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Appendix A – Transcript of public hearing, 15 August 2007

Official Committee Hansard

House of Representatives

Standing Committee on Family and Human Services

Reference: Impact of illicit drug use on families

Wednesday, 15 August 2007

Canberra

Members: Mrs Bronwyn Bishop *(Chair)*, Mrs Irwin *(Deputy Chair)*, Mr Cadman, Ms Kate Ellis, Mrs Elson, Mr Fawcett, Ms George, Mrs Markus, Mr Quick and Mr Ticehurst

Members in attendance: Mrs Bronwyn Bishop, Mr Cadman, Mr Fawcett, Mrs Markus and Mr Quick

WITNESSES

ROWE, Mrs Lorraine, Private capacity

Committee met at 10.13 am

CHAIR (Mrs Bronwyn Bishop)—I declare open the public hearing of the House of Representatives Standing Committee on Family and Human Services for its inquiry into the impact of illicit drugs on families. I welcome Mrs Lorraine Rowe, who has fostered many children needing out-of-home

care, nearly always because their parents have been drug users. We are grateful that Mrs Rowe is prepared to share her personal experiences with us today and it will be most valuable evidence. Would you like to make an opening statement?

Mrs Rowe—I am from Tamworth and I am 49 years old. My husband and I have been fostering for 24 years and we have had several children during that time. We started in South Australia when my husband was in the Air Force. We fostered in South Australia, Western Australia and New South Wales. He retired from the Air Force about six years ago and we have settled in Tamworth, so for the last six years we have been working with the community service centre in Tamworth. I currently do support work for the Defence special needs support group, full-time fostering and also help train and support foster carers in Tamworth and our area. I am on the advisory group to the director for our regional area with regard to concerns and issues raised by children in care and their carers. We currently have two children in our care aged five and three, who are from a family with a really long history involving illicit drug use. So I come today to talk about their story and our story and to give you some insight into some of the things the children face day to day dealing with these things with their parents.

CHAIR—We would like to hear that and also what the prospects for those two children are. What is going to happen to them?

Mrs Rowe—Their mum has been in and out of the care of the department since she was a child. The term 'ward of the state' is not used much any more, but she was a ward. She has been heavily involved in heroin use. She has had six children, one of whom is deceased. He was 18 months old and he ingested 40 milligrams of methadone. No charges were laid. That was some time ago. She has a 15-year-old daughter who has lived most of her life with her paternal grandparents and relatives who also are heavily involved in drugs. That side of the family is extremely well-known to the police and department within our town. She has three children currently in care—a seven-year-old boy who is in an intensive support placement. He has extreme behavioural problems; he is very aggressive and violent. The two children that I have in care are a five-year-old girl and a three-year-old boy, both with special needs that are not related to the drug use, but all six of her children were born drug affected. The two children that I have actually have a final order with Community Services so they are supposedly to stay in the care of the department until they are 18, but the order has had what they call a section 82 attached by the magistrate which means mum can petition the court again which she plans on doing in November to gain custody again of the children. The five-year-old and the three-year-old have been in and out of care several times since they were born. The five year-old was born 11 weeks premature

and we had her for 18 months when she first came into care as an infant. She was then returned home to mum who was clean at the time and then everything fell apart again for mum—the kids went back into care and mum went back into rehab. She has done rehab and parenting programs several times over the last five years. At the moment she is clean and seems to be managing with the two children she has at home. She has, I think, almost a one-year-old baby at home who has not been removed because there has been no reports made on her care or wellbeing.

CHAIR—How old is the other one?

Mrs Rowe—The one-year-old and the 15-year-old she has at home. The 15-year-old has just returned home to mum. My concerns with the three-year-old and the five-year-old are that with their special needs—they both have rare types of dwarfism, for want of a better word, growth problems—and they need to have somebody who is responsible and reliable to meet their needs as they grow and mum is just not able to do that. When she is using drugs she is just so consumed with the drug use that she is just not able to meet their emotional needs. She just cannot—she focuses only on the drugs and how to obtain them. So those kids are left unfed, uncared for. I know that the seven-year-old at one time when they were home set fire to the house. The children have been there when police have had to go in and remove the children from the home, when they have arrested the parents, and it just plays havoc with the children's emotional stability. This coming and going to them comes through as a rejection, and so repeated rejections lead the kids to not trust anybody. The five-year-old and I have had several phone conversations, just from my coming down here yesterday, to reassure her that I am coming home. She has asked her current carer where we are; she is checking that Auntie Lorraine is in Canberra, Uncle Geoff is at home and that, yes, we are coming to pick her up on Thursday morning—because she needs to know. Even just how much food I put in her lunchbox for preschool determines her emotional stability for the day: 'Why am I having that much food, how long am I going to be gone, when are you coming back?' They see their mum every Thursday for a couple of hours visit, which the kids just love because it is a party time. They get lollies, they get hot dogs, they get filled up with all this guilty food and mum is overcompensating so as to be shown to be a good mum and 'the kids still love me because I am giving them presents.' While they have a really good time with their mum on the Thursday, which is supervised access, on Thursday night we have nightmares. We have two children who scream in the night, who cannot tell you why they are frightened, and usually my husband is in one room and I am in the other comforting children, just telling them over and over again how safe they are and that nobody is getting hurt. I understand that some kids should go back,

but I just do not understand why our system allows them to go back and come back and go back and there is no guarantee. We fought hard to get these two children placed back with us because we had a history with them. In the last six months they have had four different placements within the department. That is an abuse in itself—it is just more rejection. I get really passionate about these kids and they are just one little symbol of all the kids.

