

CHILD SAFETY COMMISSION OF INQUIRY

Level 5, Courtroom 23, Brisbane Magistrates Court,  
363 George Street, Brisbane

On Tuesday, 3 February 2026 at 9.58 am

Before: Mr Paul Anastassiou KC, Commissioner

Counsel Assisting: Ms Robyn Sweet KC  
Mr Nathan Boyd  
Ms Bianca Mendelson

1 COMMISSIONER: Mr Hastie.  
2  
3 MR HASTIE: Good morning, Commissioner.  
4  
5 COMMISSIONER: Welcome back.  
6  
7 MR HASTIE: Thank you. Happy New Year.  
8  
9 COMMISSIONER: And to you.  
10  
11 MR HASTIE: Commissioner, there's one witness to be called  
12 this morning by the State.  
13  
14 COMMISSIONER: Yes.  
15  
16 MR HASTIE: She is available from Cairns. Perhaps she  
17 should be sworn.  
18  
19 COMMISSIONER: She's on the screen in front of me. Please  
20 take a seat.  
21  
22 WITNESS: Thank you, Commissioner.  
23  
24 COMMISSIONER: Yes.  
25  
26 MS GREENWOOD: Commissioner, if I can just raise a  
27 preliminary matter?  
28  
29 COMMISSIONER: Certainly.  
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31 MS GREENWOOD: Again we run into troubles where there's  
32 issues of how we manage conflict. What I propose to do is  
33 simply just address structural issues.  
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35 COMMISSIONER: But in what context?  
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37 MS GREENWOOD: With the subject matter that this witness  
38 will be going through.  
39  
40 COMMISSIONER: Yes. Is this a matter of personal  
41 difficulty for you because of some connection that you have  
42 with --  
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44 MS GREENWOOD: Because of the legal service, Your Honour,  
45 and in my view the best way to handle that is simply not to  
46 delve into the detail but address structural issues for  
47 alternatives.

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COMMISSIONER: But I'm not sure contextually how this issue arises.

MS GREENWOOD: Our service has been heavily involved with the intricacies of this matter, and in my view the best way to avoid any sorts of issues - because the child was born in [REDACTED], so there is still a fair way to go before the child becomes an adult.

COMMISSIONER: I'm still somewhat in the dark as to what you're referring to. You're asking me to take a particular course of action?

MS GREENWOOD: No, Your Honour. I'm proposing to Your Honour that I take no participation in the factual substrate of all of this but --

COMMISSIONER: Is there a current proceeding on foot in relation to one of the children concerned? I believe there are two children that are the subject of the evidence that will be given by this witness. I also understand that the evidence arises from evidence given by a foster carer in [REDACTED] and there were two children that are involved, and if there are current proceedings that your service is involved in in some way, as was the case in other matters, I would not regard it as appropriate to intrude upon any factual enquiry that might impinge upon pending proceedings. As I understand the course that is proposed to be taken by Mr Boyd, it doesn't involve intruding upon any matters that might be presently before a court. Is that the concern that you have in terms of your involvement? I'm just not clear.

MS GREENWOOD: My concern is this child is still a child. There are related and ongoing matters. So I would prefer --

COMMISSIONER: Related and ongoing matters, what, with the department or with a court?

MS GREENWOOD: With the ability of the parents to be able to keep their children --

COMMISSIONER: But that's a common sort of feature - or not common, but it is not unique to these particular circumstances, is it? Some of the matters about which

1 there's been evidence involve families who continue to be  
2 in one way or another involved with the department and  
3 their children naturally also involved with the department.  
4

5 Ms Greenwood, you can take the course that you consider  
6 appropriate having regard to what I understand to be some  
7 perceived conflict from your perspective. I don't really  
8 appreciate the detail of what that might be. But if at any  
9 point in time in the course of the evidence you consider  
10 that matters should not be traversed --

11  
12 MS GREENWOOD: No, that's not what I'm saying,  
13 Your Honour.

14  
15 COMMISSIONER: All right.

16  
17 MS GREENWOOD: I'm just saying for the service there's  
18 such a can of worms in the factual substrate of what will  
19 be articulated in the Commission --

20  
21 COMMISSIONER: Right.

22  
23 MS GREENWOOD: -- that I propose to simply not participate  
24 in questioning around any of that factual substrate. But  
25 I do anticipate talking about the structural issues, such  
26 as court supervision, which Your Honour raised earlier, and  
27 if while --

28  
29 COMMISSIONER: Court supervision? What do you mean by  
30 that?

31  
32 MS GREENWOOD: If while we're speaking - and, look, I may  
33 not get to questions today, but if I may be able to put  
34 into evidence something to ask the witness about later.

35  
36 COMMISSIONER: Well, why don't we just as matter of good  
37 order wait until you have occasion to ask the witness  
38 questions, and if you're not reached then we'll work out  
39 how to deal with it in a different way.

40  
41 MS GREENWOOD: Thank you.

42  
43 COMMISSIONER: Is that all right?

44  
45 MS GREENWOOD: Yes.

46  
47 COMMISSIONER: All right. Thank you very much.

1 Mr Hastie.

2

3 MR HASTIE: Thank you, Commissioner. Perhaps the witness  
4 should be sworn.

5

6 COMMISSIONER: Yes. We'll have to do it virtually, of  
7 course.

8

9 <TYRRALLYE ALANKO, AFFIRMED [10.05 am]

10

11 <EXAMINATION BY MR HASTIE

12

13 MR HASTIE: Your full name is Tyrrallye Alanko? Can you  
14 hear me? Your full name is Tyrrallye Alanko?

15 A. Yes, that's correct.

16

17 Q. And you're a manager in the Department of Families,  
18 Seniors, Disability Services and Child Safety at Cairns?

19 A. Yes.

20

21 Q. And have you done a resume which sets out your  
22 employment history, professional attributes and  
23 qualifications?

24 A. Yes.

25

26 MR HASTIE: I tender that, Commissioner.

27

28 COMMISSIONER: Yes, thank you. That will be - we just  
29 need to catch up with the exhibit sheet. Just one moment.  
30 That will be exhibit CL-82.

31

32 EXHIBIT #CL-82 - RESUME OF TYRRALLYE ALANKO

33

34 MR HASTIE: Thank you.

35

36 Have you done three statements for the Commission?

37 A. Yes, that's correct.

38

39 Q. One was a 60-page document in response to a notice,  
40 125?

41 A. That's correct.

42

43 Q. And another one was a response to further questions  
44 posed by the Commissioner which was dated 1 October 2025?

45 A. Yes.

46

47 Q. And you have another statement which was dated

1 28 January 2026?

2 A. Yes, that's correct.

3

4 COMMISSIONER: Mr Hastie, the dates I have are 28 October  
5 for the first statement, 31 October for the second -  
6 I think you said the 1st.

7

8 MR HASTIE: I'm sorry, Commissioner, you're quite right,  
9 it is the 31st.

10

11 COMMISSIONER: Very well. That's fine. So you wish to  
12 tender each of those statements?

13

14 MR HASTIE: I do.

15

16 COMMISSIONER: The statement dated 28 October will be  
17 exhibit CL-83; 31 October, CL-84; and 28 January, CL-85.

18

19 **EXHIBIT #CL-83 - STATEMENT BY TYRRALLYE ALANKO DATED 28**  
20 **OCTOBER 2025**

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22 **EXHIBIT #CL-84 - STATEMENT BY TYRRALLYE ALANKO DATED 31**  
23 **OCTOBER 2025**

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25 **EXHIBIT #CL-85 - STATEMENT BY TYRRALLYE ALANKO DATED 28**  
26 **JANUARY 2026**

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28 MR HASTIE: Thank you, Commissioner.

29

30 COMMISSIONER: I have the statements.

31

32 MR HASTIE: Yes. Thank you, Commissioner. And the  
33 statements that are tendered are in the same form as the  
34 electronic court book.

35

36 COMMISSIONER: Yes. Thank you.

37

38 MR HASTIE: Commissioner, I understand that it's proposed  
39 that I finish my evidence-in-chief there, and I'll leave it  
40 up to my learned friend to ask questions, and if there's  
41 any other questions by obviously you, Commissioner, and my  
42 learned friends on the other side of the table.

43

44 COMMISSIONER: Thank you, Mr Hastie. Yes.

45

46 MR BOYD: Thank you, Commissioner.

47

2  
3 MR BOYD: Good morning, Ms Alanko.

4 A. Good morning.

5  
6 Q. Before I start asking some questions about the subject  
7 matter this morning I just wanted to make clear that we  
8 will be not referring to people by name as we're in open  
9 session. There are some - the key people in your evidence,  
10 there would be the child; do you know who I'm referring to  
11 as that? Well, sorry, perhaps when I get to documents I'll  
12 be able to identify who I'm referring to. If at any point  
13 you're not clear, because we are speaking generally, about  
14 who I'm referring to, can you please just let me know and  
15 I'll clarify that on the face of a document?

16 A. Yes, thank you.

17  
18 Q. And, as I understand it, there is a short delay on the  
19 live stream. So if we do slip up and there is a name  
20 mentioned that can be rectified. Okay.

21  
22 COMMISSIONER: I should say, Mr Boyd, I'm very happy to  
23 take this course, but, as I recall it, when the evidence  
24 was given by the foster carer in Cairns it was given  
25 openly.

26  
27 MR BOYD: There was a component that was in open hearing  
28 and a component in closed hearing.

29  
30 COMMISSIONER: Yes, that's quite right.

31  
32 MR BOYD: So that the names and the detail associated with  
33 the names was heard in a closed court.

34  
35 COMMISSIONER: Yes, quite. All right.

36  
37 You understand, Ms Alanko, that we're endeavouring to  
38 preserve the privacy particularly of the children so that -  
39 it can be a little bit clunky, but the idea is that when  
40 you're asked questions and you give answers we'll know who  
41 we're speaking about so we don't refer expressly by name to  
42 the child; rather, we speak of "the child" or "the mother",  
43 et cetera. Does that - you'll get the hang of it as we go  
44 along, I'm sure.

45 A. Yes, yes, I understand, Commissioner. Thank you.

46  
47 COMMISSIONER: Yes. Thank you.

1  
2 MR BOYD: There won't be too many people to keep track of.  
3 And I just want to confirm you should have a bundle of  
4 material with you which has some 15-odd pages. Do you have  
5 that available?  
6 A. Yes, I do.  
7  
8 Q. And that's been - it has page numbers on it?  
9 A. Yes, it does.  
10  
11 Q. Okay. Just when I refer to them - you've given your  
12 three statements. I'll refer to them as your first, your  
13 second and your third statement. Do you understand what  
14 I mean by that?  
15 A. Yes, I do.  
16  
17 Q. Okay. Thank you.  
18  
19 COMMISSIONER: Perhaps for my benefit could you refer to  
20 the date of the statement, statement of?  
21  
22 MR BOYD: Yes.  
23  
24 COMMISSIONER: But you can still refer to it as the first,  
25 second or third --  
26  
27 MR BOYD: Yes.  
28  
29 COMMISSIONER: -- but perhaps give the date, if you don't  
30 mind.  
31  
32 MR BOYD: Okay, Ms Alanko, I'd like to start - and  
33 I should say I'll be generally taking a chronological  
34 sequence with my questions today throughout the lifespan of  
35 the file. So I'd like to start when the child - and I'll  
36 identify that in a document in a second - early on in their  
37 time with the department. If I could take you to a  
38 document at page 665 of the bundle?  
39 A. Yes.  
40  
41 Q. And that's a case note dated 21 March 2017?  
42 A. Yes, I have that.  
43  
44 Q. And just so we can make clear what we're talking about  
45 at the top of that case note it has the child's name, the  
46 mother's name and the grandmother's name; do you see those  
47 three names?

1 A. Yes, I do.

2

3 Q. Okay. So when I'm referring to the child that's the  
4 person - the child that I'm referring to. Now, what I'd  
5 like to identify in this document is about halfway down in  
6 the details passage it identifies that the child has been  
7 treated for scabies; do you see that?

8 A. Yes.

9

10 Q. Okay. And this child, for your reference, is nearly  
11 one years old at that point of time. Now, what I'd like to  
12 firstly ask you about is does a diagnosis of scabies raise  
13 any particular concerns for child safety officers?

14 A. It can depend on the severity of the scabies, whether  
15 it's a recurring infection, how the child got scabies  
16 originally. So it really depends on the context; also  
17 whether it's been treated or not and whether there were any  
18 observable infection.

19

20 Q. Okay. Is scabies something that's seen a bit by Child  
21 Safety?

22 A. Yes, it is.

23

24 Q. Okay. And - correct me if I'm wrong here - it largely  
25 comes about due to environmental factors?

26 A. Often it does; yes.

27

28 Q. Okay. Unclean living environments and poor hygiene,  
29 things like that?

30 A. Yeah.

31

32 Q. Okay. And if a child, a particularly young child  
33 here, has been identified with scabies does that prompt any  
34 enquiry by Child Safety as to their living conditions?

35 A. For this particular child who was already engaged with  
36 Child Safety there would be questions asked about that;  
37 yeah.

38

39 Q. Okay. All right. Well, I'd like to next take you to  
40 page 667, so just over the page or over two pages. This is  
41 a case note from about three weeks later on 5 April 2017.

42

43 COMMISSIONER: What was the page?

44

45 MR BOYD: 667.

46

47 Do you have that there, Ms Alanko?

1 A. Yes, I do.  
2  
3 Q. And the third line under the "Details" section in the  
4 case note says:  
5  
6 *The child's rash looked dry and as though*  
7 *it was starting to heal up. They no longer*  
8 *have to give her antibiotics.*  
9 A. Yes, I can see that.  
10  
11 Q. And I should say I'm just - I'm in the process of  
12 taking you through some documents which records Child  
13 Safety's knowledge of certain matters. So if I can then  
14 take you to page 660. That's a case note from 2 June 2017.  
15 So that's about two months later?  
16 A. Yes.  
17  
18 Q. And there in the details it records that the child has  
19 scabies on their feet, hands, arms, legs and torso, do you  
20 see that, and they're on four times a day antibiotics?  
21 A. Yes.  
22  
23 Q. Now, would this fall into the recurring or persistent  
24 scabies that you mentioned a moment ago?  
25 A. Yes, in my opinion it would.  
26  
27 Q. And what would be the appropriate course of action for  
28 a child safety officer to take once it's been established  
29 that this is a recurring issue, particularly for such a  
30 young child?  
31 A. Yeah, so there should be discussions with the  
32 caregiver. There would also be - there would need to be an  
33 appointment made with a doctor around that. I can see that  
34 the child had been prescribed antibodies four times a day.  
35 So we would need to confirm that that is actually  
36 occurring. Also the doctor's details around who prescribed  
37 it, and we should be seeking further information from that  
38 doctor.  
39  
40 Q. Okay. So there's steps that the department should be  
41 taking to communicate directly with the medical  
42 professional to get a full picture as to what's going on?  
43 A. Yes. Yes.  
44  
45 Q. Okay. Now, the next page I'd like to take you to is  
46 587.  
47 A. Yes.

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Q. Now, this is I should say a child's strengths and needs assessment dated 23 June 2017. It commences on page 580, but the relevant passage is on page 587. It records there under the "Physical health" section that:

*The child's had ongoing scabies. However, these have been treated and starting to clear up after moving home.*

A. Yes.

Q. Okay. Now, the next point I'd like to take you to is in your first statement, which is the 28 October 2025 statement, at paragraph 37.

A. Yes.

Q. So if you just read paragraph 37 to yourself. So there there was a referral to the placement services unit on 13 July 2017?

A. Yes.

Q. And that was when this child first entered foster care; is that right?

A. Yes.

Q. Yes. And you've noted there that the referral to the placement services unit did not identify any medical needs for the child; yes?

