeting on 1 February at 2pm, did an agenda,
29 asked for a reply, I still haven't got it. I wrote back on
30 27 February stating all my concerns, still haven't got a
31 reply.

32
33 THE COMMISSIONER: Do you still have that child in your
34 care?

35
36 [REDACTED]: No, the one who did the damage, no. He's in
37 [REDACTED].

38
39 THE COMMISSIONER: I can't provide a solution to your
40 problem.

41
42 [REDACTED]: It's a lack of service.

43
44 COMMISSIONER: We will make inquiries ourselves as to what
45 is the policy.

46
47 [REDACTED]: I have the Act.

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THE COMMISSIONER: We could perhaps follow it through and see what is happening. You will have to deal with it yourself to pursue it. If you don't get a response in a reasonable time, your first point of call is the complaints agency and secondly, the Ombudsman. We will see what is the policy in relation to compensation in that situation.

██████████: It says under the indemnity act section 147: "An authorised carer is entitled to indemnity by the minister for any loss or damage suffered by the authorised carer that is caused by the child or young person whilst in their care of the authorised carer."

THE COMMISSIONER: It sounds as though you had a legal entitlement as you certainly should. The question is one of delay in processing and we certainly have in mind that there is a real delay in processing in a number of claims whether for medical expenses, self incurred or other expenses of that kind. We will follow that up and note the problem.

██████████.

██████████: I'm a grandmother. I have three grandsons. Two are in my care. One is being placed with a paternal aunty and uncle. I have asked DoCS numerous times why have they denied me, as a grandmother, the rights to have my third grandchild in my care. They have allowed other carers to be called "mum" and "dad" on numerous occasions. I am denied access. I am very capable to have all of my grandchildren and fulfil all their needs. I need your urgent assistance on this matter. Not that am I more than willing but more than capable of providing day-to-day care permanently. My grandchildren are my life. As I have been a widow since my husband passed in 1991, I am only 47 years old and I love my grandchildren more than life. This is what creates confidence in the young heart for life. I want my grandchildren to grow up together like normal families in a happy loving environment together, as family is everything, especially your brothers and sisters to form fond memories that will last a life time.

My grandchild's needs are not being met because he has a family that love him and he has been singled out to live alone with much older carers. He attends a day-care centre five days per week while carers go to work. I am a

1 grandmother that devotes my entire life to my
2 grandchildren. Why is he separated from us?
3
4 THE COMMISSIONER: I think all we can do is note your case.
5 We can't provide you an answer now, but we'll note your
6 experience.
7
8 SPEAKER: It's like a stolen generation from a real family.
9
10 THE COMMISSIONER: ██████████, please.
11
12 ██████████: Last week I witnessed a 12-year-old boy pick up
13 a Helpline. He rang up to ask if DoCS could be persuaded
14 to let his little brother stay with this lady an extra hour
15 so he could see the kid. They are brothers. The
16 counsellor actually congratulated ██████████ on speaking so well,
17 his needs. He said "You have a lot of serious issues and
18 you are handle them well." At one stage the caseworker
19 cracked. I thought if you cry, I'm gone I will cry too.
20 All ██████████ wanted was one hour with his two-year-old brother.
21 He thinks he is cool. DoCS couldn't give him that. He had
22 an half an hour with his youngest sibling ██████████, but they
23 could not leave that little boy there for an extra hour for
24 ██████████ to get off the bus. He has no contact with this
25 little boy. I couldn't believe it, that ██████████ was pushed to
26 the extremes to ring up Helpline because he wants to see
27 his brother. DoCS refused him. DoCS says "██████████ it doesn't
28 matter. You are nothing, you are not under DoCS." They
29 might as well kick him in the head. He's 12. You are not
30 under DoCS you are not going to get anywhere with us. All
31 he wanted was an hour with his brother.
32
33 THE COMMISSIONER: We understand the problem.
34
35 SPEAKER: I don't think you do. The kids are asking at
36 home "What have we done? Our mother and father have the
37 problem. Why haven't we got ██████████ with us? If we are
38 living with nan, why can't he live with nan?"
39
40 THE COMMISSIONER: We do understand the problem. This
41 question of contact is very difficult and something we are
42 spending a lot of time on; that is, it's important that
43 families maintain their contact, but in some circumstances
44 contact causes more problems, but it's something we are
45 looking at, so we are well aware of it and it's important
46 that we hear cases, such as yours, where there has been
47 apparently been a breakdown in the situation, or what is

1 perceived to be an unsatisfactory situation for the family,
2 because it's the kids who suffer.

3
4 SPEAKER: He is suffering at the moment.

5
6 THE COMMISSIONER: I understand that. You have brought it
7 to our attention. We are well aware of it and you may rest
8 assured we are looking at a whole area of contact.

9
10 SPEAKER: Repercussions will come out of this thing because
11 we stood up.