Tamworth is a town of 50,000 people. We currently have approximately 250 kids in care and our client services manager said that 80 per cent of those would be as a result of illicit drugs. That is 200 children going through these sorts of issues on a day-to-day basis just in our town. There are hundreds of thousands of kids going through this across our country every day and they are not getting just the basic necessities. The parents are not emotionally available for them. If they are so focused on getting the drugs to manage through their day they are not able to be there when the kids need them—they are not feeding them, they are not clothing them, they are just not picking them up when they fall and skin their knees and all those things are important for all of us to learn how to trust people. If you are getting rejected—whether it is just going from one home to another, no matter how loving that home may be for that short period of time—all the time you are not going to trust anybody. You are going to learn that we as adults are not reliable to little kids; we are unpredictable, that from one day to the next that bed is not going to be there or available for them. And so then you have teenagers who have no respect for society or for anybody because why should they respect us? We have never been there when they were little, we did not put a bandaid on their knees, we did not kiss them goodnight, we were not there to give them food. We have just recently had two children who came for one night over an incident that was not drug related at the time but then they ended up staying for 2½ years—it was a very long night— and during the next few weeks after they arrived a lot of information came out about the drug use. The family of the father that was involved with these particular boys is extremely well known and they are also involved with the children that I currently have in care. The police and the department and the magistrate all know this name and I assume they cringe like I do when they hear the surname. When it became evident that there were drugs involved in that family, the children ended up having to stay a lot longer. They have just recently gone home. This is the first time mum has had the children removed, and we are hoping that she is going to keep it all together for them. When they came to us they both were wearing a nappy, and the 12-year-old that came with them had boxers and a T-shirt on in the middle of the night. No clothes came, ever. They had no clothes; they had nowhere to live. They were living from one place to another. They owed the housing department tens of thousands of dollars for damages and unpaid rent and everything because all

the money was going on drugs. When parents lose their kids to the department and they get angry, a lot of the time it seems to me that they are not angry that the children have been taken. Sometimes, maybe, they are a little bit relieved that the kids are gone, but then they get really angry because their payments are cut dramatically.

CHAIR—And the tax benefits go.

Mrs Rowe—Yes, everything goes. That seems to be the big focus. The kids are always coming home—

CHAIR—The kids represent money coming back to them.

Mrs Rowe—That is right: 'You have to buy me this because you are getting all my mum's money. The government has given you my mum's money, so you have to buy me Spiderman; you have to buy me this. I want this; I want that, because you are getting my mum's money.' That is the message that mum is sending back through the children—she cannot buy them things because 'your foster carer has got all my money.'

Mr QUICK—You have experienced three different states. Does the bureaucracy vary? Is the understanding greater or lesser in any of the states? Is anyone doing it better?

Mrs Rowe—I cannot answer that. We started in South Australia. Until the last six years we have only done emergency and crisis because Geoff was in the Air Force, and 24 years ago we used to only get six weeks notice that we were moving, so we could not commit to a child for a long period of time. I think that the problems are still the same. I would hope that it is a lot better managed now within the department. I know there are still a lot of issues around communication, and there is still that 'us and them' mentality between the department and the foster carers. It is like a really bad triangle—parents, foster carers and department—and they keep spouting 'teamwork' and everything, but I do not see a lot of teamwork where we are.

Mr QUICK—Do you have the same case manager or do you have a variety?

Mrs Rowe—They change; they get burnt out. For the two boys who just went home we have had three case workers. Each one comes with their own baggage and their own way of thinking. It constantly went from 'These children are being restored' to 'These children are staying in care' to 'These children are being restored' to 'These children are staying in care.' There is no stability, even within the placement, for us to be able to plan schooling or preschooling. I had the 4½-year-old in preschool, but his mother now cannot afford for him to go to preschool or actually get him to that preschool. I

cannot plan his future or help him out because we did not know whether they were going back or staying.

Mr QUICK—What is the department's answer to that? There should be not necessarily a triangle but with the education system you are talking about intergenerational dysfunctionality.

How do you break that by giving the kids at least a chance to get a decent education?

Mrs Rowe—I think the department says that preschool is part of their formal education in their social skills development. They were assisting mum with preschool fees. I think the children still have eight months of a 12-month supervision order to go. With the children I have now, the magistrate is the one who said, 'If mum presents as doing this, this and this, then they can go home.' She seems not to look at the history of the family. It might just be me, but when I look back at the history—with the baby having the methadone and the constant stuff going on—I truly cannot see any reason for those kids to go home and be put back in that situation that is going to fail again and they will come back in. It will fail because of the history—of mum's history as a child and her history now as an adult. Sure, she has been clean for a few months but she has done that before.

Mrs MARKUS—So the risk of failure is not counted in the assessment?

Mrs Rowe—It depends on the magistrate. With these children, I know the department has assured me that they want the children to stay in care. They want them to have a stable home life but then we could get another case worker who is more sympathetic towards mum and the fact that mum has met the goals laid out by the magistrate.

Mrs MARKUS—Without understanding the history.

Mrs Rowe—Yes. A lot of them do not even read the file. The paediatric file on these children is this thick—I have no idea how thick it would be within the department. But I get a new case worker and it seems to be my responsibility to inform the case worker about the baby who has died, the 15-year-old who is living at home and the family makeup—that the eldest and the youngest are half-sisters and also cousins because mum has had both the children to brothers. Does that make sense?