A. Yes.

Q. Would you expect this type of medical issue to have been included in that placement referral?

A. Yes, I would.

Q. Okay. The next paragraph you identify that the child on the same date was placed with some foster carers, and there was a child information form that was prepared for the child?

A. Yes.

Q. And that it didn't identify any significant medical and health issues or needs for the child in that information form?

A. Yes.

Q. Yes. And, this history of scabies that we're working through at the moment, is that the sort of issue that

1 should be recorded in that placement referral and in that  
2 child information form?  
3 A. Yes, it should be.  
4  
5 Q. Is that important information for a prospective foster  
6 carer to have in determining whether they're in a position  
7 to provide the appropriate care for a child?  
8 A. Yes, I think it is relevant for them to consider; yes.  
9  
10 Q. Okay. And do you have any explanation - and I should  
11 say I'll be asking you a lot of questions about documents  
12 and I appreciate you weren't involved in the decision; so  
13 if you can't answer that's fine - but do you have any  
14 explanation as to why that information wasn't included in  
15 these documents that were provided to placement services  
16 and the foster carer?  
17 A. No, unfortunately I don't.  
18  
19 Q. You would accept that that has the potential to create  
20 some difficulties or complications for a foster carer if  
21 they're not fully appraised of a medical situation when a  
22 child comes into their care?  
23 A. Yes, yes. We should always be including as much  
24 detail as we have around any needs of a child.  
25  
26 Q. Okay. Thanks. Now, we are now at the point in time  
27 I'm going to refer to people as the first foster carers,  
28 because there's the long-term foster carer which we'll come  
29 to in a moment. But dealing with these, the first foster  
30 carers, if I could take you to page 592. This is a further  
31 strengths and needs assessment which was conducted on  
32 3 August 2017; so that's about two weeks after the child  
33 had gone into care with the new foster carers?  
34 A. M'hmm.  
35  
36 Q. And on page 592 it identifies that the child's just  
37 been treated for scabies and the carers continue to monitor  
38 this disease so that she receives immediate medical  
39 attention if they return.  
40 A. Yes, I can see that.  
41  
42 Q. The condition is still present or a live issue whilst  
43 being in the care of the new foster carers; do you accept  
44 that?  
45 A. Yes, it appears to be.  
46  
47 Q. Now, at page 315 this is a case note from 19 September

1 2017?  
2 A. Yes, I've found that.  
3  
4 Q. Perhaps you could just read the "Details" section of  
5 that to yourself. You've had a chance to read that?  
6 A. Yes, I have.  
7  
8 Q. Okay. So from there you see a few things. The new  
9 foster carers had contacted Child Safety because the child  
10 had had a flare-up, and they've been referred to an urgent  
11 appointment with a dermatologist; do you see that?  
12 A. Yes.  
13  
14 Q. And the GP no longer believed that the child had  
15 scabies but it was possible that there was an immune  
16 disease and that the child needs a blood test; do you see  
17 that?  
18 A. Yes, I can see that.  
19  
20 Q. Now, from what I can tell from reviewing the records -  
21 and tell me if you disagree - the child did not see a  
22 dermatologist following this referral; are you able to  
23 identify that did occur?  
24 A. No, I haven't seen any records to confirm that.  
25  
26 Q. Okay. If there was a referral to a dermatologist  
27 would that be something that would require costs approval  
28 from the department?  
29 A. Yes.  
30  
31 Q. Okay.  
32 A. Yeah, if it was a private dermatologist; yes.  
33  
34 Q. Yes, okay. And would this have been a case, from what  
35 you've seen, where it would have been appropriate for the  
36 department to approve a private dermatologist to review the  
37 child's condition?  
38 A. Yes, absolutely.  
39  
40 Q. Okay. From what you've seen, that didn't occur at  
41 this point in time?  
42 A. Yes, I can't see any record of that occurring.  
43  
44 Q. Okay. And the other thing here that is identified is  
45 the need for a blood test.  
46 A. Yes.  
47

1 Q. What are the circumstances in which the department  
2 when a child is not on a guardianship order - we haven't  
3 reached the point of a guardianship order yet with this  
4 child - is able to approve a blood test?

5 A. So if it's a guardianship decision we would be making  
6 all possible attempts to reach the parents to seek their  
7 approval for that to occur.

8

9 Q. And what happens if you can't get in touch with  
10 the parents? What can a child safety officer do?

11 A. Yes, so we're able to then write to the medical  
12 professional to ask them to consider exercising - under the  
13 legislation they have the ability to perform medical  
14 treatment that's considered necessary. So we would be  
15 writing to them asking them to consider it --

16

17 Q. Okay. Now --

18 A. Yeah, their medical expertise.

19

20 Q. And what would they need to say to allow you to be  
21 able to have the blood test performed?

22 A. So there will be some correspondence. If they deem  
23 that it's necessary, there's no ability to seek to get  
24 consent from the guardian around that necessary treatment,  
25 they can then provide that.

26

27 Q. Okay.

28 A. But we would of course have to provide a copy of  
29 the court order that we have and any other relevant  
30 information for them to consider.

31

32 Q. Yes. Is that process a time-consuming process?

33 A. Could you repeat the question, please?

34

35 Q. What you've just described there of having to - what  
36 you need to do to have a blood test performed in  
37 circumstances where consent can't be obtained from the  
38 parent for one reason or another, the process that you have  
39 to undertake with the medical professional, is that a  
40 time-consuming process?

41 A. No, no, it's quite straightforward. Also if the  
42 matter is currently before the court there can be a request  
43 made to the court to consider an order around medical  
44 treatment.

45

46 Q. Okay. Now, the child safety officer who took this  
47 call asked the new carer to get the dermatologist to ring

1 either themselves or the grandmother to discuss the urgency  
2 of it and the consequences of not having the test done; do  
3 you see that?

4 A. Yes.

5

6 Q. Is that the appropriate course of action for the child  
7 safety officer to take, to place that obligation on the  
8 carer, or should the child safety officer be making that  
9 contact directly?

10 A. If it's to determine the urgency of the medical  
11 treatment and to discuss the concerned issue that should  
12 sit with the child safety officer or the team leader --

13

14 Q. Okay.

15 A. -- to have that conversation.

16

17 Q. So do I take it then that what's occurred here in  
18 asking the new foster carer to ask the doctor to contact  
19 the child safety officer is not the best way to go about  
20 that?

21 A. No, it would be best practice for the child safety  
22 officer to make direct contact with the doctor.

23

24 Q. Yes. Okay. Now, do you see from your review of the  
25 file any record of the child safety officer having a  
26 conversation with the doctor about the blood test?

27 A. I don't recall seeing any case notes recording that  
28 information, no.

29

30 Q. And do you accept that there's no record of the blood  
31 test being performed as a consequence of this referral by  
32 this doctor?

33 A. I haven't been able to locate a record to confirm that  
34 that's occurred.

35

36 Q. Okay. Do you have any explanation as to why this  
37 medical test wasn't performed in circumstances where it had  
38 been recommended by the doctor?

39 A. No, I wasn't involved in the decision-making or within  
40 the office at that time. So I'm unable to explain why  
41 that's --

42

43 Q. That's fine. Now, a few weeks later on 12 October  
44 these new foster carers requested to relinquish the care of  
45 this child because they couldn't manage her medical needs.  
46 And then on 13 October 2017 - this is at page 326 - there  
47 was a home visit by the child safety support officer, and

1 there it was observed that the child's skin was blistery,  
2 some dry skin irritations and blisters that were about to  
3 burst, feet covered in the rash, the rash had spread to her  
4 legs, between the knees and thighs, stomach, and light  
5 irritation on her face; do you see that?

6 A. Yes, I can see that.

7

8 Q. Now, you'd accept that they're pretty concerning  
9 symptoms for I think about a 16-month-old baby to have at  
10 this point?

11 A. Yes.

12

13 Q. And you'd accept this is now quite a persistent  
14 ongoing issue?

15 A. Yes, I would agree.

16

17 Q. Okay. Were you able to identify any action taken  
18 following those observations by Child Safety?

19 A. From my review of the records, I haven't been able to  
20 find any.

21

22 Q. Okay. Now, the next date is on 20 October 2017. The  
23 child was admitted to hospital for further testing and  
24 treatment on the advice of the GP. Sorry, I should say  
25 this is at - it's in your first statement, but it's  
26 recorded at page 556. The child was admitted the following  
27 day on 21 October 2017 where she was seen by a paediatric  
28 registrar and sent home with antibiotics.

29 A. Yes.

30

31 Q. Okay. So we're now at the point in time where the  
32 child is going to leave the placement from the new foster  
33 carers to who I'll be referring to as the foster carer,  
34 who's the main foster carer throughout this child's life;  
35 you understand what I'm referring to?

36 A. I do. I do.

37

38 Q. Yes, okay. Thank you. So at that point in time you'd  
39 accept that this child has had a reasonably serious  
40 condition present for at least seven months to the  
41 department's knowledge?

42 A. Yes.

43

44 Q. And from that timeline certainly in the last two or so  
45 months prior to coming to the foster carer's care the  
46 condition, it was quite serious?

47 A. Yes.

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Q. Should there have been active steps or more proactive steps taken by Child Safety to obtain private medical treatment by, say, a dermatologist in that period?

A. Yes. If that's something that's recommended by the general practitioner or the paediatric registrar at the hospital, then yes.

Q. We saw a moment ago that the GP had made the referral, but you'd accept that at this point there had been no - the child hadn't seen a dermatologist?

A. No, not that I'm aware of.

Q. And you're not aware of there being any internal process to approve the child to see a dermatologist based on that GP's referral?

A. There is an internal process around seeking --

Q. Sorry, I'll rephrase that; sorry.

A. Sorry.

Q. In relation to this particular child, in that instance, the internal process to have that approval made, that hadn't been undertaken?

A. I can't see that's been undertaken.

Q. Okay. Now, we're now at 23 October 2017 and this is where the child has transitioned into the care of the current foster carer. One of the reasons that foster carer was identified as being appropriate was she had medical training as a nurse and was deemed to be appropriate to be able to provide care to this child?

A. Yes.

Q. And at the handover or, well, at the initial point of coming into care it was indicated that - or Child Safety indicated that the carer could take the child to the hospital if there was any issues in relation to the child's medical condition?

A. Yes.

Q. Yes, okay. Now, I would like to now take you to a document starting at page 424. Sorry, I'll take that back one step. Sorry, paragraph 83 of your first statement. Yes, so at paragraph 83 you set out what's recorded in the placement agreement, but it's conveniently summarised in your statement. So the placement agreement is dated

1 31 October, which is eight days after coming into this  
2 carer's care. And it's listed there the child's medical  
3 condition and medical treatment. You've listed that in six  
4 subparagraphs?

5 A. M'hmm.

6

7 Q. Now, there it was identified that the child was  
8 suffering from a skin condition over many parts of her  
9 body. There had been a diagnosis of dermatitis secondary  
10 to infected scabies and impetigo; do you see that?

11 A. Yes.

12

13 Q. Then it sets out the pharmaceutical or medical  
14 treatment to be given to the child, and that there's to be  
15 a follow-up appointment with the dermatologist and an  
16 appointment scheduled with a paediatrician; do you see  
17 that?

18 A. Yes, yes.

19

20 Q. Then we then have the results of some blood tests.  
21 Now, do you know from your review of the file why there was  
22 blood tests able to be performed on this occasion and not  
23 when it was requested earlier by the GP?

24 A. No. No, the previous document indicated that the  
25 mother had signed some consent forms.

26

27 Q. Okay. That's fine. Now, importantly these blood  
28 tests revealed that the child was suffering from anemia?

29 A. M'hmm.

30

31 Q. And then it was also identified that there was fluid  
32 behind her ears and there needed to be a referral to an  
33 ear, nose and throat specialist to determine if grommets  
34 were required.

35 A. Yes.

36

37 Q. Yes. So there's quite a suite of medical conditions  
38 there that the child was suffering at that point in time;  
39 do you accept that?

40 A. Yes, I do.

41

42 Q. And are you aware that these diagnoses were obtained  
43 as a consequence of this carer obtaining private medical  
44 treatment for this child?

45 A. She may have done so.

46

47 Q. I can take you to the evidence if you'd like. It's

1 not a matter in dispute. Just so you have an understanding  
2 where I'm referring to there should be another document you  
3 have with you, Ms Alanko, which is a bundle which has the  
4 carer's name at the front of it. It says, "Outline of  
5 evidence"; do you have that document?

6 A. Yep. Yes, I have that document.

7  
8 Q. Okay. So if you go on to the second page of that -  
9 and, sorry, I should say for the record this is exhibit  
10 CA-27.

11  
12 COMMISSIONER: Yes, I have it. Thank you, Mr Boyd.

13  
14 MR BOYD: At paragraph 10, if you could just read that to  
15 yourself, please? So you see the evidence there of  
16 the carer is identified taking the child to receive private  
17 medical treatment?

18 A. Yes, I can see that.

19  
20 Q. Okay. So back to my original question: do you accept  
21 that this broad medical assessment and the various  
22 diagnoses that have come from it have come as a consequence  
23 of this carer going and obtaining private medical treatment  
24 with the necessary specialists?

25 A. Yes.

26  
27 Q. Okay. Now, should it have taken the seven or eight  
28 months that it did for this type of medical review to be  
29 performed on this child?

30 A. No, it should have occurred as soon as it was  
31 identified that there was a medical condition having an  
32 impact on the child. It was clearly apparent that the  
33 scabies was reoccurring and impacting on this child. So it  
34 should have occurred much earlier.

35  
36 Q. Okay. And what would be the appropriate steps for the  
37 child safety officer to take? So, as you've just said,  
38 once it became apparent that it reached a certain level of  
39 severity what should the child safety officer actually be  
40 doing? What's their role in organising that treatment?

41 A. Yes, so usually it be in collaboration with the carer.  
42 So I would expect that they would be seeking feedback from  
43 the carer around the child's presentation. There should  
44 also be conversations at the prescribed home visits to the  
45 carer along with the placement agreement. If it is an  
46 urgent issue then I would expect that an appointment would  
47 be made with a medical professional. Usually I would

1 expect that a child safety officer is present if possible  
2 for that meeting or review, sorry, with the medical  
3 professional. If they aren't present for that appointment  
4 then I would expect that there would be either a letter  
5 provided to Child Safety from the medical professional  
6 outlining their diagnosis and the treatment plan or Child  
7 Safety, if that letter wasn't provided, they should then  
8 make direct contact with the medical professional to  
9 receive an update from them around their findings.

10  
11 Q. Okay. From your review of the file does it look as  
12 though those things just - they didn't occur in this case?

13 A. No, no, I can't see any record of that occurring.  
14

15 Q. Okay. Would you anticipate in this child's  
16 circumstances there being any difficulty in having private  
17 medical expenses such as a dermatologist or paediatrician  
18 approved by the department?

19 A. I don't see why there would be any issue with that  
20 being approved. If it's been recommended by a GP who's  
21 reviewed the child, then we should absolutely go - we  
22 should absolutely approve what is in line with what's been  
23 recommended.  
24

25 Q. Okay. And from what we've seen here in relation to  
26 the new foster carers and then the foster carer is that  
27 it's really fallen upon the carers to drive all of this; do  
28 you accept that?

29 A. It appears so.  
30

31 Q. Is that an appropriate obligation for them to have or  
32 should there be more involvement with Child Safety?

33 A. For a situation like this where there are such  
34 significant health needs Child Safety should have some more  
35 involvement than that.  
36

37 Q. Okay. Okay. Now, I'd like to move to a related topic  
38 which is the approval of medical expenses, Ms Alanko. If  
39 you could just pick up that outline of evidence I referred  
40 you to a moment ago?