12
13 THE COMMISSIONER: There will be no repercussions coming
14 out of the meeting. What I will do is make sure the names
15 of the children are not on the record. There's no
16 repercussions for you from this. If there are
17 repercussions, if anything does happen, then --

18
19 SPEAKER: What can we tell the oldest sibling when we go
20 home has happened, that he will get contact?

21
22 THE COMMISSIONER: It's not my decision to make. This is
23 an inquiry into the system, not a review of individual
24 cases. If you have a concern about it, as I say, if you
25 think you are being treated unfairly, there are two areas
26 of complaint; the complaint unit or the Ombudsman, or your
27 own lawyers, if the matter is before the court, and the
28 children should have their own separate lawyers if they are
29 in the system.

30
31 [REDACTED].

32
33 [REDACTED]: I'm here this evening speaking as a mother who
34 has had her children taken.

35
36 THE COMMISSIONER: I'm sorry to interrupt you, I don't want
37 to, but your partner or husband has already spoken.

38
39 [REDACTED]: Yes, he has. There are some other issues I
40 wish to address.

41
42 THE COMMISSIONER: Can you confine yourself to those. We
43 have limited time.

44
45 [REDACTED]: One concern is that my four-year-old daughter
46 has been showing particular behaviours of sexual abuse. I
47 have mentioned this to the department and I have been

1 disregarded on numerous occasions. No-one has followed it
2 up. I ask about it. "I will have to look into it", I
3 don't know what has happened yet. I am constantly having
4 those responses. Inconsistency, I have had numerous
5 caseworkers deal with our case. They have lack of
6 organisation, no organisation, or they don't know what they
7 are supposed to be doing. It's ridiculous, it's like a dog
8 chasing it's own tail.

9
10 On the other hand, I feel the same because I don't get
11 any response. I don't have any consistency, and there is
12 no communication, in the sense of communication with our
13 children. We have a weekly Sunday visit for six hours.
14 That is with an escort provided and phone calls are to be
15 done during the week. The carers can't even keep
16 consistency with those, and all I hear from DoCS is "I will
17 get onto Anglicare or I will do this or that". Lack of
18 consistency. They don't know who is contacting who. One
19 minute says "he will handle it" and then you go, "no, it's
20 Anglicare problem, it's their problem deal with them". I
21 get the same response to Anglicare, "Go to DoCS they are
22 the ones who handle it. They are ones organising it".
23 It's ridiculous. There is no structure in the department.
24 They just go along as freely as they can and always have
25 someone else to cop the blame. They palm it off, any
26 chance they get. It's ridiculous for people, the carers,
27 or the parents, there is no consistency. How can you say
28 that you are acting in the best interests by giving the
29 parents no consistency? How can children rely on their
30 system, when they can't be consistent themselves? That is
31 the issue I have with the department.

32
33 THE COMMISSIONER: They are the kinds of things that you
34 can raise when the matter comes back to the court in your
35 situation, but it gets to this problematic area of contact
36 which we are looking at carefully and, indeed, not only to
37 how contact can best be looked at but how contact orders
38 can be enforced. It's useful for us to hear of your
39 experience.

40
41 [REDACTED].

42
43 [REDACTED]: My name is [REDACTED]. I previously have
44 been on the board of Foster Carers Association and
45 secretary of AFCA, the national foster carer support group.
46 I have provided a submission to you. I am not going to
47 dwell on the stuff I have put in the submission. I am

1 going to touch on some other points.
2

3 One is on reading the transcript of the out-of-home
4 care that you did last week, and DoCS's submission to
5 out-of-home care, I am concerned that the commission is
6 being misinformed in relation to foster care support teams.
7 It would appear DoCS are channeling 50 caseworkers into
8 supporting foster carers. My understanding from being on
9 the regional advisory board and being informed by the
10 foster carer support teams, they are there to recruit
11 carers and give those carers support for the first year.
12 The concern was raised with us, when I was on the board of
13 the FCA, in regards to foster carers phoning them up
14 thinking they were going to get support, could we make it
15 clear that is not what they were there for. I would like
16 you to be really aware that although you are being informed
17 it just paints a different picture to what the reality is.
18

19 THE COMMISSIONER: Just on that, you may rest assured
20 where we have been informed of something like that, there
21 is some plan being implemented we are going back to look at
22 the actual plan to see what is actually going to happen, and
23 also whether it's achievable. A lot of these plans do
24 depend on recruiting sufficient people, and that is not
25 easy particularly in regional areas, but thank you for that
26 caution.
27

28 [REDACTED]: Thank you for that. The other thing I would
29 like to raise is contingency in DoCS submission. They have
30 said for the 2007/08 contingencies for children in care,
31 they are valued at \$4,100. Now, I have three children and
32 I don't believe the \$4,100 will be spent on each of those
33 children this year for contingencies. I know you are well
34 aware of to get stuff like speech privately paid for is a
35 huge ordeal. I wouldn't mind if you ask the carers here if
36 anybody has a child in their care has received \$4,100 in
37 contingencies and the reason I am concerned about it is the
38 process you have to go through to get these contingencies.
39 They have allocated the money for these contingencies, yet
40 it will take you a minimum of six months to get glasses for
41 a child in care; to get speech.
42