CHAIR—So there are two fathers to the six children?

Mrs Rowe—No, there are five fathers to the six children, but the eldest one's brother is the father of the youngest child. And it becomes very incestuous when we have these families— when we walk down the street and everyone is a cousin because they are all mixed in with the drugs and so on.

Mrs MARKUS—So the permanent order—because there is a permanent order—in a sense does not have the real impact that it is meant to have.

Mrs Rowe—No.

Mrs MARKUS—Because there is section 82.

Mr QUICK—So you have been doing it for a long time. Tell us about the successes and why they succeeded. You would get burnt out—

Mrs Rowe—Yes, but I do have breaks.

Mr QUICK—But there must be ways of you tackling it to say, 'I have achieved it with Susan or Billy.' Can you tell us about that as well and why it worked and was it all your doing or the department's too or a combination?

Mrs Rowe—I think there has to be a combination of everything. I think you have to have family members—and I think grandparents are really overlooked and underrated in this. There is a lot of kinship carers out there taking on these children to keep them out of the system. They are not privy to the financial support that I get, which I think is really wrong because they are doing the same sort of job and it is harder for them emotionally because they are their children or their children's offspring. I think with us having had so many children in short bursts, for the emergency in crisis, is that we do not get to see a lot of the final impact but we do see them moving on, hopefully to a stable home—whether that is in another foster care home or whether it is with the family. My personal preference would be that they went to family members because I think it is important that you have those roots. With the two boys that have gone home, as I have reassured their mum, my goal now is to help her keep those kids at home. I feel very fortunate and blessed that she is willing to let me still be a part of their home after 2½ years of caring for them. She probably has felt it but she has not actually said that she felt I was taking them away from her. I think it is important they know who their past is—no matter how bad it is—so that it gives them a healthy mental outlook and how to deal with problems and how not to perpetuate them. If they have a different system— 'Okay, this is how mum dealt with her problems and it wasn't that great but this is how Aunty Lorraine dealt with hers and taught me how to deal with this,' then that might stand them in a better stead in their life.

Mr QUICK—One would hope that the department has a longitudinal approach so that the supply into the pipeline is being reduced over a period of time, but all the evidence that we have received is that there are tens of thousands of these kids and there is not a structure put in place—

Mrs Rowe—To keep them anywhere stable, no.

Mr QUICK—and when they do enter relationships and have children the problem is just exacerbated.

Mrs Rowe—I have high hopes for these boys who have just gone home but it is all sort of hanging on whether mum can stay away from this other family. If she has a bad time or something I am concerned that she will then slide, that it is a lot easier to go back to your friends that are using and block the day out than it is to deal with naughty children or dirty nappies and a washing machine that has blown up. Once again they have not had that stability if we cannot get the kids into stable homes and support them in those homes. I know the department has history about the stolen generation and so on, but we need to look more along the lines that, okay, some mistakes were made there but some of these children need to be in permanent homes, regardless of their colour, to help them learn and to give them emotional stability. If we have problems and we have been brought up in a family where we know we can go to somebody and have a cry and get a cuddle—and maybe not told that everything will be all right but 'I will help you through it'—then we are better able to cope when things go wrong than if we are all alone and have not learnt those coping skills. These children are never going to learn them if they keep on being chopped and changed. I think it comes back to the fact that with the case workers and the department it is all individual. You get some people who are gung-ho about 'Let's get them in a placement. Let's keep them there and let's support those workers and the children and give them a chance.'

CHAIR—What about some of them being adopted?

Mrs Rowe—I think that would be great, especially for the little ones. Then they have a chance. I still think that they need to have maybe phone contact and photos and things like that so that they still have an understanding of where they have come from. But I think having a home and a name is so necessary. The two children we have now have the same mother. We have so much trouble with the names. We have to give three names because it is 'one surname also known as this surname also known as this surname.' I tried to get a mobility sticker for the fiveyear-old because of her disability, but she has one name on her Medicare card and another name on her Centrelink, and I had to go and get a letter from the department linking the two together. The RTA manager gave me the thing because I must have looked like a crazy woman, but he said, 'She has to pick a name by the time she is 16. She will not get a licence with a whole string of "also known as".' I can't enrol her at school until we access a birth certificate that has her name on it, because the school will not give her 'also known as', so we are struggling because mum cannot really remember what name she registered her birth under.

Mr QUICK—And this is not an unusual case.

Mrs Rowe—This is day-to-day stuff. I want that little girl in school and I cannot get her into school. I have to take Medicare and health care cards for ID and they have got different surnames on them. To be adopted and to be able to have a family and to know that 'this is my family' is important. Our youngest child has profound cognitive and intellectual disabilities. We adopted her and we have an open arrangement with her mum who chooses not to have anything to do with Jessica but she knows she can contact us. And in the beginning we sent lots of photos and information backwards and forwards on Jessica's development. I think that is healthy for us as an adoptive family and if Jessica were able to understand I think it would be very important for her. It is also important for her biological brother if down the track he wants to track down his sister. So I think that way would be a great way to go. These two little kids I have at the moment are just brilliant but they need to have some stability and I do not see any other way other than that or permanent foster care.

Mrs MARKUS—But permanent foster care is not permanent either.