41 A. Yes.  
42

43 Q. And if you just read to yourself paragraphs 10 through  
44 to 13. Have you seen that?

45 A. Yes, I've read that.  
46

47 Q. And the primary complaint being made there by the

1 carer is the difficulty in having private medical expenses  
2 reimbursed by the department?

3 A. Yes, I can see that.

4

5 Q. And effectively that they've largely given up on  
6 seeking reimbursement, and fortunately they were in a  
7 financial position where they were able to cover those  
8 expenses themselves.

9 A. M'hmm.

10

11 Q. Yes?

12 A. Yes, I can see that's the evidence provided.

13

14 Q. Yes. Now, as part of the notice that was provided to  
15 the department which you responded to was queries in  
16 relation to what private medical expenses had been approved  
17 or paid for by the department; do you recall this?

18 A. Yes, I do.

19

20 Q. And this is largely captured in your second statement,  
21 the one dated 31 October 2025, and there were some  
22 documents that were provided by you or by the department in  
23 response to that?

24 A. Yes.

25

26 Q. Okay. Now, before I come to those - sorry, I should  
27 say you also deal with this from paragraphs 84 to 102 of  
28 your first statement dated 28 October?

29 A. I just need to find that page. Yes.

30

31 Q. At paragraph 98, which is on page 23, you identify  
32 that the carers were in receipt of HSNA, CSNA and CRC  
33 assistance to cover the cost of out-of-pocket health needs?

34 A. Yes. Yes, they were.

35

36 Q. And CRC assistance, that's child related costs; is  
37 that right?

38 A. Yes, it is.

39

40 Q. And that's the mechanism for having specific costs  
41 approved to be paid by the department; is that right?

42 A. Yes.

43

44 Q. Okay. So if there was a specific private medical  
45 expense that would be paid under CRC; is that correct?

46 A. It would be if the carers were in receipt of the HSNA  
47 or CSNA and the medical expenses exceeded what is already

1 paid under those allowances.

2

3 Q. Okay. Can you just explain how that works, please?

4 So how does the interaction between HSNA - sorry, I should  
5 say HSNA is high support needs allowance?

6 A. Yes, that's correct.

7

8 Q. And CSNA is complex support needs allowance?

9 A. Yes, that's correct.

10

11 Q. Can you explain how those allowances interact with  
12 payment under the CRC procedure?

13 A. Yes, yes. So usually if a need or multiple needs have  
14 been identified for the child that are complex - so in this  
15 situation it appears that the carers were in receipt of the  
16 carer allowance, the high support needs allowance and the  
17 complex support needs allowance at level 2. So usually we  
18 expect to see a breakdown the costs incurred by the carer  
19 to address those needs for the child. So I would expect  
20 that in the case of a carer receiving the level 2 complex  
21 support needs allowance most of the out-of-pocket expenses  
22 would be covered under that allowance.

23

24 Q. Okay.

25 A. If it did exceed that then you would seek approval for  
26 the child related cost reimbursement on top of that.

27

28 Q. Okay. Thank you for explaining that. I'd like to  
29 take you then to the breakdown of costs that you've set out  
30 in your second statement at paragraph 5.

31 A. Paragraph 5 of --

32

33 Q. It's on page 2.

34 A. Yes.

35

36 Q. And there it sets out FCA payments; that's foster care  
37 allowance?

38 A. Yes.

39

40 Q. Then there's HSNA, CSNA and then another small amount  
41 for other non-medical matters it seems?

42 A. Yes.

43

44 Q. And that information, that's been taken from the table  
45 that you've provided which commences at page 793 of that  
46 bundle.

47 A. Yes.

1  
2 Q. You can refer to it if you need to, but that's where  
3 your summary has come from, that table?  
4 A. Yeah.  
5  
6 Q. Okay.  
7 A. Yes.  
8  
9 Q. And you'd accept there that there's no record of any  
10 child related costs being paid in relation to medical  
11 expenses?  
12 A. No, it looks like - so these tables are just in  
13 relation to the regular payments being received. There's  
14 no breakdown around any child related costs in addition to  
15 that being (indistinct).  
16  
17 Q. Sorry, what do you mean by that; as in this table  
18 wouldn't show any child related costs or that there was  
19 none?  
20 A. Yes. So not always. So these are the regular  
21 payments received by a carer. So we'd expect to see in  
22 those table the FCA, the CSNA and an HSNA. Usually child  
23 related costs is in the form of a reimbursement rather than  
24 those regular payments being made.  
25  
26 Q. Thank you for clarifying that because I just - if you  
27 go over to page 796, about 60 per cent of the way down it  
28 has an entry, "Reimbursed cost of school photo"?  
29 A. Yes, yes, that's for --  
30  
31 Q. That's a child related cost?  
32 A. Seven hundred and - would you mind directing me to  
33 that page?  
34  
35 Q. Yes, sorry, sorry. It's page 796?  
36 A. 796.  
37  
38 Q. So that should be a page which just has a list of  
39 transactions?  
40 A. Yes.  
41  
42 Q. And a bit past halfway down the page, it's perhaps  
43 easier to identify it from the final column on the  
44 right --  
45 A. Yes.  
46  
47 Q. It has the REIN code?

1 A. Yes, I can see that.  
2  
3 Q. And is that what you would expect to see for a child  
4 related costs payment?  
5 A. I would, yes. Yes, that's what - and there don't  
6 appear to be any others in the table.  
7  
8 Q. Okay. There are a couple more but they don't relate  
9 to medical expenses; I should assist you with that.  
10 A. Yes, that's right. I don't see any.  
11  
12 Q. From that then does it appear to you that there's been  
13 no approval for child related costs in relation to medical  
14 expenses in relation to this child?  
15 A. Not on top of the CSNA level 2, no.  
16  
17 Q. Okay. And, having seen or been made aware of  
18 the evidence of this carer that there were requests being  
19 made, do you have any explanation as to why there was no  
20 approvals given?  
21 A. No, I wasn't the decision-maker at the time. So I am  
22 unable to answer that.  
23  
24 Q. Okay. The question that was posed in the notice,  
25 question 6 - and this is set out, for your convenience, on  
26 the first page of your second statement - it has there that  
27 - the question was the department's responses to requests  
28 for approval of private medical treatment made by the carer  
29 between those dates, and from what I've seen in the  
30 response material there isn't any record of any responses  
31 to those requests; do you accept that?  
32 A. Yes, I haven't seen any responses, no.  
33  
34 Q. Okay. Do you have any explanation as to why that  
35 material or - sorry, I'll withdraw that. Can you comment  
36 on why there were no responses to any requests that were  
37 made?  
38 A. No, I wasn't involved in the case and I wasn't the  
39 decision-maker at the time. So I'm unable to answer that  
40 question.  
41  
42 Q. Okay. Just stepping back more generally for a moment,  
43 not necessarily in this case, is there difficulties  
44 encountered with carers who are in receipt of, say, an HSNA  
45 and a CSNA who are then trying to claim for additional  
46 expenses? Is that something that Child Safety is having to  
47 contend with?

1 A. No, not - in my experience the carer provides  
2 information or receipts that they've had to spend - they've  
3 have to spend money on top of those allowances for  
4 additional medical treatment. I would have no issue in  
5 approving that if that's what's in the child's best  
6 interests and it's needed.

7

8 Q. Okay. So in this case then if that material had been  
9 provided there's no reason why those costs shouldn't have  
10 been covered?

11 A. No, no, if there's evidence of the costs being  
12 incurred, usually there should be a discussion with Child  
13 Safety first to seek approval for those expenses to be paid  
14 by Child Safety. Usually the child - in the child-related  
15 cost - the application for that the child safety officer  
16 would complete there would be a rationale in there saying  
17 that "this treatment exceeds the child" - sorry, "the  
18 complex support needs allowances". So as long as that's  
19 clearly documented there would be no issues in having that  
20 approved.

21

22 Q. Okay. But it seems, though, that there was no  
23 documentation on the file regarding any requests made by  
24 this carer; is that right?

25 A. I can't - no, I haven't been able to locate any, no.

26

27 Q. Okay. I'm about to move to a different topic now,  
28 Ms Alanko, and that's, broadly speaking, about the contact  
29 that the department has had with this child and with the  
30 carers throughout the time in care, and the period we're  
31 talking about is 1 October 2017 to 30 April 2022?

32 A. Yes.

33

34 Q. So that's a period of about four-and-a-half years.  
35 Now, you deal with this topic commencing at paragraph 107  
36 of your first statement, which is 28 October 2025?

37 A. M'hmm.

38

39 Q. Now, firstly, you deal with the issue of who the CSOs  
40 were at various points in time. At 107 you've very  
41 helpfully set out the records as it relates to who was the  
42 allocated child safety officer for this child during that  
43 four-and-a-half year period and you've identified --

44 A. Yes, I've got that in front of me, yes.

45

46 Q. Pardon?

47 A. Yes, I can - yep, I've got those records in front of

1 me.  
2  
3 Q. Yes. So it's in the subparagraphs there that it's --  
4 A. Yes.  
5  
6 Q. And on my count there nine CSOs that are identified  
7 during that period?  
8 A. Yes.  
9  
10 Q. That's of about four-and-a-half years, so that's  
11 approximately a new CSO every six months?  
12 A. Yes.  
13  
14 Q. And the language you've used is that, "The following  
15 CSOs were involved in the child's case management." I want  
16 to ask you what you mean by that. Is that that they were  
17 the allocated CSO to the file, or is that that they  
18 performed some tasks on the file?  
19 A. No, so that would - so usually if we were referring to  
20 case management it would - that would mean they are the  
21 child safety officer with case management responsibility.  
22  
23 Q. Okay. With the dates we're dealing with here, this is  
24 under the old system, the ICMS system; that's right?  
25 A. Yes. Yes, yes.  
26  
27 Q. Can you tell me when you navigate that system is there  
28 a record somewhere which has the date - who the CSO is  
29 that's allocated to a child at particular points in time?  
30 A. Yes, that's correct, the old system does, yes.  
31  
32 Q. Okay. So it might say Joe Bloggs is the CSO from  
33 1 January to 30 June and then 1 July it's another person  
34 that takes over; that's the sort of data you'd have  
35 available?  
36 A. That's correct, yes.  
37  
38 Q. And that's how you were able to obtain this  
39 information?  
40 A. Yes.  
41  
42 Q. Okay. Now, there were - sorry, excuse me one moment.  
43 There were periods there - sorry, at paragraph 108 you  
44 identify that there was no records for certain periods of  
45 time as to who the child safety officer was for this child;  
46 do you see that at paragraph 108?  
47 A. Yes.

1  
2 Q. So that includes 9 May 2019 to 18 September 2019?  
3 A. M'hmm.  
4  
5 Q. Which is about four months?  
6 A. Yes. Then you've identified 8 October 2020 to 23 May  
7 2021 with the exception of a four-day period in October to  
8 November 2020?  
9 A. Yes.  
10  
11 Q. So that's a period of - testing my maths here - over a  
12 year and a half without a child safety officer?  
13 A. Yes, it appears that way.  
14  
15 Q. A year and three-quarters. Yes. And then again in  
16 2022, 17 February to April - sorry, pardon me, to 30 April  
17 2022, so there's a period of two and a half months?  
18 A. Yes.  
19  
20 Q. And I should say 30 April 2022 was the cut-off date  
21 for the period that we were talking about. So we don't  
22 know if someone was allocated on 1 May?  
23 A. No.  
24  
25 Q. Okay. Those gaps that are identified there, you  
26 accept firstly that they're significant periods of time to  
27 be without a child safety officer?  
28 A. Yes, they are.  
29  
30 Q. And - sorry, I should correct myself. My maths was  
31 wrong before. I said a year and a half, but I inflated it  
32 by a year. From October 2020 to May 2021, that's closer to  
33 eight months, eight to nine months?  
34 A. Yep.  
35  
36 Q. So, when you're reviewing the system and you're able  
37 to look at who the allocated officer was, what information  
38 did you see or not see in relation to these periods?  
39 A. So in terms of allocation, so it doesn't appear that  
40 there was a child safety officer assigned to the case at  
41 the time. However, I didn't notice that it was recorded  
42 around casework tasks being completed. So you - often on  
43 the system we can record that there are other officers  
44 completing casework tasks in the absence of a formally  
45 allocated CSO. So that wasn't recorded on the system.  
46 Also when child safety officers go on leave for lengthy  
47 periods other CSOs or CPAs or support officers or team

1 leaders would also be involved in dealing with emergent  
2 matters or assisting with casework tasks, but it's not  
3 formally recorded.

4

5 Q. Okay. Then in these periods where there's no  
6 allocated child safety officer for one reason or another  
7 and there are tasks being performed --

8 A. Yes.

9

10 Q. -- how does that actually occur? Who's directing that  
11 work?

12 A. So it would really depend on the system in place in  
13 the office. It would be usually the team leader has  
14 oversight of all of the cases on their team. So they would  
15 determine who would be best placed to assist with some of  
16 those tasks, and quite often that would fall to the team  
17 leader themselves.

18

19 Q. Okay. Can you identify what types of issues might  
20 arise in case management if there isn't a child safety  
21 officer allocated to a file?

22 A. Yep, sure. So it could be a number of things. It  
23 could be, for example, a placement breakdown might occur.  
24 There might be a phone call around a child needing to have  
25 their yearly review with a paediatrician at the hospital.  
26 It could be a family member making contact around  
27 requesting contact with a child. So it could be any number  
28 of - any number of issues could come up. So the team  
29 leader would usually determine the most appropriate person  
30 to manage the situation.

31

32 Q. Do you have any observation as to why at that point of  
33 time there could have been these extended periods without  
34 an allocated child safety officer?

35 A. Well, I wasn't involved at this point in time, but it  
36 could really depend on the number of staff on leave, the  
37 number of vacancies, as well as the number of children  
38 being managed by the service centre and resourcing issues.  
39 In my experience that often relates to gaps in allocation.

40

41 Q. That's not an unusual thing to observe, as  
42 I understand it --

43 A. No, it isn't.

44

45 Q. -- in northern Queensland, high vacancies of staff and  
46 high caseloads?

47 A. Yes. Yes.

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Q. Is that something that could contribute to just a child not having an allocated child safety officer for a period of time?

A. It can, and there are triaging systems in place, but in my experience I will often find if there are gaps in the child being allocated a child safety officer it would usually be those children in the most stable, long-term placements. We would prioritise the children who are at immediate risk or who have exceptionally high needs, and unfortunately the children who are, you know, in very stable care environments, they would be the children less likely to have an assigned case officer if there's - if there's - I guess the number of children is at a point where we don't have enough staff to allocate every single child to.

Q. Okay. And that's just a case of Child Safety doing the best with what they've got available?

A. Yes, yes, and using the best triage systems that we can, along with consulting with the senior practitioner and other staff. But, yes, that's correct.

Q. Okay. Now, the next part of the department contact I want to ask you about is the monthly visits that are meant to occur with a child safety officer and the child, and this starts at paragraph 109, and again it covers the period 1 October 2017 to 30 April 2022?

A. Yes.

Q. Now, you've set out at paragraph 110 the dates of the home visits that occurred in that four-and-a-half year period?

A. Yes.

Q. It carries over the page as well. Now, on my count, and correct me if I'm wrong here, there's eight home visits that have occurred?

A. Yes.

Q. That's over a four-and-a-half year period?

A. Yes.

Q. My calculations, which recently have been shown to not always be the most accurate, but I calculate it to be about 55 visits that should have occurred during that period?

A. Yes.

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Q. In four-and-a-half years?

A. Yes.

Q. So we're a long way off as far as the number of monthly visits that should have occurred in that time period; do you accept that?

A. Yes. Yes, I do. Yes.

Q. Can you give any explanation as to why there are so few monthly visits occurring during that period of time?

A. No, I unfortunately wasn't involved with this service centre at that time. I don't have all the information around resourcing at the time, but often it can be a resourcing issue.