43 I know you know this, but the fact that the money is
44 there and not being used for these children, it just seems
45 to me, and you will heard this statement every decision in
46 DoCS is based on personality or money, it's not based on
47 the best interests of the children. I can attest to

1 retribution from the department, both personally and in my
2 role as a support person. I have supported numerous
3 carers. I'm aware of carers who have gone to the ADT and
4 again have been out resourced. I am aware of carers who
5 have written to the ADT and expressed their concern. I
6 have seen a response to say they are very, very fair and in
7 fact 60 per cent of cases they go in DoCS favour. That
8 shows how fair they are. Bearing in mind you have heard
9 about how out-resourced carers are, that is not fair, that
10 is not equitable. It's not a fair go. It might appear to
11 be a fair go, but given the carers are walking in there
12 with a few hours of legal aid, and DoCS can outsource them,
13 it's just not fair, that leads into DoCS and the court
14 system as well.
15

16 I personally can attest to DoCS filing information
17 they knew to be false within the courts system and also in
18 the ADT. I am sure the carers who have been through the
19 system can attest to that as well. The answer is, you say,
20 to raise it in the court. My solicitor wouldn't do that,
21 for example, because that wasn't the goal. The goal was to
22 get the children in my care, so it's inconsequential at the
23 time, but --
24

25 MS FURNESS: Can I just ask you when you say "false", do
26 you mean incomplete?
27

28 [REDACTED]: No, I mean false. In my case, there was a
29 body chart of the child, who had been stripped off and
30 bruises marked on him were attributed to me. I was never
31 asked about this. I was presented with the evidence.
32 However, I had incident forms from a day-care centre
33 showing that each one of those bruises had happened there.
34 If I hadn't kept those forms or been giving those forms, I
35 would have had no recourse. They knew that was false.
36 They knew it happened at day care. They never asked me
37 about them.
38

39 Also, when I was going through the court process, in
40 order to stop me having access to those children, they
41 stated that there had been allegations of abuse in care.
42 They admitted none had been sustained. They knew that the
43 parents were vexatious allegation makers, which meant that
44 every time that child came back from access, which was at
45 least weekly, a level 1 allegation would be made against
46 me. None of those allegations were ever sustained.
47

1 In terms of the allegations, it would be very good if
2 the terminology could be changed: you either did it or you
3 didn't do it. We have substantiated and unsubstantiated,
4 false and true. Unsubstantiated allegations against foster
5 carers means DoCS thinks you did it, but they couldn't
6 prove it and it forms a pattern. It doesn't form a pattern
7 of children making vexatious allegation or parents making
8 vexatious allegations, it forms a pattern against the
9 carer, because if there are future allegations, they will
10 say, "Well, you've have at least had this other
11 unsubstantiated one." They are either true or they are not
12 true. It's credible or it's not credible, and that
13 terminology really needs to change. Thank you.

14
15 THE COMMISSIONER: [REDACTED], please.

16
17 [REDACTED]: I don't think I will speak now. May I speak
18 to you later on if that's okay?

19
20 THE COMMISSIONER: All right. We will have a fairly brief
21 time for someone to speak to you. Actually, it occurs to
22 me that there may be other people who may want to speak
23 privately to a member of our staff. If there are, could
24 you please indicate because for us to have time to do that,
25 we would need to stop now.

26
27 I see that there are a couple of you who want to speak
28 privately to our staff. On that basis we probably should
29 close this forum here because we only have limited time
30 before we have to leave. Thank you very much for your
31 assistance. Again it has been very important for us to
32 speak to those people who are directly involved on the
33 receiving end to see whatever problems you may have and
34 indeed any success stories.

35
36 We have not heard too many success stories, but that
37 doesn't mean they are not there. As someone has said, it
38 very much depends upon not only the volume of demand and
39 DoCS workers who really are, as you understand, very
40 heavily pressed but also upon the actual experience and
41 so on of the workers. Thank you for sharing your
42 experiences --

43
44 [REDACTED]: Can you give me an example of one?

45
46 THE COMMISSIONER: I can't give you one. Of all the
47 thousands of children we go through the DoCS system, there

1 are some who come out favourably. It would be unfair for
2 me to say that DoCS is an unmitigated disaster. I simply
3 can't say that and would never say that, but --
4

5 [REDACTED]: I could comment on that.
6

7 THE COMMISSIONER: You have had good experiences.
8

9 [REDACTED]: We have had almost 60 children in care. I
10 believe of 50 per cent of those probably we were their last
11 but one placement. I would believe every one of those
12 50 per cent then were therefore a success story.
13

14 THE COMMISSIONER: We are trying to increase that success
15 story to a much higher level. That is why your stories and
16 your experiences are very important for us. Thank you for
17 your assistance.
18

19 AT 3.35PM THE COMMISSION ADJOURNED ACCORDINGLY
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