Mrs Rowe—Mum can come forward any time in that 18 years and put—

Mrs MARKUS—One of the challenges with permanent foster care is that, say for example you could no longer foster—for whatever reason—the child is moved and the child just moves from foster placement to foster placement. And I have heard people say before that the state is not necessarily the better parent.

Mrs Rowe—It is like a bandaid. We look at it like we are sticking bandaids on arterial bleeds.

CHAIR—But there is still a definite anti-adoption attitude, isn't there, from the department?

Mrs Rowe—Yes. We are fortunate at the moment in that we have a new casework manager who is really for it. I know she is pushing it—at the moment I think she has seven that she is trying to get before the court. But they say that it costs $30,000 on average for each adoption. But give the kids a chance. These are kids that have been with these foster carers for years and years. Why can't they have their name? Why can't they live there?

CHAIR—This is a very important point.

Mrs MARKUS—So the $30,000 cost they are referring to is?

Mrs Rowe—I have no idea. I assume that it is legal costs.

CHAIR—They tell you that government fees are $30,000 for a domestic adoption?

Mrs Rowe—That is what she told me last week.

Mr CADMAN—We have done the adoption inquiry and there are hoards of people out there that want to adopt children. They are going overseas looking for kids with disabilities in any country they can find.

Mrs Rowe—To have a baby, to have a child to care for and to give it a better chance—and not everybody wants a tiny baby.

CHAIR—Some will take children.

Mrs Rowe—Some will take children. Then people say that when they are teenagers they will play up. We all play up when we are teenagers, whether we are adopted or come from good homes; we all do that. It is about giving them those skills. There is a lot out there for people to be able to support each other if it was out and not hidden all the time. There is no shame in adopting a child from a background of drugs or anything like that—

CHAIR—None at all.

Mrs Rowe—and I see only benefits in that these children will have a home. It is having a home and having a name.

Mrs MARKUS—And opportunities for the future.

Mrs Rowe—It is having someone who cares if you go to school. We had a 12-year-old girl who had 89 days of unexplained absence from school in year 6. I said, 'How am I going to get her into high school?' That is nearly two terms of not being at school, because mum was so drugged out she had to stay home and look after her brothers. Our goal for the year that she was with us was to get her to school every day. The only time we had off was when she was suspended in the first few months that she was with us—we had several suspensions. She decided she did not like being suspended and home with me because, 'You're up, you're dressed, you're at the table and you should be at school.' That is not fun. But she now is not being suspended. She is back home with mum, but she knows I am there if she needs me. She has been involved with sporting groups at school. But if there is a problem the girl knows that her mum—this is the mum of the two boys that have just gone home as well—will ring me if she wants some suggestions. I am glad that that has just been a little bit in that child's life but she is actually turning up for school. She is still misbehaving at school because she knows she can manipulate mum. But her brothers came to us when they were one and two and, had they been adopted out, they could be now well on their way to being settled and having a great future.

CHAIR—We found in the adoption report—and it sounds like it all over again—there is this biology first: you must send the child back to the biological parents. The consideration for what is in the best interests of the child is non-existent.

Mrs Rowe—It is just lip service. I have not met the magistrate in Tamworth, but it is really common between all of us carers that we are all terrified when our children go before that woman because she seems to have the outlook that 'That is their mother; they should go back.' That is how we all feel. November is coming up for us and so we will be getting worried and worked up about that too. We are not able to go into court and talk about the children because the department sees it as protecting us as carers from anything. We do not actually know what case they are presenting. They can tell me that they are in there fighting for five hours to keep those kids in care and safe.

CHAIR—They cannot stop you going into the court. It is a public hearing.

Mrs Rowe—Can't they?

CHAIR—No. If it is not a closed court, you can go in.

Mr QUICK—We have had changes to the Family Law Act to enable a greater number of people to be involved in the decision making process rather than have this adversarial between husband and wife.

Mrs Rowe—That is how they are treating the department, though. It seems to us that she is looking at it not as a children's court; she is treating it like Family Court and that DOCS are the recalcitrant parent. So they are being made to prove why they should keep the child. And she is not even looking at the act. We have had the manager of client service say that he has had solicitors who have had to put the act highlighted in front of this magistrate to prove their point and then she will still go against it.

CHAIR—Do DOCS not appeal? Do they never appeal?

Mrs Rowe—I do not know. I am not privy to that.

CHAIR—One thing magistrates loathe is having appellate courts tip a bucket on them. I would think that, if this is happening, DOCS ought to be appealing and having this happen.

Mr QUICK—But surely in the best interests of the children you would widen it as far as possible to people who have some impact, even to schoolteachers and school principals that are responsible for the kids so you can get a better picture of what is going on.

Mrs Rowe—They are supposedly getting this —and clinician reports are being ignored. There are two little girls in another town whose father has

mental health issues and they have been brutally abused. They have had clinician reports saying that those children should not go home but they are still getting lots of contact with their family in the hope that dad is suddenly going to be miraculously cured and they will be able to go home. These are preschoolers who, once again, could be in a permanent family and living a really good life that would hopefully soften some of those horrific memories that they have.

Mr CADMAN—What is the magistrate's name?

Mrs Rowe—Vivien Swain.

Mr QUICK—How would you feel if there was a recommendation to say that the children should be adopted as a matter of course except for the following things, rather than that they should be fostered out with perhaps the view long term of being adopted? So if we said, 'We'll mandate adoption and you prove that that is wrong,' how would you feel about that?

Mrs Rowe—Within an age frame, would you say?