Q. Okay. Can you identify what types of issues can come about when Child Safety doesn't have this regular contact with a child and with the carer?

A. Yes, so some of the issues that could arise?

Q. Yes.

A. Yep. So relationships - there's usually a big impact on relationships between Child Safety and the carers. Also, you know, there can be a lack of oversight and a lack of understanding around what's happening within the placement as well.

Q. Would you accept these are some issues that might come up? There would be inability to form relationship with the subject child for the child safety officer?

A. Yes, if we're not visiting as often as we should be, that would be the case. I can see that there had been contact with the child safety officer in terms of supporting with some contact visits, so apart from the monthly home visits that should be happening they would also be having contact with the child when transporting to and from family contact visits as well.

Q. Yes, I saw that. I noted - I think it's about 30 that occurred during that four-and-a-half year period?

A. Yes.

Q. But coming back to the monthly visits, so it would result in not being able to sort of observe the child's development and their wellbeing in their home environment?

A. Yes, that's right. Yes, it would impact on that.

1  
2 Q. Making an assessment of how the placement is going for  
3 that particular child?  
4 A. Yes.  
5  
6 Q. And, importantly, it's an opportunity for the child  
7 safety officer to develop a relationship with the carer and  
8 receive information from the carer about the child?  
9 A. Yes, that's correct.  
10  
11 Q. These are all very important components to the monthly  
12 visit?  
13 A. Yes, they are.  
14  
15 Q. Are there any other matters that I haven't identified  
16 which are also significant to the monthly visit?  
17 A. No, they would be the most significant issues.  
18  
19 Q. I appreciate you can't comment in this particular case  
20 as you weren't involved, but are monthly visits the type of  
21 task that fall away when we do have this issue of high  
22 workload and insufficient staff to cover that workload?  
23 A. At times it can, but in my experience we do put  
24 systems in place. So, if there's a child safety officer on  
25 long-term leave or there's nobody to allocate to, we would  
26 ask another child safety officer to visit when they're out  
27 doing their own home visits or we might ask the cultural  
28 practice adviser or a senior child safety support officer  
29 or perhaps the team leader. So we should be making every  
30 effort to ensure that a child is sighted each month.  
31  
32 Q. Okay. You would accept that if there is an  
33 expectation on the part of a child and a carer that they're  
34 going to be seen once a month, if Child Safety is not  
35 coming to see them --  
36 A. Yes.  
37  
38 Q. -- that it's not beneficial from their perspective as  
39 to - sorry, I'll withdraw that. I framed that poorly. The  
40 carers have an interest in the child safety officer coming  
41 once a month to be able to share this information and to  
42 develop that relationship; do you accept that?  
43 A. Yes.  
44  
45 Q. And, likewise, that would apply from the child's  
46 perspective in relation to the child safety officer?  
47 A. Yes.

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Q. So it's detrimental to both sides of the equation if these monthly visits aren't occurring as they should?

A. Yes, I would say so.

COMMISSIONER: Mr Boyd, we might just take a short break.

MR BOYD: Yes.

**SHORT ADJOURNMENT**

MR HASTIE: Sorry, I was just speaking to Mr Boyd. I can go and have a look and --

COMMISSIONER: That's all right. No, fine.

MR BOYD: Can you hear me, Ms Alanko?

A. Yes, I can.

Q. Now, I'd like to deal relatively briefly with the next topic, which is the contact with this child's siblings.

You've dealt with this at paragraph 114 of your first statement - it commences at, I should say, and this is the allegation that the foster carer hadn't been told that the child had siblings; do you know what I'm talking about?

A. I do, yes.

Q. Yes. And it wasn't until several months later that the foster carer became aware that the child had siblings through coming into contact with someone in a child-care centre?

A. Yes, I'm aware of that, yes.

Q. Okay. Now, in this instance the three siblings, they were all known to the department, they were under long-term guardianship orders of the department?

A. Yes. Correct.

Q. And they were in a kin care arrangement with the grandmother?

A. Yes, they were.

Q. Then do you have any explanation - sorry, I withdraw that. Do you accept that as part of any case plan or perhaps initial placement agreement with this foster carer there should have been provision for family contact between this child and her siblings?

1 A. Yes, I would expect that would usually be in a  
2 placement agreement, yes.  
3  
4 Q. And that just wasn't here; do you accept that?  
5 A. Yes.  
6  
7 Q. Okay. So there had been a failure to, firstly,  
8 identify that that family contact needed to occur; do you  
9 accept that?  
10 A. Yes.  
11  
12 Q. And then obviously flowing from that Child Safety  
13 hadn't arranged for there to be any sibling contact until  
14 it was identified some ninth months later by the foster  
15 carer?  
16 A. Yes.  
17  
18 Q. Can you identify why there were no arrangements made  
19 in that nine-month period for contact between the child and  
20 their siblings?  
21 A. No. Unfortunately, I wasn't involved, so I can't  
22 answer that question.  
23  
24 Q. Are there any circumstances which would make it  
25 appropriate for Child Safety not to identify and arrange  
26 that contact?  
27 A. No, sibling contact should absolutely be a priority.  
28 There may be certain circumstances where it could be quite  
29 difficult to arrange. For example, there could be children  
30 who are subject to orders, and then a parent might have  
31 another child placed out of state with another family  
32 member which could make it difficult, or there might be  
33 difficulties with some carers agreeing to assist with  
34 facilitating care arrangements. There could be a whole  
35 host of factors impacting on arranging it, but it should  
36 certainly be prioritised and it should happen frequently  
37 regardless of the barriers.  
38  
39 Q. Okay. And you'd accept it to be - sorry, do you  
40 expect it to be recorded in those critical documents such  
41 as --  
42 A. I would expect that it would be in a placement  
43 agreement, and it should also be in the case plans for each  
44 of the siblings.  
45  
46 Q. Okay. From what you've seen, could you identify any  
47 legitimate reason why that hadn't been done by the

1 department in this case?  
2 A. Not from my review of the records.  
3  
4 Q. Okay. Is this just a case of the department failing  
5 in its obligations in relation to this child?  
6 A. Potentially.  
7  
8 Q. Now, is it also incumbent upon the child safety  
9 officer or officers of the other three children to be  
10 arranging this contact?  
11 A. Yes, it should be. So best practice would be for all  
12 child safety officers for each of the siblings to be in  
13 regular communication with each other and ensuring that  
14 contact is occurring and that each of the placement  
15 agreements align in terms of what the contact arrangement  
16 should be.  
17  
18 Q. Okay. So can we take from this that not only has the  
19 child safety officer in relation to this child not  
20 identified that this was to occur but other child safety  
21 officers similarly hadn't identified this needed to occur?  
22 A. If it's not in the other children's placement  
23 agreements, then it appears that's the case.  
24  
25 Q. Okay. Thank you. Now, moving to a different topic,  
26 which is the different placements that are available and  
27 are preferable for children, and you'd accept that it's  
28 preferable for a child to be placed with kin if an  
29 appropriate kin carer can be identified?  
30 A. Yes, that is the first preference.  
31  
32 Q. And looking for kin is something that should occur  
33 both at the commencement of a child coming into care as  
34 well as on an ongoing basis; is that right?  
35 A. Yes, that's the - that is what should be occurring.  
36  
37 Q. You were asked to identify what steps were taken to  
38 identify potential kin carers for this child between  
39 1 October 2017 and 30 June 2020?  
40 A. Yes.  
41  
42 Q. And 30 June 2020 is - the reason that date's  
43 significant is because it's when there was a decision made  
44 to change placements away from the foster carer?  
45 A. Yes.  
46  
47 Q. From your review of the file can you identify what

1 steps were being taken to find kin in that period of time?  
2 A. That period of time? So it appears that during that  
3 period of time there was an aunty who expressed an interest  
4 in becoming a carer. So that was in - sorry, that was  
5 three months after that. And then there was a grandmother  
6 a short time later as well.

7

8 Q. Where do you take that from?

9 A. So paragraph 136 and paragraph 137 of my first  
10 statement.

11

12 Q. So that's in 2020; is that right?

13 A. Yes, yes. But it doesn't appear - in terms of  
14 recorded efforts made, it's very limited between 2017 and  
15 2020, June of that year.

16

17 Q. Okay. Would you accept that there were no active  
18 efforts being made to find a kin care placement during that  
19 period?

20 A. It appears that there was only contact made with a  
21 paternal family member in 20 - July 2017 and then there was  
22 quite a gap before identifying maternal kin; yes, I do  
23 accept that.

24

25 Q. Okay. Would you expect there to be records of efforts  
26 being made to find kin?

27 A. Yes, there should be records made. Yes, there should  
28 be at least case notes outlining all efforts made.

29

30 Q. And we know from what happened next in the sequence  
31 that the child ultimately did enter a kin care arrangement  
32 with carers who were known to the department in the second  
33 half of 2020?

34 A. Yes.

35

36 Q. And there's no records or explanation as to why those  
37 people weren't engaged with prior to that; do you accept  
38 that?

39 A. No, there's no records of that, no.

40

41 Q. So does it appear to you that during this period of  
42 October 2017 to mid-2020 that the department has failed to  
43 properly search for a kin care placement for this child?

44 A. Yes, there are no records of appropriate searches  
45 occurring.

46

47 Q. Okay. Thank you. Now, the next topic is in relation

1 to a long-term guardianship to another suitable person or a  
2 permanent care order?

3 A. Yes.

4

5 Q. You'd be aware that in early 2019 there were  
6 discussions between the department and the carer regarding  
7 her and her husband being assessed to become a permanent  
8 guardian for the child?

9 A. Yes, I've seen those records, yes.

10

11 Q. Yes. And that's at a point in time where the child is  
12 under a long-term guardianship order to the Chief  
13 Executive?

14 A. Yes.

15

16 Q. They're recently granted?

17 A. Yes.

18

19 Q. Now, I just want to ask you about the permanent  
20 guardian assessment process, and if you need to refer to it  
21 it's at page 63, commences there. Now, one thing - and  
22 I'll come to this shortly, but one thing that appears to  
23 come out of the records that have been produced is that  
24 people in the department, being child safety officers or  
25 senior team leaders, are of the view that this is a lengthy  
26 process to undertake the permanent guardian assessment?

27 A. M'hmm.

28

29 Q. Do you share that view?

30 A. It is a lengthy assessment. It should be a very  
31 thorough holistic assessment. So, yes.

32

33 Q. Okay. I just want to identify the work to be  
34 undertaken from this guide very briefly, and then I would  
35 like to ask about why this is such a lengthy process.

36 A. Yes.

37

38 Q. So it involves obtaining the views of the child,  
39 cultural considerations, review of the casework history,  
40 assessing the proposed guardian's commitment to the child,  
41 support network, basically to transition the child to  
42 adulthood, and the relationship between the child and the  
43 proposed guardian, views of the family and other  
44 stakeholders, and then other things such as capacity to  
45 facilitate contact and meet financial obligations. Is that  
46 a rough overview of the sorts of things that need to be  
47 considered?

1 A. Yes, it is. Yes.

2

3 Q. Okay. So I'd like to understand or I'd like you to  
4 explain what's actually involved in conducting this  
5 assessment, what work actually has to be done by a child  
6 safety officer?

7 A. Yes. So the first steps would be if, for example, a  
8 carer has come forward and proposed that they would like to  
9 be a guardian, so there would need to be a review of the  
10 child's history, a review of all records around the child's  
11 placement with that carer, also looking at the standard of  
12 care review history for that particular carer in relation  
13 to the child in their care as well as any other child in  
14 their care. We would be seeking some feedback from  
15 the carer's support agency.

16

17 There would be multiple meetings with a child's family. So  
18 you would expect to seek views from the parents along with  
19 any other key members of that child's family. You would  
20 expect to have the views and wishes of the child, clear  
21 observations of the child in the care of the proposed  
22 guardian, feedback from the school, any relevant health  
23 feedback.

24

25 You would need to be able to clearly articulate why this  
26 carer has the capacity to meet that child's needs until  
27 they're 18 in terms of their permanency. There would need  
28 to be a large piece of work done around cultural  
29 considerations, particularly if there's going to be no  
30 ongoing involvement from a cultural practice adviser or a  
31 cultural support plan or case planning or placement  
32 agreement if they do become guardian. You'd need to  
33 seriously consider the relationship between the proposed  
34 guardian and the child's family network. That is something  
35 that really needs to be assessed in great detail.

36

37 There would also need to be an assessment around that  
38 child's particular needs, so whether it's health needs or  
39 disabilities, or there might be some trauma-related  
40 behaviour, so around their capacity to manage that on a  
41 long-term basis.

42

43 We would also need to consider the amount of financial  
44 support that is being provided to a carer. So keeping in  
45 mind that CRC is no longer something that's provided  
46 regularly on top of allowances if they become a guardian.  
47 Also the level of support that is provided by the carer

1 agency. Also we need to look at how frequently respite  
2 care is happening, if at all, because that's also not  
3 something that's available to guardians of children.

4  
5 So it is quite a thorough assessment. I would expect staff  
6 to take, like, I guess a considerable period of time to  
7 thoroughly assess the guardian so that in, you know, five  
8 to 10 years when that child potentially becomes a teenager  
9 and some of the behaviours that we don't see in young  
10 children come out, how they're going to be able to manage  
11 that, because often - or not often but at times you will  
12 see that there may be a guardian assessed when a child is  
13 younger but then they're relinquished at a later date. So  
14 all of those things need to be considered before we can put  
15 it before a practice panel for endorsement.

16  
17 Q. I appreciate it might be a piece of string type  
18 situation, but how long would this type of assessment  
19 ordinarily take? Are we talking weeks, months?

20 A. No, it really depends on the complexities of the case  
21 and I guess how - one that could be considered more  
22 straightforward, potentially you could have that assessment  
23 done potentially within six weeks, but then it would need  
24 to go to a practice panel after that, then to OCFOS, then  
25 to DCPL. Some of the assessments could take longer because  
26 there's a lot of work that is involved and also a lot of  
27 information being sought from other parties that would need  
28 to be returned to be assessed.

29  
30 Q. There's a --

31 A. So it's --

32  
33 Q. Sorry, I spoke over you then. There was a slight  
34 delay. What was that?

35 A. It's quite difficult to give an exact timeframe, but  
36 I would say a minimum of six weeks, in my experience.

37  
38 Q. Okay. You mentioned OCFOS and DCPL. That's something  
39 that happens after the --

40 A. After a - yes, yes, so if that's endorsed by the  
41 practice panel and the delegate, then we would proceed to  
42 go to OCFOS for a legal consultation. Then they would of  
43 course need their - they would need time to review it  
44 before they can then refer on to DCPL.

45  
46 Q. I'm just interested in this period up to the practice  
47 panel point. So --

1 A. Yes. Yes, at least six months up - sorry, at least  
2 six weeks up until a practice panel, minimum.  
3  
4 Q. Okay.  
5 A. Yes.  
6  
7 Q. Six weeks if it's straightforward and everything runs  
8 smoothly?  
9 A. It's straightforward, it runs smoothly, yes.  
10  
11 Q. What would a more complex one take?  
12 A. It could take --  
13  
14 Q. Several months?  
15 A. It could. It could, yes.  
16  
17 Q. Okay. Having a child placed or being on an order with  
18 a long-term guardian to other, that's more preferable,  
19 you'd accept, than a long-term guardianship order to the  
20 Chief Executive as far as the permanency hierarchy is  
21 concerned?  
22 A. Yes, and that should always be considered as part of a  
23 practice panel when any decisions are being made for  
24 long-term orders.  
25  
26 Q. Okay. But if you - bearing in mind that there's a  
27 more preferable outcome for the child --  
28 A. Yes.  
29  
30 Q. -- if it is identified that there is a carer or a  
31 person, I should say, who could be - who could be  
32 assessed - doesn't obviously guarantee the outcome of the  
33 assessment, but there's somebody that seems suitable for  
34 assessment, is that a body of work that should be given  
35 some priority?  
36 A. It should be, but, again, depending on the resourcing  
37 at the time and staffing, we need to prioritise children  
38 that are at immediate risk and who aren't in, you know,  
39 stable, safe, long-term placements. So it is something  
40 that should absolutely be prioritised, but depending on  
41 resourcing unfortunately it can take longer to get to those  
42 pieces of work than, you know, we would expect it to.  
43  
44 Q. Okay. You'd be aware in this case that in early 2019  
45 was the first mention of this carer being assessed for  
46 long-term guardianship or permanent care order?  
47 A. Yes, I'm aware.

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Q. I can take you to the documents if necessary, but effectively what occurs then over the - until about May 2020, which is a bit over a year later, is that the assessment process doesn't commence?

A. Yes.

Q. Do you accept that?

A. I've accepted, yes, that that's the case.

Q. Okay. Is that an appropriate period of time, being over 12 months? Is that an appropriate delay to have this commenced?

A. No, no, 12 months isn't a typical delay that should be occurring for these assessments. If a carer has identified that they would like to be considered I would usually expect that to happen within the next case plan period.

Q. And that's a six-month period you're talking about?

A. Yeah, yeah, so within the case plan period, yeah, yeah.

Q. So as in have the process started and finished within the next case plan period?

A. At least commenced at a minimum. Hopefully finalised, but at least commenced.

Q. Okay. Thank you. Now, we know in this case that effectively nothing was done to advance the assessment until 8 May 2020, and what occurred on that day is - sorry. Yes, there was a meeting held between the carers and Child Safety, and this is at - at pages 91 and 92 there's minutes of the meeting there, 18 May 2020?

A. Yep.

Q. And effectively what's said there is the senior team leader said, "We're going to get things rolling today, start the process today. Can't give you a timeline on the length of the process, but things are going to start moving forward," is the gist of what the team leader had said there?

A. Yes.

Q. Now, just to frame the situation at this point in time, the child has been in the care of this carer since October 2017, and we're now in May 2020, so it's several years?

1 A. I think that's not including the period the child was  
2 with her kinship carer.  
3  
4 Q. No, that's what's about to happen next --  
5 A. Yes.  
6  
7 Q. -- in the --  
8 A. Yes.  
9  
10 Q. Yes. So from October 2017 until this point in May or  
11 June in 2020 the child's been with the foster carer?  
12 A. Yes.  
13  
14 Q. Which is most of the child's life, and I think the  
15 child's only about four years old at this point?  
16 A. M'hmm.  
17  
18 Q. Now, I'd like to get an understanding as to how what  
19 occurred next came about. Now, on 4 June 2020 there was a  
20 practice panel that was convened; so that's two weeks after  
21 this meeting where Child Safety have said that they're  
22 going to assess this carer for a permanent care order?  
23 A. M'hmm.  
24  
25 Q. So this is at page - 55 is the practice panel record?  
26 A. Yep.  
27  
28 Q. Have you got that?  
29 A. Yes, I do.  
30  
31 Q. Now, firstly, bearing in mind the meeting that  
32 occurred two weeks prior that the assessment process was to  
33 be commenced can you explain why there was a practice panel  
34 convened?  
35 A. No, I can't. I wasn't involved at the time, so  
36 I can't explain why a practice panel has occurred before an  
37 assessment was completed.  
38  
39 Q. Is that an unusual thing to have occurred, the  
40 practice panel being convened at that point?  
41 A. Usually at that point I would expect that there would  
42 be a consultation with the senior team leader, with the  
43 child safety officer, a cultural practice adviser and a  
44 senior practitioner around next steps and the  
45 appropriateness of commencing that assessment. Then once  
46 the assessment's finalised then I would expect a practice  
47 panel to occur.

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Q. Okay. Now, the practice panel record in this case sets out the concerns that they've got in relation to this child at this point in time. It sets out the, I guess, worries and the harm, potential harm, on the first page on the left column?

A. Yes.

Q. Now, the second paragraph there is that Child Safety is worried that the long-term carer is non-Indigenous, that child is not living with family, their community of origin, not being raised with kin, language, cultural values, with her siblings or in an everyday setting and traditional environment; do you see that?

A. Yes, yes, I can see that.

Q. There's - then also on the first page before we go over is set out what's going well for the child, and that's in the right column?

A. M'hmm.

Q. There it lists a fairly glowing review of the foster carers, has identified that they're able to maintain family contact with siblings, kin, extended family, facilitate transport, have holiday respite for the other siblings, the child is meeting all of her milestones, healthy and happy, and is otherwise thriving in their care, and that the child has a very strong and nurturing attachment with the carers' other children?

A. M'hmm. Yes.

Q. So you would accept there that certainly the child as at that point is in a healthy, stable placement with the foster carers?

A. Yes.

Q. And that's unsurprising considering that the department was about to commence assessment for them as - to be - for a permanent care order?

A. Yes.

Q. With them being good carers and then the child having a good life with them?

A. Yes.

Q. Now, if we go over the page - sorry, just one moment. So it has there listed as a complicating factor the child

1 is not placed with kin. Can you explain to me - sorry,  
2 it's at the bottom of page 56 on the left-hand side?

3 A. Yeah.

4

5 Q. Can you explain why that is a complicating factor in  
6 the context of this practice panel?

7 A. No, I wasn't a part of the practice panel or - so  
8 I can't answer why they would have included that.

9

10 Q. Do you see that as a complicating factor?

11 A. I don't know that I would have listed it under  
12 complicating factors. I would have listed it more under  
13 the cultural considerations.

14

15 Q. Okay. What types of things should be listed in the  
16 complicating factors section then?

17 A. It really depends on the circumstances for the  
18 particular child. But some of the complicating factors  
19 that they've listed are around the child not spending  
20 overnights with the carer - sorry, with her grandma as the  
21 carer had said no to that. So that could be something  
22 that's complicating in terms of the carer not being  
23 supportive of that. So that's something that could  
24 certainly be listed. In terms of the complicating factor  
25 of the mother not having any understanding around the child  
26 being removed and what's happened for her child, that could  
27 remain on that list as a complicating factor.

28

29 Q. How is that a complicating factor in the context of  
30 this practice panel, which is --

31 A. They could just be talking in terms of permanency and  
32 how - having those discussions with the mother and seeking  
33 her views, I guess, informed views, around proceeding with  
34 a PCO, you would hope to see that the mother is actually  
35 able to have a conversation around that and comprehend the  
36 reasons for the child remaining in out-of-home care and why  
37 a PCO would be considered.

38

39 Q. Okay. Now, if we turn - sorry, I should say there's  
40 also the strengths and resources that have been identified  
41 there for the carers which they're able to meet effectively  
42 all the needs of the child, including all of her medical  
43 needs?

44 A. Yes.

45

46 Q. Now, if we then come to page 59, it starts with the  
47 summary points, what were discussed?

1 A. M'hmm.  
2  
3 Q. It sets out the child's history briefly?  
4 A. M'hmm.  
5  
6 Q. Then over on page 60 it gets to really what the big  
7 issue was in relation to this practice panel, which was  
8 seeking out kin placements?  
9 A. Yes.  
10  
11 Q. And the practice panel concludes that they "would not  
12 support a permanent care order to the carers as there are  
13 family willing to provide care to the child. The last  
14 option, if there were no family, there would then be an  
15 extensive process for a PCO to be considered"; do you see  
16 that?  
17 A. Yes.  
18  
19 Q. And then the next person has said, "The legislation is  
20 clear in relation to placement principles." Do you take  
21 from that they're referring to kin being preferable over  
22 someone who is not kin?  
23 A. Yes. Yes, that's how I would take that.  
24  
25 Q. And then the next person has then also said,  
26 "Permanent care order is not supported. There is too much  
27 family to explore"?  
28 A. Yes. Yes.  
29  
30 Q. Okay. So it appears here on the face of the record  
31 that the existence of potential kin carers is what's  
32 determined that the child - sorry, I'll rephrase that. The  
33 existence of potential kin carers has swayed the panel to  
34 conclude that a permanent care order would not be  
35 appropriate and they should be going and assessing kin?  
36 A. It appears that way, yes, from the records. Yes.  
37  
38 Q. Okay. Now --  
39  
40 COMMISSIONER: Could I just get clear whether at the time  
41 of this panel the child was with a family member or kinship  
42 member or was --  
43  
44 MR BOYD: No, they were under the care of the foster  
45 carer.  
46  
47 COMMISSIONER: At this time?

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MR BOYD: At this point, and as a consequence of this panel a decision was then made to place the child or to explore kin and then ultimately place the child with kin.

COMMISSIONER: Right. Thank you.

MR BOYD: So from what we've seen in this practice panel summary we have a situation where Child Safety at least formed a preliminary view that the carers were appropriate to assess for a permanent care order and then it was identified that there were some kin that hadn't been explored to date, and that because there was kin available they should be looking to place the child with kin as opposed to going down the permanent care order path; is that a fair summary of what we've seen there?

A. Yes, that is a - yes, it is.

Q. Now, in making that type of decision, that is to not go down the permanent care path and to start exploring kin, is there any consideration given to the specific circumstances of the child and what's in the best interests of that child as far as their personal development and their current living circumstances, or is it more that, "Kin is preferable to permanent care order, therefore we go and have a look at kin"?

A. I think there is an obligation to review, I guess, and look at kin, but in terms of the practice panel it appears that was done quite prematurely and I would have expected to see a thorough assessment around the carers' ability to hold guardianship and for all of that information to be put before the practice panel in making the decision.

Q. So I just want to make sure I understand what you've said there.

A. Yep.

Q. So the permanent guardian assessment was undertaken, and then that was presented to the panel in addition to saying there may be some other kin out there?

A. Yes, yes. So I would expect - so, for example, when the carer first came forward and identified they would like to be assessed, I would have expected that a consultation had occurred identifying next steps of things to explore and information to gather before commencing that assessment. I would assume that if a consultation had taken place they would have identified that kin exploration

1 would have needed to be considered, and then the assessment  
2 would have been conducted, and I would have expected all of  
3 that information to be then put before the practice panel  
4 for a decision.

5  
6 Q. So then they can make a decision as to --

7 A. Yes.

8  
9 Q. -- "Here's some information about a prospective kin  
10 carer --

11 A. Yes.

12  
13 Q. -- and this is what the placement would look like," and  
14 then - or the alternative is --

15 A. Yes.

16  
17 Q. -- "Here's what" --

18 A. Yes.

19  
20 Q. "Here's a potential permanent care order candidate,  
21 and this is what the placement would look like with the  
22 child," and then the practice panel then with all of that  
23 information can make a judgment call on --

24 A. Yeah.

25  
26 Q. -- what's in the best interest of that child?

27 A. Yes, yes, all of that - yes, all of that information  
28 should have been put forward and been considered.

29  
30 Q. Okay. So I take it then that the flipside of what  
31 you've just said is that by not conducting the assessment  
32 for the permanent care order and pulling up stumps on that  
33 and going to explore kin without actually having conducted  
34 any real assessments in relation to potential kin is not  
35 the appropriate way for this to have been conducted?

36 A. No, I think the practice panel happened too early.  
37 Those other steps should have been taken first before it  
38 went to the practice panel.

39  
40 Q. And I take it also that the practice panel was  
41 convened on the basis of incomplete information?

42 A. Yes, yes.

43  
44 COMMISSIONER: Can I just ask you this. On page 60 of  
45 the practice panel's record under the heading "Decision  
46 recommendation by the panel" the first dot point is that a  
47 member of the panel "would not support PCO to [REDACTED]"

1 [REDACTED] given there are family willing to provide care". So  
2 that is expressed in the present tense and suggests that  
3 family willing to provide care at the time of this practice  
4 panel had already been identified. Is that not how  
5 I should read it? Do you understand what - what I'm  
6 putting is that on the basis of this record it would appear  
7 that family had already been identified at the time  
8 consideration was being given to the question of whether  
9 the foster carers should be further evaluated for the  
10 purposes of a permanent care order, and was that in fact  
11 the case based on your review of the file, that there had  
12 by that time been family members identified willing to  
13 provide care?

14 A. Yes. Yes, it does indicate that there's a maternal  
15 aunt needing to be explored and that the maternal  
16 grandmother could be an option, although she had some  
17 serious health issues previously. But, yes, it appears  
18 that there was a maternal aunt and a maternal grandmother  
19 to be explored further.  
20

21 MR BOYD: So, Commissioner, the sequence was that they'd  
22 been identified but not assessed, and, as I understand,  
23 this witness's evidence is that you want that assessment  
24 before the practice panel along with the permanent care  
25 assessment so that the practice panel can make an informed  
26 decision about the best interests of the child, and none of  
27 that information was before the panel.  
28

29 Now, I would like to take you - sorry, one moment. So a  
30 few weeks later on 15 July 2020 there was a meeting that  
31 was held by the department with the foster carer and a  
32 number of other persons, and this is at - if you pick up  
33 that other bundle, the outline of evidence with the carer's  
34 name on it?

35 A. Yes, I've got that.  
36

37 Q. Now, if you flick to the paginated number of 42 - do  
38 you have page numbers on that document?

39 A. I do, yes.  
40

41 Q. Okay. So they don't run sequentially because there  
42 was documents taken out of a bigger document, but at  
43 page 42 there's meeting minutes?

44 A. Yes, I have that.  
45

46 Q. So it's dated 15 July 2020?

47 A. Yes.

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Q. And just for your benefit I can tell you that this is a document that was prepared by the department, and you'll see the persons who were present. That's listed at the top of the meeting minutes and includes the foster carers, a senior team leader, a manager, cultural practice adviser, a senior prac, and some representatives from [REDACTED] as the support agency?

A. Yes.

Q. Have you had a chance to read these minutes previously?

A. No.

Q. Okay. Well, perhaps I can just give you a moment to do so. They're only a couple of pages long.

A. Sure. M'hmm.

Q. Yes?

A. Yes.

Q. Now, on the third page there, which is page 44, the second last paragraph there it refers to - I can just read what it says. It says:

*There will be no PCR application from the department and need to look towards moving forward. The manager stated she does not agree with PCO for Indigenous children to non-Indigenous carers, and this would not have been a discussion point for the child. That manager had been overseeing this.*

You see that?

A. Yes I - yep, I can see that.

Q. Now, firstly, are you aware of any policy or legislative provision that would prevent an Indigenous child being the subject of a permanent care order to a non-Indigenous carer?

A. No.

Q. Okay. Are you aware of it being a view amongst your colleagues that these types of orders shouldn't be made for Indigenous children to non-Indigenous persons?