Mr QUICK—Yes.

CHAIR—Remember, Harry, when we took evidence in the adoption inquiry, we took note of what was happening in some states in America where they would give the parents a chance and another chance and, if they had not stabilised and were really able to give the children care, automatically that was the end of it and the children could be adopted or placed in permanent foster care. Did you hear what Mrs Rowe said about seven cases that a caseworker knows about where the foster—

Mrs Rowe—She is trying to get them adopted.

CHAIR—And there is this anti-adoption attitude.

Mr QUICK—That is right.

Mrs Rowe—And that is within her own department too, I think. She is really struggling against other people within that department.

CHAIR—That is what we found. That is what Deborah-Lee Furness and Hugh Jackman have found when they have tried to adopt. They have found this same attitude that we have found.

Mrs Rowe—They just think blood is thicker than water, that the kids should be with their parents. I think they need to know their history. It is not necessarily good for them to be there; in most cases it is not. I cannot see that it is good for children to be with parents in a situation that means you do not know when you come home from school if you are going to be fed or not. In

WA we had a 14-year-old girl stay with us for two weeks who was responsible for her 11-yearold brother with ADHD and her seven-year-old sister with an intellectual disability. Her mother was 28 and a heroin addict. This girl was hiding clothes and hiding food on her way to school so that she would be able to feed her siblings when she got home. She sussed out which church groups had youth groups going and on a Friday night the kids got a hot meal because she would take them to these youth groups that were providing food for 50c. She would scab bottles, cans, anything, to get money to take her brother and sister for a hot meal. She used to have to wag school and come home to clean up her mum and her mum's friends so that the kids did not walk into syringes and bongs and things lying around. The caseworker's biggest problem was that I allowed her to continue to smoke.

CHAIR—What?

Mrs Rowe—That is all they could go on about.

Mrs MARKUS—I am sorry, I missed that. You allowed who?

Mrs Rowe—I allowed the 14-year-old to smoke. I said I would not buy her cigarettes, I would not give her money for cigarettes but if she had them I considered it was the least stressful thing. This kid needed something. That was it—I was not taking that away from her. That is all the caseworker at that time focused on—that she was still smoking while she was in my care, not about everything that this kid had to do on a day-to-day basis to protect her family. And they sent her home. She was dragged from my arms screaming because she did not want to go back to her mother, but they did not have anywhere else. That was probably nine years ago.

Mrs MARKUS—Why couldn't she stay with you?

Mrs Rowe—Because we were only doing emergency short-term and the department said she had to go home.

Mr QUICK—Do you know what has happened to her?

Mrs Rowe—No, I do not. We are not allowed to. When they leave our care, we are not allowed to follow up. If we have a good relationship with the social worker, you can sort of use what we term the underground—go around and find out where the kids are and how they are doing, which is how I found these other two children were back in care, which is not that hard in a town of 50,000 people. Then, when I found that they were drifting, I said, 'No, that is it.' My husband and I said, 'We want them in our home until we know that they are settled'—and I will fight for them.

Mr QUICK—So who holds the department accountable—anybody?

Mrs Rowe—I do not know. It is supposed to be the commissioner of children and young people, isn't it? I do not know.

CHAIR—Is there such a person in New South Wales?

Mrs Rowe—The Ombudsman. There is supposed to be a commissioner.

Mr QUICK—Yes. I know in Tasmania we have a commissioner for children, but they do not seem to have any clout or any teeth.

Mrs Rowe—Unless there is an allegation made against us and mums can do that—I am waiting for one now because I have had the five-year-old's hair cut. I have to get permission to get her hair cut because I can be charged with assault. I have to get—

Mrs MARKUS—For cutting her hair?

Mrs Rowe—This particular mum, back when this baby was first in our care, put in a complaint that I was not feeding her and I had clinic sisters coming every week to check. She put in complaints that I blew raspberries on the baby's tummy which was sexual impropriety. All these things then go to the allegations against employees. I then have to be investigated. It is kept against my name on a file and that is looked at, but her history is not looked at.

Mr QUICK—That is ridiculous.

Mrs Rowe—It is definitely an us and them, and for us as foster carers it seems more focused towards 'Let's get the kids back with mum and dad regardless'. I think everybody deserves a chance. We have all done things wrong as parents and we should not have to have our children removed straightaway. But I do think if there is a continuum of exactly the same sorts of things, then—

Mrs MARKUS—Particularly over a number of years and over a number of children.

Mrs Rowe—That is right, and you say no to your own children. They do certain things, they get to a point and you say, 'Right; this is the consequence.' There are no consequences anymore. Everything is just too soft. They are using drugs that are illegal but they are not being sent to jail.

CHAIR—That is right, or reprimanded even.

Mrs Rowe—Or reprimanded. It is like, 'Oh well, it is only drugs.'

Mrs MARKUS—There was no change laid when that baby died.

Mrs Rowe—Initially it was supposed to have been a SIDS incident. Then evidence came forward that she had actually administered the methadone to

the child. So it was then reopened—and I cannot actually remember when it was—it was about five years ago that it was reopened.

Mrs MARKUS—And people want to support methadone; I do not think so.

Mrs Rowe—It was from the take away. I have a big problem with this take away methadone. She had been out working—and this is public knowledge because it was all on the news and on the internet when the second coroner's inquest was opened. She had been out working. There were four drug addicts living in the house.

CHAIR—Working doing what?