A. No, I haven't heard that from any of my colleagues, no; only what I can read here that statement is attributed

1 to a previous manager. But I have not personally heard  
2 that from any of my colleagues and it's not my view.  
3  
4 Q. Okay. You'd accept that that view is contrary to the  
5 legislation and the various policies that are in place at  
6 the department?  
7 A. Yes, that statement is, yes.  
8  
9 Q. And fundamentally could be contrary to the best  
10 interests of a child --  
11 A. M'hmm.  
12  
13 Q. -- if a suitable non-Indigenous guardian could be  
14 identified?  
15 A. M'hmm.  
16  
17 Q. Yes; okay.  
18 A. Yes.  
19  
20 Q. Now, what's happened just after this in this sequence  
21 of events is the placement of this child with kin. Now,  
22 firstly, that was with a maternal aunt, and they would  
23 transition to that care within the next couple of months  
24 after July 2020. That placement broke down relatively  
25 quickly, though, because the aunt - there was a change of  
26 her personal circumstances which meant that she couldn't  
27 continue to be the carer; do you accept that?  
28 A. Yes, I do. Yes.  
29  
30 Q. Okay. And at the point in time - but just dealing  
31 with the placement period with the aunt there - were you  
32 able to identify any material - sorry, able to identify  
33 what consideration was given to the child's personal needs  
34 being met in that placement?  
35 A. I haven't found any records addressing that in my  
36 review of them.  
37  
38 Q. Do you know if there's any records of the child's  
39 wishes being considered in relation to that kin care  
40 placement?  
41 A. I haven't found a record of it.  
42  
43 Q. Okay. Is that something you'd expect to see a record  
44 of?  
45 A. Yes, absolutely.  
46  
47 Q. And, if you were assessing - again, we're dealing with

1 the aunt here at this point - that placement, does it work  
2 this way? Is it determining whether that's an appropriate  
3 placement just generally, or is there also consideration  
4 given to the placement that the child is coming from and  
5 there's a comparison or assessment made between the two?  
6 A. There should be an assessment around what is in the  
7 child's best interests. Removing a child from a  
8 placement - a stable placement is a decision not to be  
9 taken lightly and it is one that should involve  
10 consultation obviously with the child and their views but  
11 also with the family, with the carer, and there should also  
12 be a consultation with the senior practitioner and a  
13 cultural practice adviser around that. So it's something -  
14 it's a decision that shouldn't be made quickly, and it  
15 needs to be a decision that involves a lot of collaboration  
16 in determining what is in the best interests of the child.

17  
18 COMMISSIONER: Is there a document that records an  
19 evaluation by the department in relation to that placement  
20 decision in this --

21  
22 MR BOYD: I haven't identified one.

23  
24 WITNESS: No, I haven't found a record of that.

25  
26 COMMISSIONER: Is it customary for the department as a  
27 matter of practice to document its evaluation in relation  
28 to a placement decision? I mean, the department has many  
29 standard processes and forms and so forth, and guidelines  
30 and somewhat. Is there not a regular document with a  
31 particular name given to it that is a place where the  
32 evaluation of the placement, the reasons for it, et cetera,  
33 is routinely recorded?

34 A. Usually there's an email trail around a placement  
35 being offered and the rationale for accepting that. In a  
36 case such as this one where you would be moving from a  
37 general carer to a kinship carer you would expect a case  
38 note to be recorded around the decision to change the  
39 placement. Also, when a placement is ending there is a  
40 brief closure for them that just briefly outlines the  
41 rationale for closing that particular placement.

42  
43 COMMISSIONER: So in this case where this child from a  
44 very young age had been in the care of these particular  
45 foster carers --

46 A. Yes.  
47

1 COMMISSIONER: -- and those foster carers had expressed  
2 interest in becoming permanent carers and their conduct as  
3 foster carers had been applauded, as recorded in the  
4 various notes that I've been looking at, including the  
5 practice panel notes, there's no record within the file  
6 concerning this child of the evaluation that led to the  
7 placement of the child with the kinship carer, with  
8 the aunty. None. Is that the case?  
9 A. That's the case. There's nothing recorded.

10  
11 COMMISSIONER: And that's notwithstanding that the  
12 decision, given that the Chief Executive has long-term  
13 guardianship, is a reviewable decision at VCAT - of QCAT,  
14 I should say?  
15 A. Yes.

16  
17 COMMISSIONER: And I was told yesterday in evidence by an  
18 OCFOS lawyer that a letter is customarily provided  
19 explaining in short form the reasons for the placement  
20 decision. But here there's no letter and there's no record  
21 of the evaluation; is that what I should understand?  
22 A. Yes, I haven't located any of those documents.

23  
24 COMMISSIONER: Presumably because they don't exist?  
25 A. Yes. Yeah.

26  
27 COMMISSIONER: All right.

28  
29 MR BOYD: Does it appear from the record that what's  
30 occurred is there's a practice panel that said, "We need to  
31 look at kin", then they've assessed the kin carer as being  
32 suitable, meeting the general assessment, and therefore  
33 they've simply acted upon that?  
34 A. That may have been the case. I haven't seen any  
35 further case notes or records outlining the rationale.

36  
37 Q. Okay. But what we've seen so far through this process  
38 is we've got a practice panel who was not properly informed  
39 of all relevant matters in relation to kin care versus a  
40 permanent care order; you'd accept that?  
41 A. Yes.

42  
43 Q. And then when we get to the point - and so,  
44 notwithstanding that, they recommended kin care. We've  
45 then identified an aunty, who the child was placed with,  
46 but there was then - at that point there was no  
47 consideration given to whether that was in the best

1 interests of the child as opposed to keeping the child with  
2 the foster carer; do you accept that?  
3 A. Yes. Yes, there's no record of that being assessed.  
4  
5 Q. Okay. Now, not long after being placed with the  
6 aunty, as I think I mentioned a moment ago, that broke down  
7 due to some personal circumstances and an alternative kin  
8 care arrangement needed to be identified; do you accept  
9 that?  
10 A. Yes.  
11  
12 Q. Now, at paragraph 164 of your first statement you  
13 identify a meeting that occurred on 11 November 2020?  
14 A. Yes.  
15  
16 Q. That's commencing at page 42. You've helpfully  
17 provided a summary of the details of that meeting, and,  
18 importantly, what was being discussed there was the new kin  
19 care arrangement and whether the grandmother - amongst  
20 other things, whether the grandmother was an appropriate  
21 full-time carer for the child? Have you seen that?  
22 A. Yes, I have.  
23  
24 Q. Now, at subparagraph (f) it's noted there that the  
25 family felt that the grandmother was not an option as a  
26 full-time carer for the child, and the grandmother says she  
27 can do respite but not full-time care?  
28 A. Yes.  
29  
30 Q. Yes? And the context for this for the grandmother is  
31 that she was an elderly lady who had been suffering under  
32 some significant medical issues and she already had three  
33 other children in her care; you're aware of that?  
34 A. Yes, I am. Yes.  
35  
36 Q. Bringing on a fourth child would be a difficult thing  
37 for anyone, but particularly in her situation you'd accept  
38 that that would be - could be quite challenging for her,  
39 from what you know?  
40 A. Yes. Yes, it would be.  
41  
42 Q. And it would be of significance that the family have  
43 expressed that view that they didn't feel that she could  
44 care for the child on a full-time basis?  
45 A. Yes, yes.  
46  
47 Q. And bearing that in mind, those concerns that have

1 been expressed there and then the perhaps obvious  
2 difficulties that this person may face in taking on a  
3 fourth child, should there have been an assessment made as  
4 to whether that's an appropriate placement as opposed to  
5 being placed with the foster carers?

6 A. Yes, an assessment should have been made, yes.

7  
8 Q. And, again from what you can tell, that assessment  
9 wasn't undertaken; is that right?

10 A. I would need to go back and have a look at the carer  
11 assessment of the grandmother and whether that was explored  
12 in detail with her. But it should have absolutely  
13 happened.

14  
15 Q. Okay. Well, I'm going to come to that in just a  
16 moment. Before I do, though, can you answer this: is there  
17 pressure felt within the department to place children with  
18 kin if there's one available?

19 A. Sorry, can you repeat the question?

20  
21 Q. Yes. So are child safety officers or persons within  
22 the department - is there a pressure felt by them to try  
23 and achieve a kin care placement as opposed to placement  
24 with a foster carer?

25 A. Well, we need to be working within the child placement  
26 principles and following that hierarchy. If there is no  
27 carer - kin carer to be placed with that would be in the  
28 best interests of the child, then absolutely a general  
29 carer would need to be considered.

30  
31 Q. Would it be a difficult decision for Child Safety to  
32 make to say that, whilst there might be a kin carer  
33 available, they're not actually the best option for a  
34 particular child?

35 A. No, if they're not the best option, then there needs  
36 to be an assessment around that. It needs to be clearly  
37 articulated why they're not appropriate because we should  
38 never be placing children with a carer who wouldn't be  
39 deemed suitable regardless of whether they're kin or not.

40  
41 COMMISSIONER: Can I ask you this: given the objective  
42 facts here - namely that the grandmother is old, she's  
43 under strain looking after other children, the family  
44 themselves have expressed a view that she wouldn't cope, if  
45 I can paraphrase, with the full-time care of the child -  
46 and against that objective set of facts you have the  
47 availability of the foster carers, in this case, as luck

1 would have it, one of them being an experienced medical  
2 professional, against, again, the background of the child's  
3 health issues, doesn't there need to be a balance and - a  
4 balanced evaluation of what is in the best interests of  
5 the child?

6 A. Yes, I agree.

7

8 COMMISSIONER: Yes. Where do I find evidence that that  
9 occurred in this case?

10 A. I haven't seen that evidence.

11

12 COMMISSIONER: No. So how can we have confidence in the  
13 department's internal decision-making and evaluation if in  
14 a case as stark as this that evaluation appears to be  
15 absent?

16 A. Yes, it is in this case, yes.

17

18 COMMISSIONER: Yes. Thank you.

19

20 MR BOYD: Now, when conducting that type of evaluation  
21 would it be appropriate to consider that carer's caring  
22 history with the department --

23 A. Yes.

24

25 Q. -- in relation to other children?

26 A. That should be considered, yeah.

27

28 Q. And in this case you would have seen that there was  
29 concerns expressed by a support worker who had been  
30 providing assistance to this grandmother for several years;  
31 do you recall that?

32 A. Yes, I recall seeing that.

33

34 Q. I can take you to the document if you like, but the  
35 thrust of her complaint is that she had been working with -  
36 and for those - it's page 730 and 732 - over a three-year  
37 period the support worker hadn't seen any progress in this  
38 lady's ability to manage the children's behaviours,  
39 understand the statement of standards, and she's worried  
40 about the future these children will have; they are  
41 suffering further emotional abuse in this placement due to  
42 the grandmother's stress and inability to understand any of  
43 the positive behavioural management strategies she has  
44 attempted to teach her over the years. The support worker  
45 expresses the opinion she doesn't think the grandmother is  
46 willing nor capable to support the children for much  
47 longer, particularly with her health being unknown, and

1 that at the last renewal a recommendation had been made for  
2 parallel planning around the future for the grandmother  
3 given the children's ages. Do you recall seeing that  
4 concern raised by the support worker?  
5 A. Yes, I've - yes, I've seen that.  
6  
7 Q. And you'd accept that, one, it's quite a detailed  
8 concern that's been raised and one that's well founded by a  
9 worker working with the person for three years?  
10 A. Yes.  
11  
12 Q. Is that the type of information that the department  
13 should have been considering when thinking about placing  
14 the child with this person?  
15 A. Yes, that should have absolutely been considered.  
16  
17 Q. And, again, we haven't seen any evidence that these  
18 past concerns were even - that Child Safety was even aware  
19 of these past concerns?  
20 A. No, I can't see, yeah, that's been recorded.  
21  
22 Q. Okay. That type of concern, is that noted anywhere in  
23 particular in the system or does that just sit in a case  
24 note somewhere?  
25 A. It would likely be in a case note. If there was a  
26 request for the grandmother to care for an additional  
27 child, that information should be included within that  
28 assessment as well.  
29  
30 Q. Okay. And when you say "that assessment" which  
31 assessment are you talking about, because there's a few  
32 different assessments that --  
33 A. I'm sorry, I'm referring to a kinship carer assessment  
34 to determine suitability to care for another child.  
35  
36 Q. Okay. And is that the assessment that's conducted by  
37 the external agency?  
38 A. Yes. Yes, that's correct.  
39  
40 Q. All right. I'll come to that document in a moment  
41 but, as the Commissioner mentioned a moment ago, and I've  
42 spoken about it at some length earlier, this child had a  
43 significant medical history; you accept that?  
44 A. Yes, she did have a significant, yeah, medical  
45 history,  
46  
47 Q. Should it be part of the consideration by the

1 department in determining whether a kin carer is  
2 appropriate or not their capacity to meet the specific  
3 medical needs of the child?  
4 A. Well, it would be - the assessment would be around  
5 their ability to meet the standards of care. So in line  
6 with that you would expect there would be consideration  
7 around meeting the day-to-day care needs, including  
8 medical.  
9  
10 Q. Okay. But if there were - but is that just dealing  
11 with generally children get sick and hurt themselves from  
12 time to time, we might need to take them to the doctors,  
13 those sorts of things?  
14 A. Yes, yes.  
15  
16 Q. But what about if there's a particular medical  
17 condition that would require more than ordinary care or  
18 treatment --  
19 A. Yeah, so --  
20  
21 Q. -- something out of the ordinary, is that not  
22 something that should be factored into that decision-making  
23 process?  
24 A. Yes, yes, if we're aware of it, it should certainly be  
25 factored in and explored with that potential carer.  
26  
27 Q. Okay. And from what you've seen there's no evidence  
28 of that occurring here?  
29 A. No, I can't see any evidence of that.  
30  
31 Q. Okay. Now, let me come to two documents now, which is  
32 the actual assessments that were conducted in relation to  
33 this carer. The first is the provisional approval  
34 assessment, and the second is the kinship carer initial  
35 assessment report. So the first is the provisional  
36 approval assessment. This commences at page 116.  
37 A. Yep, I've got that.  
38  
39 Q. Now, firstly I just ask you, because it wasn't clear  
40 to me, is this performed - conducted by someone within the  
41 department or is it external to the department?  
42 A. So this is external to the department but approved by  
43 the department's delegate.  
44  
45 Q. Okay. So that person there who's named at the top of  
46 page 116, is listed as "local service manager", that's an  
47 external agency; is that right?

1 A. That would be external agency that conducted the  
2 assessment.  
3  
4 Q. Okay. What's the purpose of a provisional approval  
5 assessment?  
6 A. So that is to provisionally approve them as a carer  
7 so the child can be placed in their care during. That  
8 provisional assessment - sorry, the provisional approval  
9 stage. Then there would be a more detailed assessment  
10 occurring.  
11  
12 Q. So it's like a triage to make sure that everything  
13 seemed okay whilst a more formal assessment is being  
14 undertaken; is that right?  
15 A. Yes, yes, so they're approved, yep, and then the more  
16 formal, more detailed assessment is carried out during that  
17 provisional approval period.  
18  
19 COMMISSIONER: Could you just tell me who is the external  
20 agency and what is the process by which or the  
21 qualifications that are possessed by the external agency to  
22 conduct the evaluation on behalf of the department?  
23 A. So this particular document, it isn't made clear which  
24 agency conducted the assessment.  
25  
26 COMMISSIONER: This is a third party contractor, isn't it,  
27 to the department, such an agency, I assume?  
28 A. Yes. Yes, yes. Usually they're conducted by one of  
29 the foster carer agencies. Their staff usually complete  
30 the assessments.  
31  
32 COMMISSIONER: And is that necessary because of resources  
33 limitations within the department?  
34 A. It's part of their role. So within my service centre  
35 our staff don't usually undertake these assessments.  
36 That's something that the foster carer agency takes  
37 carriage of.  
38  
39 MS GREENWOOD: I believe I saw earlier, Commissioner, a  
40 reference to [REDACTED].  
41  
42 COMMISSIONER: All right. Thank you.  
43  
44 MR BOYD: That's in the next assessment that ought come  
45 up. It's not clear on this document.  
46  
47 COMMISSIONER: All right. Thank you.

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MR BOYD: Thank you for clarifying that, Ms Alanko. Now, as this is an external agency, then presumably they're reliant upon the information that's provided to them by the department to conduct the assessment as well as the interviews that they undertake; is that right?

A. Yes, that's right.

Q. And on page 117, which is the second page of this document, it has a heading there or a section called "Assessment information", and then under that it lists "Mandatory sources"; you see that?

A. Yes.

Q. The first one is a brief interview with the applicant at home, and that's been ticked as completed?

A. M'hmm.

Q. Then the second is a household safety study, which has also been ticked as completed?

A. Yes.

Q. And what I'm interested in here is the third one, which is:

*ICMS review for CP history. Review ICMS for details concerning child, applicants or any household member's known history.*

Now ICMS is the document management system that the department was operating at the time; is that right?

A. Yes, that's right.

Q. And "CP history" is referring to child protection history?

A. Yes.

Q. And we'll note there that - you'll note that that has been not ticked as being completed?

A. Yes, I can see that.

Q. So does that then appear to you on the basis of this document - I assume you've seen these documents before?

A. Yes, I have seen a lot of those documents; yes.

Q. Does that demonstrate to you that this assessor was not provided with the relevant child protection history for

1 the applicant and the child and any member of the  
2 household's family?  
3 A. Yes, if they were there would have been a summary in  
4 there of the information they've been provided with. So it  
5 doesn't appear they have that information.  
6  
7 Q. That's a defective assessment, isn't it, if that  
8 critical information hasn't been provided to the assessor?  
9 A. Yes, all of that information should have been  
10 provided, yes.  
11  
12 Q. But it's an incomplete assessment if it doesn't have  
13 that information?  
14 A. If it doesn't have it I would say it's incomplete.  
15  
16 Q. Yes. Is that something that you have seen previously,  
17 that that critical information isn't provided to  
18 provisional assessors?  
19 A. In the provisional documents that I've approved, no,  
20 that information is always there.  
21  
22 Q. And what's the process for that? Is that document -  
23 is that information obtained by the department and provided  
24 to the assessor as part of the request to conduct the  
25 assessment? Is that how it works?  
26 A. Yes. So usually it should be. So when we've  
27 nominated, for example, a kinship carer I would have  
28 expected that the senior team leader had already completed  
29 a review of the child protection history and had obtained  
30 their consent to seek information around relevant criminal  
31 history as well, and also there would have needed to be an  
32 outcome from the central screening unit around whether  
33 they're suitable to progress. So before the assessment is  
34 even assigned to an agency that information should have  
35 already been obtained.  
36  
37 Q. Okay.  
38 A. And then provided to the agency completing the  
39 assessment.  
40  
41 Q. So that just appears as though that hasn't occurred  
42 here?  
43 A. It doesn't appear that's occurred.  
44  
45 Q. Okay. So - I'm sorry, one moment. So if you just  
46 turn to page 119, the heading commencing, "H. Child will  
47 receive dental, medical and therapeutic services necessary

1 to meet his or her needs"?

2 A. Yes.

3

4 Q. That's where there's a discussion of the applicant's  
5 capacity to meet those needs?

6 A. Yes.

7

8 Q. And what's listed there - you can have a moment to  
9 read them if you like - they're very general assertions?

10 A. They are very general, yes.

11

12 Q. If this assessor had been provided with the medical  
13 history of this child, which we know is extensive, would  
14 you expect there to be more detailed consideration of that  
15 in that section?

16 A. Yes.

17

18 Q. Okay. But because the department didn't provide that  
19 information the assessor didn't know to ask those  
20 questions; you accept that?

21 A. Yes.

22

23 Q. Okay. Then at page 121 the second heading on that  
24 page commences, "Outline any risk or vulnerabilities of the  
25 placement for the children." There it lists two matters  
26 that the applicants evidently discussed with the assessor,  
27 being health issues and confusion as to the role of  
28 the department. Now, at the bottom of that section it  
29 says:

30

31 *The assessor has not identified any*  
32 *concerns about the applicant's ability to*  
33 *meet the statement of standards. There are*  
34 *no concerns about the child's safety in the*  
35 *applicant's care.*

36

37 Do you see that?

38 A. Yes, I can see that.

39

40 Q. Now, we know from that notification that we spoke  
41 about a little while ago that there had been prior concerns  
42 about those very things; do you accept that?

43 A. Yes.

44

45 Q. Is that the type of information that should have been  
46 provided to the assessor?

47 A. Yes, it should have been. Yes.

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Q. Okay. And, again, by the assessor not having that information that was in the possession of the department the assessor was not able to properly form an opinion in relation to that particular aspect of the assessment?

A. Yes.

Q. All of that leads to the conclusion that we have an assessment that's not necessarily in the best interests of the child because the assessor does not have all of the relevant information; do you accept that?

A. Yes, and it's very unclear who's completed the assessment. If it was the agency that had already been supporting this carer around the other children they would have already had all that information on their records previously.

Q. Should that agency be going into records for other children to work out what's - to inform an assessment in relation to this child?

A. If they have any information on their file about that particular carer, then they would usually look at that.

COMMISSIONER: But are you assuming that the assessing agency had knowledge of the kinship carer because they represented her in relation to her care of other children and therefore should have known by reason of that relationship with the carer, the kinship carer, about concerns that had earlier been expressed to --

A. It would only --

COMMISSIONER: -- which Mr Boyd referred?

A. Yes, it would only be if it was the same support worker. But either way Child Safety has a responsibility to provide at least, the bare minimum, a summary of all of that information on our records.

COMMISSIONER: And even if the agency was representing the carer in relation to other children?

A. Yes. Yes, I would - I think for completeness we should always provide a summary, even if we assume that they have that information on their files.

MR BOYD: Okay. The next document is the kinship carer initial assessment report, which commences at page 123 - it's the next document in the bundle - and this is dated 7 October 2020. This is again prepared by a third party

1 agency, and it's identified on the first page there under  
2 the assessor's name that they are a placement support  
3 worker at [REDACTED]?

4 A. M'hmm.

5  
6 Q. Now, firstly, briefly, can you identify how this  
7 assessment is different to the assessment that we were just  
8 discussing?

9 A. So the previous one, it's only the provisional  
10 assessment, so it's quite brief, whereas this one, it's the  
11 initial assessment support, which goes into a lot more  
12 detail.

13  
14 Q. Okay

15 A. It's a more holistic assessment.

16  
17 COMMISSIONER: Can you tell me what I could assume to be  
18 the case in terms of the expertise and experience of  
19 somebody who is a placement support worker with such a  
20 body? Do you have any knowledge of what the qualifications  
21 or experience might be of the staff within the - well,  
22 within this body who are asked to conduct this assessment?

23 A. Yeah, I'm not clear on what their mandatory  
24 qualification requirements are. It's a possibility that  
25 some of the workers may have qualifications in potentially  
26 social work or they may have qualifications in community  
27 services potentially, but I'm not clear on exactly what  
28 their mandatory requirements are.

29  
30 COMMISSIONER: But doesn't the department have to be  
31 satisfied, if it is effectively subcontracting the  
32 assessment of the suitability of the carer, that the  
33 assessment is being undertaken according to some coherent  
34 principles/matters of relevance and that the person  
35 undertaking that assessment, it being an evaluation, is  
36 qualified and experienced sufficiently to undertake the  
37 assessment?

38 A. Yeah, and that would be - that would sit with our  
39 investment and partnership team, with our placement  
40 services unit director. It's not something that I - in my  
41 role I have direct involvement with.

42  
43 COMMISSIONER: But somebody presumably needs to be  
44 satisfied that the entities conducting this work on behalf  
45 of the department are suitably qualified to do so; do you  
46 agree with that?

47 A. Yes. Yes, yes, absolutely, and there are processes

1 for that. It just sits outside of my role.

2

3 COMMISSIONER: Yes, I understand. Thank you.

4

5 MR BOYD: Okay. So this report - this is, I take it, the  
6 critical document then in assessing whether or not the kin  
7 carer is suitable for the child; is that right?

8 A. Yes.

9

10 Q. I note it says "initial assessment report". Is there  
11 a later report that occurs?

12 A. Yes, there is. That's at a much later date, and that  
13 would be the full assessment report, which goes into even  
14 more detail.

15

16 Q. Okay. When does that happen?

17 A. Usually the timeframe would be up to - up to  
18 potentially 90 days or more after this assessment is made.

19

20 COMMISSIONER: And before or after the placement of the  
21 child?

22 A. After the placement of the child. So once they've  
23 been given provisional approval the child would be placed  
24 there then. While all of these assessments are occurring  
25 the child would remain there.

26

27 COMMISSIONER: So does the child get placed as a matter of  
28 practice with the carer after the - what was it called -  
29 the preliminary - the provisional approval assessment and  
30 before --

31 A. Yep.

32

33 COMMISSIONER: -- the initial assessment or only after the  
34 initial assessment?

35 A. No, so after the provisional assessment, so that would  
36 mean that they've been provisionally approved by the  
37 delegate to provide care to that child. So they're  
38 formally a carer. So they would certainly be placed there  
39 at that point in time.

40

41 COMMISSIONER: All right. Thank you. Sorry, Mr Boyd.

42

43 MR BOYD: Yes. Thank you, Commissioner.

44

45 Okay. So, as I think you've made clear, this is a much  
46 more detailed assessment than the one we were discussing a  
47 moment ago?

1 A. Yes.  
2  
3 Q. Obviously it's important that this assessment has all  
4 the relevant information to reach an appropriate  
5 conclusion?  
6 A. Yes, I would say it is.  
7  
8 Q. Yes. If you turn to page 127, at the top of that  
9 page, if you have it there, it says "Case plan details" and  
10 it says, "Attach copies of current case plan and child's  
11 strength and needs assessment"; see that?  
12 A. Yes, I can see that.  
13  
14 Q. And then there's a summary of current child protection  
15 concerns, and it says there that the case plan was not  
16 provided to the [REDACTED] placement support worker; yes?  
17 A. Yes, I can see that.  
18  
19 Q. And then the next section it says "Case planning  
20 goal", and again it says, "The case plan has not been  
21 provided to the [REDACTED] support worker"?  
22 A. Yes, I can see that.  
23  
24 Q. Implicit in that as well as it's not referred to is  
25 that the child's strength and needs assessment has also not  
26 been provided; do you accept that?  
27 A. The child's - yes, I can see that - I don't see a copy  
28 of it attached. I can see that they've outlined a summary  
29 of some of the needs that may have been identified, but  
30 that document - it doesn't appear it's been provided in  
31 full.  
32  
33 Q. Can you identify in the document where those strengths  
34 and needs in relation to this child have been identified?  
35 A. Yeah, it appears that they've been identified by the  
36 assessor during the assessment period rather than a  
37 document provided by Child Safety.  
38  
39 Q. Yes, but how do you form that view? What are you  
40 referring to?  
41 A. I'm just reading page 127. So I can see that in the  
42 strengths and needs section of the children there's a  
43 discussion with the kinship carer identifying some of  
44 those.  
45  
46 Q. Yes, but that's not the - and correct me if I'm wrong  
47 here, but that's not the strengths and needs in relation to

1 the child that she's being assessed for.

2 A. Yes.

3

4 Q. If you need to take a moment to read that section  
5 please tell me. But, as I read that, that's a general  
6 discussion with the applicant about the care she's provided  
7 to the siblings and how she's been able to assist them with  
8 their lives.

9 A. Yes.

10

11 Q. And there's no information recorded about the  
12 strengths and needs of this particular child. I'm happy if  
13 you --

14 A. No, no, it doesn't look like that document was  
15 provided.

16

17 COMMISSIONER: Well, save that at the bottom of page 127  
18 in the last sentence, "Additional home visits and phone  
19 links if needed for the carer" relating to the child in  
20 question, that I think is the only specific reference to  
21 the subject child.

22 A. Yes.

23

24 MR BOYD: Would you accept, Ms Alanko, that that's  
25 providing support to the carer rather than in response to  
26 the strengths and needs of the child?

27 A. Yes.

28

29 Q. And, sorry, for completeness, that section completes  
30 over the page on 128. And again just to confirm there's no  
31 specific consideration to this child's strengths and needs  
32 in that section?

33 A. No.

34

35 Q. And then the next section there is, "Physical health  
36 and developmental issues, including diagnosed, medical and  
37 developmental conditions." And this section is afflicted  
38 with the same issue in that there is no specific  
39 consideration given to this child's medical needs, which we  
40 already know are significant; do you accept that?

41 A. Yes, I do.

42

43 Q. Had been significant.

44

45 COMMISSIONER: Is there evidence that the child's medical  
46 needs - what is the state of the evidence about whether the  
47 needs were ongoing in relation to the conditions that she

1 had previously suffered?

2

3 MR BOYD: They were more acute for an initial period of 12  
4 to 18 months. Then they required ongoing management from  
5 time to time in relation to flare-ups, but was something  
6 that needed to be managed, but certainly not as intensely  
7 as that initial period when coming to the foster carer.

8

9 COMMISSIONER: As I recall the evidence, the scabies  
10 condition was subject to periodic flare-up.

11

12 MR BOYD: Yes.

13

14 COMMISSIONER: But, by the time this decision was being  
15 made, as a result of good work that had been done and good  
16 medical care she wasn't in the acute position that she was  
17 in when she came into the care of the foster carer  
18 initially.

19

20 MR BOYD: That's correct; yes.

21

22 COMMISSIONER: Is that a fair summary?

23

24 MR BOYD: Yes.

25

26 MR HASTIE: Yes, Commissioner.

27

28 MR BOYD: Something that needed to be monitored.

29

30 COMMISSIONER: All right. Thank you.

31

32 MR BOYD: Is that the type of information you would expect  
33 to - that type of prior medical history, would you expect  
34 that to be considered as part of this assessment?

35 A. Yes, I would.

36

37 Q. Okay. And, from what you can tell, does it appear as  
38 though that this assessor was simply not provided with the  
39 relevant information in relation to this child?

40 A. Yes, I would assume that's the case.

41

42 MS GREENWOOD: Commissioner, just to pick up on that last  
43 point --

44

45 COMMISSIONER: Which of the last points?

46

47 MS GREENWOOD: The ongoing medical care.

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COMMISSIONER: Yes.

MS GREENWOOD: The last, last point, Commissioner, I believe at page 17 of exhibit 27, Commissioner, there's a reference to "[REDACTED] needs consistent medical" - I'm so sorry - that the child needs consistent medical care and support, and there's talking about developmental issues, and I thought that was part of the reason why she was placed with a nurse. I could be wrong, but I thought I had picked up a broader disability in the documentation.

COMMISSIONER: Well, I think you might be right. That document was June 2020 and the kinship care carer initial assessment document is a few months later in October. So we can look at the two to see what the position was, but I think it's sufficient to note that there were ongoing medical issues probably not as acute as they were when the child was much younger and first came into the care of the foster carer. I think that's still a reasonably fair summary of the position, but not to say that she didn't have ongoing medical needs, both physical and I think also potentially some mental health issues.

MS GREENWOOD: Yes, Commissioner. I think without a doubt some short-term medical issues that needed to be addressed were addressed, but there would be more significant underlying issues which may impact her placement is as I read the materials.

COMMISSIONER: All right. We can come back to that. Let's not carry on with the evidence for the moment.

MR BOYD: I note the time, Commissioner.

COMMISSIONER: Yes, all right. We'll adjourn then until 2.15. Thank you.

**LUNCHEON ADJOURNMENT** [12.56 pm]

MR BOYD: Ms Alanko, can you hear me? Ms Alanko?  
A. Yes, sorry, I can hear you now.

Q. Thank you. Just to reorient your evidence to where we were before lunch, we just finished discussing the kinship carer initial assessment report for the grandmother; yes?  
A. Yes.