Mrs Rowe—As a prostitute. She came home and they were going to be too tired or something and so they got their take aways from the clinic and they brought them home. That was what the baby allegedly accessed and gave himself.

CHAIR—How old was the baby?

Mrs Rowe—Eighteen months old.

CHAIR—So the 18-month-old self-administered.

Mrs Rowe—Self-administered 40 mils, which is a whole medicine cup of methadone. My understanding is that the coroner said that there was evidence to have a charge laid but that then it was determined that there was not enough evidence—

CHAIR—You mean that the coroner said that there was sufficient evidence and the DPP decided that there was not.

Mrs Rowe—Said there was not.

CHAIR—What a cop-out.

Mrs Rowe—And the actual witness was her brother, who was deceased at that stage, so they did not have anything. To my way of looking, she got away with it.

Mrs MARKUS—Which actually brings into mind that any statistics about death from methadone of children is really not—there are really no adequate statistics.

Mrs Rowe—It is happening all the time. Once again, it is her need overlooking the wellbeing of that baby. Four of them in that house, why is she the only one responsible? Why weren't the other three supposed adults responsible for caring for that child? How did he get it—if all four adults are drug addicts then none of those people were showing sufficient care for that

child. So I have a personal problem with that part of this family and my concern is, if that is how she felt about an 18-month-old, and all I can imagine is he was probably whingeing or something, what about these two with special needs who are going to need this constant care—one of whom may have a life limiting disease that we are still trying to look through? Is she going to become a burden and then mum slips her something?

Mr QUICK—What do they do with the $4,000 they get when the children are born?

Mrs Rowe—They probably stock up, I guess. I don't know. I mean, when the kids come into care, anything that is provided for them through the department such as prams, cots, clothing, we get an initial $350 in New South Wales to buy emergency type stuff, that is expected to go with that child if it moves placement or goes back to mum. But then when it comes back into care, there is none of that property.

Mr QUICK—How much do you pay per child per week?

Mrs Rowe—Under five years of age now I get $380-something a fortnight. Five years to 12 years I think is $425 a fortnight.

Mr QUICK—So you are certainly not in it for the money.

Mrs Rowe—No. It works out to a dollar something an hour, and that is to provide their medical, clothing, food, education, all that sort of stuff.

CHAIR—What about the family tax benefit: do you get that?

Mrs Rowe—I can claim the family tax benefit and the child-care benefit.

Mr CADMAN—That is where you are stealing mum's money, aren't you?

CHAIR—That's right.

Mrs Rowe—That's right, because mum loses all that. She would lose significantly more than what I am getting because my husband is on a wage. She would lose quite a substantial amount, I should imagine, if she had five children and all of a sudden five were taken into care.

CHAIR—She would still get the $3,000 stay at home money because she would be the sole parent. There would be only one income, so she would still get that.

Mrs Rowe—And they get food vouchers.

Mr CADMAN—I guess we touched the tip of some of the things you have spoken about during this inquiry and previous inquiries. I guess you brought it home to us more starkly than anybody that we have had before us as to

what it is like day to day on the ground. It is really distressing that so much of the responsibility for this is outside the sphere of the Commonwealth and the next steps as to what should be done are pretty important, but it is obvious that this cannot be allowed to continue. What the Commonwealth's role is, we have some responsibilities but the day-to-day stuff is very hard. The drugs program is obviously not working on the ground.

Mrs Rowe—I just think they are very manipulative. Drug users are very good liars and they are very good at being able to present themselves in a good light. We can all be well-behaved and present ourselves before the court and then go home and everything falls in a heap when nobody is looking.

CHAIR—What about if her child is in this situation and the mother decides that she wants it back because she wants the money, the family tax benefit and the child-care benefit does not go back, but there are food vouchers given for the child. In other words, a bit like what is happening in the Northern Territory.

Mrs Rowe—I think that would be great.

CHAIR—So they do not get the cash.

Mr CADMAN—So what you are thinking of extending is some of the principles that are being applied in the Northern Territory to drug users in particular.

CHAIR—Yes.

Mr CADMAN—I do not think we can go wider than that at this point.

CHAIR—No.

Mr CADMAN—To drug users right throughout our society.

CHAIR—To stop them using the family tax benefit money for drugs and so they become food vouchers if the child is forced back by the magistrate.

Mr CADMAN—Obviously our program has got to become more child focused than looking after mum or whatever. The children are the sufferers.

Mrs Rowe—The children do not have a voice. They do not have a say. A three-year-old cannot stand up and say, 'I'm not being fed.' When they go to school, the school starts to notice that the child is coming to school and going through the rubbish bins at lunchtime to get food out after everyone has gone into class. I know a little girl who has done that. When everyone goes into class, she asks to go to the toilet and then she is going through taking scraps out to eat. That is how the school knew that something was wrong in that family and reported. Of course those children were removed. But the kids do

not have a voice. They cannot stand up and say, 'My mum is not feeding me. My mum is not dressing me.' If they have learnt that and it is a learned behaviour for their family, they see that as being normal. We have been accused of being really bizarre because we ask the children to have a shower every night, and because I am washing up three times a day, because we are having food on the table and then the kids are confused as to what day it is, how long they have been there because there is another meal on the table. It is heartbreaking but that is what we have. Trying to explain to kids, 'This is how we live,' and without saying—because I try not to be judgemental, especially in front of the children, that your parents are wrong, but in our home this is how we do it. So it is not a case of your mum is wrong, although I have been known to say that, but when they are not looking after them, it just leaves the door open for so much more to go wrong, for paedophiles to get involved and infiltrate families. There is so much more that can go wrong when mum is making, I believe, a choice. She is making a choice. If you have had all those opportunities to go to rehab, to have these parenting programs and the government has spent all this money on you, you then have a choice to go back to that life or to keep sticking the hard yards out. My focus is more on the children and they do not have a voice.

CHAIR—Do you think that there is an attitude in DOCS that says, 'If we put the children back that will be a prop for mum?'

Mrs Rowe—It will be an encouragement, yes.

CHAIR—In other words, it does not matter what happens to the child, we are looking after this mum.

Mrs Rowe—And sometimes in my more cynical moments I think that there is a success tick for DOCS, that we have had the placement restored. I really do not think that they are child focused. They say it all the time.

Mr CADMAN—That relates to a philosophy that permeates from the top down; that is what you are talking about.

Mrs Rowe—Yes. I am not saying everybody is like that, but I just think that is how it appears.

CHAIR—If you have actually got someone who actually feels that you are talking about a case officer who really is focusing on the child, trying to do something for the child but is fighting the culture of DOCS itself—

Mrs Rowe—Within the department; that's right.

CHAIR—We go right back to that anti-adoption biology first culture that we discovered.

Mr QUICK—As public servants, they know that their decision can be altered further up the tree, so they do not have that confidence in the decision they make. It would be good if they did have that capacity and any review would be not done reasonably but really high up with due consideration to involving as many people as possible in the process and consultation before it even got to a magistrate.

Mrs Rowe—That is right, and keeping it as open and transparent as possible. It is too much closed in, but I know that the case worker cops it because she has worked within the department not as a case worker and I think that is where they are saying, 'You have no case work experience,' but what she is doing is looking at it from the child's perspective. She is really struggling at the moment, but it is something she is really committed to. So they may beat her down in a few of these cases, which I hope they don't, because these are children that have got a good chance.

Mr QUICK—Lorraine, I have to go, but can I thank you on behalf of not only the committee but all of us who are interested in kids' welfare. Thank you for the wonderful things you and your husband are doing.

Mr CADMAN—You have not wasted your time coming here.

Mr QUICK—It has been wonderful.

CHAIR—So that we can complete the business today, the committee has agreed to continue the hearing as a subcommittee. I cannot tell you, Mrs Rowe, how valuable your coming to talk to us today is.

Mr CADMAN—We need to analyse very carefully what you have said. There are a lot of implications for government, departments and policy. It is good to see somebody like you, but I can understand the departmental attitudes to some degree where you have got abusers in the guise of being foster parents out there that want to grab kids.

Mrs Rowe—That is right. There have been lots of cases. We know in our town where the kids have been put into care by their parents in the hope that they are safe and they have been badly treated by carers. But I think it is the same for everybody. It is when they are showing a continued pattern and they are not pulling themselves up—when it is just over and over again— that I would be really strongly recommending that the kids did not go home. I think everybody needs a chance.

Mr CADMAN—I agree. With most children, do you think it would be possible to identify continuing parent conduct before the kids get to the age of five?

Mrs Rowe—They are starting the Brighter Futures program in Tamworth—and I am assuming that it is going across New South Wales—where they are trying to introduce an early intervention team, whereby they go into families in which they are getting initial reports about the child not being fed or the child crying all night, to try and put supports in for families before they get to the stage where the children are actually removed. So they may be able to pick things up there. Maybe with the children before the age of five for adoption—

Mr CADMAN—That is what I am driving towards.

Mrs Rowe—With these particular children I have now, if they had taken into account the history of the children that have come through from the 15-year-old down then maybe the fiveyear- old, the three-year-old and the one-year-old could have been placed somewhere—and not necessarily together. I do not think they need to be adopted into a family together, as long as there is still that openness and connectedness so that they can still have contact with their siblings. I guess that is sort of sacrificing the two older children as the example of mum not being able to hold it together to save the three—

Mr CADMAN—It is salvation for three, though.

Mrs Rowe—That is right. If there is that history that she has done that with these two children then there is a good likelihood that she is going to continue that pattern, so let's get these three out. Does that make sense? I am not sure if that answers what you asked.

Mr CADMAN—It does make sense.

CHAIR—Can I ask you about sexual abuse?

Mrs Rowe—Yes.

CHAIR—Have many of the children that you see or that are you aware of been sexually abused?

Mrs Rowe—Yes, a lot of them. It is not always apparent to the department when they first come into care. Usually the kids have to build up trust with somebody to be able to talk about something that has happened to them. I think a lot of the public thinks, when they hear 'sexual abuse', that it is a situation of full-on intercourse or rape, but it usually starts quite slowly with people infiltrating into families that they see as being vulnerable and separating the children from the parents. They are able to do that by saying things like, 'He is such a little pest; I will take him to the park for you,' and mum then thinks she is getting a break. They start that sort of grooming process over a number of months or years. The children do not seem to realise that that is a problem or that that is happening. Then you have children in

care—it could be after several months or years—who actually come out with, 'This is what has happened to me,' and they are not sure why it is not happening anymore.

CHAIR—So do they associate that with kindness?

Mrs Rowe—Yes, and love. Because if they sit on somebody's lap and touch them, then they might get a bike or they might get a PSP or something like that if they don't tell anybody. So then when they are feeling loving towards you or I when they come into our home and they want to sit on our lap and touch us, it is our responsibility to say they cannot do that, that we do not do that in our home. And they are confused because that has been an accepted way of behaving. We have very strict rules as foster carers about disclosure, how we react to disclosure and what we have to do. It is horrifying when children do disclose to you the things that have happened. I guess it is just so damaging. It is just another breach that we as normal, responsible people see as such a breach of trust that somebody could do something like that. I do not think people understand how damaging it can be over years and years. Things that are supposed to be private and special and they are turned dirty and nasty and hurtful and the kids are always used. Probably more damaging than the actual physical contact are the emotional threats that they use to get that silence and that cooperation from the kids.

CHAIR—What sorts of threats are they?

Mrs Rowe—If you tell anybody the police will come and take you away, which of course if they do tell somebody, somebody does come and take them away so that is borne out. Other threats are threats against family members, threats against their pets: 'I will kill your sister; I will kill your mother; mummy won't love you any more; you will never see your family again.' Of course if they do tell somebody—particularly if they have told someone at school—with the mandatory notification DOCS will come, or somebody will come, and take that child away so they may not see mum or their siblings for a few days or a couple of weeks until things get sorted out. So those things are borne out and then those deeper threats being made about killing somebody or something just manifest more. It is horrible. It is a much worse thing, I think, than physical scars. They will heal but that sort of stuff drags in the emotional side of everything as well. It is really big to me that you understand just how damaged they can be by not being able to trust someone just for their day-to-day things. They do not trust me; even these kids who I love and who have been with me for a long time do not trust me. This little girl does not trust that I am coming home this afternoon. She cannot be sure that I am coming home this afternoon.

CHAIR—She is probably frightened that if she does give that trust and she is let down, how is she going to cope with that?

Mrs Rowe—Say the plane is late—which is why I am not picking her up until tomorrow. If I say I am going to be there at 3 o'clock—she cannot tell the time, but she will ask everybody, 'What is the time? What is the time?' If I am not there when I tell her I am going to be there, it is just catastrophic for her. Our children will say, 'Mum's late'—it is no big deal. But it is catastrophic for her and that is the thing that gets me the most: they just cannot trust. So they cannot have an adult relationship with anybody because they cannot trust anyone unless we get them in a situation where they can learn to trust and have that stability.

Mr CADMAN—They have been trained for so long to distrust people—

Mrs Rowe—That's right.

Mr CADMAN——that to break that down is hard. Men are pretty bad at training their families not to trust them by not being home when they say they are going to be and arrive a couple of hours late. I found that in our family that I had trained them not to sort of expect me and I had to stop that.

Mrs Rowe—But your family knew that you were going to put food on the table.

Mr CADMAN—Yes, but I can see even from our small example how easy it would be to have that grow into a massive problem.

Mrs Rowe—A lot of people think it is a nothing. We do not promise the kids that we are going anywhere or doing anything because we do not want to be part of that process of breaking promises and breaking that trust. I am sure we do it on a day-to-day basis anyway just as normal human beings, but we try not to do it as much as we possibly can. We are very focused on it in our family because we know how detrimental it can be.

CHAIR—Lorraine, without putting words into your mouth but just to go back over what you have said, you think it would be in the interests of many of these children if when they were small they could be adopted and have a life?

Mrs Rowe—Yes, I do. If there were a family history of these things, yes, I do.

CHAIR—Perhaps there can be an extension of the policy we have got in the Northern Territory that where a child is ordered back the money does not go—it is food vouchers so that they do not spend the money that is meant to look after the child on drugs.

Mrs Rowe—That's right.

CHAIR—We have to seriously think about that.

Mr CADMAN—There are a number of initiatives there. I think that is good.

CHAIR—On the other hand, the parents who are addicts, the sort of background that they come from by and large, the ones that you see the children of —six children, five fathers, brothers being two of the fathers—is this intergenerational?

Mrs Rowe—Yes.

CHAIR—Have those parents themselves come from that destabilised background as well?

Mrs Rowe—That is what we are seeing in our family. That is what we see. I know that drug use is over the whole of the community but I would say most of what we see has been from the low socioeconomic areas and it has been generational.

Mr CADMAN—Is there a fairly large Indigenous community in Tamworth?

Mrs Rowe—I am not really sure. We have cared for Koori children in our home because we do not have a lot of carers, but over the years most of them have been from white families relating to the drugs.

CHAIR—Is it predominantly heroin that you are seeing? Are any amphetamines starting to come through?

Mrs Rowe—Yes, and I think they tend to offer up to the department that they are only using marijuana as though it is a nice little thing. As a yoyo dieter, I can say, 'I only had one piece of cake' when I had a whole packet of Tim Tams as well. That is why I am always suspicious if they are going to say, 'I am only on marijuana.' If they are offering that up, what are they hiding?

CHAIR—Why aren't they having a blood test?

Mrs Rowe—They give them blood tests and urine tests and I do not know what those results are because they do not seem to have any impact. You get told that yes, they are not coming back clean, but it still goes to court and the kids still go home.

CHAIR—Thank you so much for your evidence. It just gives us an insight into the responsibility we all have to those little kids. Thank you for what you do to bring some love into their hearts.

Mrs Rowe—You are welcome.

Mr CADMAN—It is wonderful.

Resolved (on motion by **Mr Cadman**):

That this committee authorises publication, including publication on the parliamentary database, of the transcript of the evidence given before it at public hearing this day.

Committee adjourned at 11.18 am