1  
2 Q. Yes, okay. Now, are you aware of any further care  
3 assessments being undertaken in relation to this in  
4 relation to the grandmother?  
5 A. I haven't been able to locate any, no.  
6  
7 Q. Okay. Because you mentioned that - I can't remember  
8 the language, but basically the full carer assessment  
9 I think you were referring to earlier, that would come  
10 next?  
11 A. At a later date, yes.  
12  
13 Q. And that doesn't seem to have occurred?  
14 A. No.  
15  
16 Q. Okay. Is that something that you've seen before, that  
17 that final assessment doesn't take place?  
18 A. It does if the children are still in the placement and  
19 the carer still intends to remain an approved carer.  
20  
21 Q. Sorry, that the final assessment doesn't occur?  
22 A. No, no, sorry, it does occur. So if the carer would  
23 like to remain an approved carer and the children are still  
24 in the placement, then it does occur. But from time to  
25 time a carer may withdraw their interest before then, and  
26 the placement may end before then.  
27  
28 Q. Well, in this case the placement didn't end until the  
29 beginning of 2022. So it's a bit over a year later. Would  
30 you have expected that the full carer assessment to have  
31 been undertaken in that period?  
32 A. Yeah, during that timeframe; yes.  
33  
34 Q. But, from what you can see, that hasn't occurred?  
35 A. I haven't seen a copy of the assessment, no.  
36  
37 Q. Okay. So just to come back to what I was trying to  
38 get at before, the fact that that hasn't occurred here is  
39 that something unique in your experience to this file or is  
40 that something you've seen in other cases as well?  
41 A. I've only seen it in cases where the placement's  
42 already ended and the carer's withdrawn their interest in  
43 continuing to be a carer.  
44  
45 Q. Okay. So the fact that it hasn't occurred here is a  
46 remarkable occurrence from what you've seen in your  
47 practice?

1 A. Yes.  
2  
3 Q. Okay. Now, I just want to before I move to the next  
4 topic just come back to these assessments at the various  
5 points that we've just been talking about. So the first  
6 real consideration given to kinship care as opposed to  
7 being placed on a long-term basis or a permanent basis with  
8 the foster carer was at the practice panel; do you accept  
9 that?  
10 A. Yes.  
11  
12 Q. And your evidence earlier was that that practice panel  
13 was conducted prematurely and on incomplete information?  
14 A. Yes.  
15  
16 Q. And that's because there wasn't information about the  
17 prospective kin carer and there also wasn't an assessment  
18 about the foster carer; is that right?  
19 A. Yes, that's correct.  
20  
21 Q. And what should have occurred at that point is, one,  
22 they should have had that information; the practice panel  
23 should have had that information? Sorry, you didn't come  
24 through on the audio. Is that yes?  
25 A. Yes.  
26  
27 Q. Thank you. And then there should have been a  
28 comparison between those two proposals or those two  
29 placements, between the kin care placement and the foster  
30 carer as a permanent carer placement; is that right?  
31 A. Yes. Yes, that should have been considered; yes.  
32  
33 Q. And that comparison is necessary to determine what's  
34 in the best interests of that child taking into account  
35 obviously all the particular details or matters unique to  
36 that child?  
37 A. That's correct.  
38  
39 Q. Okay. So there should have been the comparison at  
40 that point. That didn't occur. The next point was the  
41 assessment of the aunty as a kinship carer?  
42 A. Yes.  
43  
44 Q. And, whilst we haven't had the benefit of the  
45 documents in the same way as the grandmother, from what  
46 we've seen the decision to place the child with the aunty  
47 there was no comparison made as to what was in the best

1 interests of the child between a placement with the aunty  
2 and a placement with the foster carer in a permanent care  
3 arrangement; is that right?

4 A. Yes.

5

6 Q. And that comparison is necessary to determine whether  
7 that placement with the aunty is in the best interests of  
8 the child?

9 A. Yes, it is.

10

11 Q. And, sorry, I should say referring to them as  
12 comparisons or assessments might be a different way of  
13 putting it. These should all be very clearly documented on  
14 the child's file?

15 A. Yes.

16

17 Q. Okay. And that hasn't occurred?

18 A. No, not that I've seen.

19

20 Q. Okay. Now, then the next two points in time was the  
21 provisional care assessment for the grandmother. Now, as  
22 you've already identified, that first provisional  
23 assessment was also made on incomplete information because  
24 the assessor was not provided with the child protection  
25 history of the child and the carer?

26 A. Yes.

27

28 Q. So we have an incomplete or defective assessment there  
29 in relation to the provisional assessment?

30 A. Yes, that's correct.

31

32 Q. Having had that assessment performed at that point,  
33 should there have also been a comparison made with  
34 the information obtained from that assessment and a  
35 placement with the foster carer?

36 A. Yes, there should have been; yes.

37

38 Q. And, again, that comparison is necessary to determine  
39 if this placement with the grandmother is in the best  
40 interests of the child?

41 A. Yes.

42

43 Q. And a failure to make that comparison necessarily  
44 leads to the conclusion that the best interests of the  
45 child haven't been fully considered at that point in time?

46 A. It wasn't (indistinct); that's right.

47

1 Q. And the final point or document - sorry, the final  
2 assessment is the initial carer assessment, which was the  
3 more detailed assessment we went through just before lunch?  
4 A. Yes.

5  
6 Q. And, similarly, that was made on incomplete  
7 information; do you agree with that?  
8 A. Yes, it appears to be.

9  
10 Q. And when that assessment's been completed would that  
11 also be a point in time where there should be consideration  
12 of whether that placement with the grandmother is  
13 preferable to the placement with the foster carer?  
14 A. Yes.

15  
16 Q. And, from what you've seen, was there any comparison  
17 or assessment done at that point with one against the  
18 other?  
19 A. No, I can't see a record of that occurring.

20  
21 Q. Okay. And, again, you would expect that to be clearly  
22 documented in the file?

23 A. I would expect that there would have been a  
24 consultation and a case note recorded regarding that  
25 rationale; yes.

26  
27 Q. Okay.

28  
29 COMMISSIONER: Can I ask you this, please. Mr Boyd has  
30 been asking you questions about comparisons between two  
31 choices : does the child stay with the foster carer or  
32 should the child be placed with a kinship carer in the  
33 context of this particular case. But I'd just like to  
34 tease out this issue of comparison a little bit more. If  
35 the question that the department is concerning itself with  
36 when making a placement decision is the question of what is  
37 in the best interests of the particular child in the  
38 circumstances that the child is in at the time the decision  
39 comes to be made then do you agree that it is necessary for  
40 the department to look at the circumstances of the child at  
41 that time and try to evaluate whether the child will be  
42 better off staying where the child is or being reunified,  
43 if you like, either in the strict sense or in the sense of  
44 being placed with a kinship carer, having regard to the  
45 circumstances of the child? And those circumstances could  
46 include lots of factors but would also include the child's  
47 life with the foster carer, how long the child has been in

1 that care, with an older child probably also considerations  
2 such as social groups, connections that the child has with  
3 the community, with a peer group, a whole variety of  
4 factors. And they require evaluation, don't they, in the  
5 bespoke context of the particular child; do you agree with  
6 that?

7 A. Yes.

8

9 COMMISSIONER: But a factor that is important is the need  
10 to maintain wherever possible cultural connection when one  
11 is talking about an Aboriginal or Torres Strait Islander  
12 child. So it's an important factor in the mix of factors;  
13 do you agree?

14 A. Yes.

15

16 COMMISSIONER: And all things being equal, if that ever  
17 exists in the real world, that is anything being equal,  
18 there is a preference which is reflected in the Aboriginal  
19 placement principles in the Act that the decision be to  
20 reunify the child or to place the child with family or kin  
21 within the child's cultural group; do you accept that?

22 A. Yes, I do accept that; yes.

23

24 COMMISSIONER: The question is should that later factor  
25 subordinate all other considerations when evaluating the  
26 circumstances of a particular child and what the best  
27 decision in the interests of that child is? Do you think  
28 that the objective, the worthy objective, of reunification  
29 for cultural reasons should take priority over other  
30 factors that have a bearing on the child's wellbeing?

31 A. I think the child's - the decision that is in the  
32 child's best interests in terms of their wellbeing and  
33 safety is absolutely paramount and that needs to be  
34 considered alongside the child placement principle. But we  
35 need to be looking at things on a case by case basis and it  
36 must be in the child's best interests, and that needs to be  
37 weighed up very, very carefully with a lot of consultation  
38 with the family and with our cultural practice advisers as  
39 well.

40

41 COMMISSIONER: Yes. You see, it's not difficult to form  
42 the impression on the facts of this particular case that  
43 that evaluation wasn't undertaken but rather there was a  
44 pre-determined attitude, reflected expressly in some  
45 comments made by a team leader in that document you were  
46 taken to, that priority is to be given to cultural  
47 connection over and above any other consideration that

1 pertains to an evaluation of the best interests of the  
2 child, the contrast here being the circumstances that this  
3 child was in with carers who had been the child's long-term  
4 carers against the placement of the child with the kinship  
5 carer who, through no fault of her own at all, didn't seem  
6 to have the capacity to take on yet another child. So the  
7 facts of this case set up a stark contrast which, if a  
8 balanced evaluation had been undertaken, would not on the  
9 face of it have led to the decision that was made. Do you  
10 agree with that critique that I've just put to you?

11 A. Yes, I do, Commissioner.

12  
13 COMMISSIONER: So what I'm wondering is how often or how  
14 endemic that sort of approach to the making of placement  
15 decisions is within the department, and specifically I'm  
16 wondering whether the true and impartial evaluation of a  
17 child's best interests is being subordinated to the  
18 objective of obtaining or achieving cultural reconnection.  
19 Do you wish to offer any observation in relation to that?

20 A. Yeah. So in my experience in terms of decision-making  
21 for children - so under the practice - sorry, if they're  
22 changing the placement I would expect that there would be  
23 involvement from a number of participants with appropriate  
24 cultural authority within the department. So for  
25 particularly complex situations I would invite the  
26 Aboriginal and Torres Strait Islander practice leader along  
27 to that. I would also expect involvement from a cultural  
28 practice adviser, along with the senior practitioner, the  
29 team leader, child safety officer and any other relevant  
30 parties to carefully unpack all of the information before  
31 them and give due consideration to what is in the child's  
32 best interests whilst at the same time making all efforts  
33 to uphold the child placement principle.

34  
35 But in my experience of participating in many practice  
36 panels over the years and many consultations as a senior  
37 practitioner along with as a child safety officer, team  
38 leader and manager, it must always be made in favour of  
39 what is in the child's best interests and wellbeing. That  
40 needs to come first.

41  
42 COMMISSIONER: Right. But if you engage the input of  
43 cultural practice advisers, people with cultural authority  
44 et cetera --

45 A. Yes.

46  
47 COMMISSIONER: -- that gives you input on one side of the

1 argument, so to speak. Where's the input from the other  
2 side of the argument?

3 A. Yes. So I would expect that there would be  
4 information - so, the child safety officer, they should  
5 have the most knowledge around that particular child and  
6 family. They should be able to share all of  
7 the information they have along with the team leader.  
8 During those consultations and practice panels the child  
9 safety officer would also present information shared with  
10 them from the children's carer, from the child themselves,  
11 from the extended family, usually from the school or the  
12 daycare, or any other relevant stakeholders. So the child  
13 safety officer would usually be the holder of that  
14 information and would hopefully be in a position to share  
15 that with the practice panel or the participants of the  
16 consultation.

17  
18 COMMISSIONER: Well, I'm glad you mention the carer  
19 because, as I understand the facts of this particular case,  
20 the carer wasn't consulted about the desirability of the  
21 removal of the child from her care nor about the experience  
22 she was able to convey about the child's reaction to  
23 occasions where the child had been returned to family  
24 members for - you know, in the process of investigating  
25 reunification.

26  
27 And, given the scant involvement that the child safety  
28 officers involved in this case had with the child and  
29 indeed the carers, one would have thought that a source of  
30 credible information concerning the question of what is in  
31 the best interests of the child was the information and  
32 observations that could be provided by the day-to-day carer  
33 of the child who had been the day-to-day carer of the child  
34 for a considerable period of time. And as I understand  
35 it - and please correct me if I'm wrong - the department  
36 does not apologise for not consulting carers when it comes  
37 to placement decisions.

38  
39 And allied to my query about that is how can the department  
40 expect carers to volunteer for that very onerous role if,  
41 when it comes to the question of whether the child should  
42 be removed from their care, they're not consulted nor are  
43 their observations as to what is in the best interests of  
44 the child sought. And hence it would appear to be a very  
45 one-sided evaluation of what is in the best interests of  
46 the child, bereft of any consideration that could be given  
47 and information that could be provided by the carer. Have

1 I misunderstood how it works, because please tell me if I'm  
2 wrong about any of that?

3 A. No, I believe the carers - in any information provided  
4 by the carer, any observations made by them should always  
5 be presented at a practice panel or a consultation.  
6 I think their views and their feedback is very important.

7

8 COMMISSIONER: But that's a slightly different answer.

9 Let me see if I can clarify. As I understand it as a  
10 matter of practice the department does not seek out and  
11 enquire of the foster carer as to what they might have to  
12 say about a placement decision, where the decision in  
13 question is whether the child should be removed from the  
14 foster carer and returned to a kinship carer, for example.

15 A. M'hmm.

16

17 COMMISSIONER: They're not on the list of to be consulted  
18 when it comes to the making of that decision. If I'm wrong  
19 about that please tell me.

20 A. No, no, they don't have any involvement in making the  
21 decision. But they are able to share their views and share  
22 their feedback, but they don't have a role in making the  
23 decision.

24

25 COMMISSIONER: Well, I wasn't suggesting that they  
26 necessarily should have a role in making the decision.  
27 Somebody's got to make the decision. But they are not as a  
28 group with potentially the most deep, immediate and  
29 contemporary understanding or experience of the child  
30 consulted as to their views about what is in the best  
31 interests of the child. Now, in the absence of that and  
32 assuming that the CSO has at best perhaps a monthly visit  
33 with the child, how can the department claim to be making a  
34 well informed, balanced, evaluative decision when it comes  
35 to making placement decisions? That's my question. And  
36 what is the reticence - why are the carers not consulted,  
37 as you would understand it?

38 A. Yeah, I agree that they should be consulted. I can't  
39 tell you why they aren't always involved in being consulted  
40 in those decisions. But I think they absolutely do have  
41 relevant and very important information to provide that  
42 should be considered.

43

44 COMMISSIONER: But there's no part of the department's  
45 process when it comes to the evaluation of the placement  
46 decision that as a matter of practice, procedure, standard  
47 operating procedures, however you wish to put it, that

1 requires the carer's views to be sought, is there?

2 A. No.

3

4 COMMISSIONER: All right. Thank you, Mr Boyd.

5

6 MR BOYD: Thank you, Commissioner. I'm just reviewing my  
7 notes in light of the discussion you just had with  
8 the witness, Commissioner.

9

10 We can move on then from that assessment period. Now, a  
11 little bit while later, a year or so later, that placement  
12 with the kinship carer broke down; do you recall that?

13 A. Yes. Yes, I do.

14

15 Q. You've identified in your statement that there was a  
16 combination of factors, including the grandmother's health,  
17 lack of family support, and then some other concerns that  
18 had arisen during the period where the children were in  
19 care with her?

20 A. Yes.

21

22 Q. In light of what we've gone through this afternoon and  
23 this morning that's perhaps a predictable outcome with  
24 the information that we have?

25 A. Yes.

26

27 Q. Now, the child upon that placement breaking down  
28 returned to the foster carer's care, and that was in March  
29 2022?

30 A. Yes.

31

32 Q. Yes?

33 A. Yes, that's correct.

34

35 Q. Okay. I just want to ask you now about what's  
36 occurred with respect to achieving permanency and more  
37 specifically whether a permanent care order or long-term  
38 guardianship order has been sought since the child's  
39 returned to the foster carer's care in March 2022.

40 A. M'hmm.

41

42 Q. Now, you'll recall from the practice panel that one of  
43 the outcomes said that no permanent care order was to be  
44 supported as there was family available?

45 A. Yes.

46

47 Q. Implicit in that is, if there's no family available,

1 that a permanent care order could be considered?

2 A. Yes.

3

4 Q. Sorry, actually, I'll take you to the passage, to page  
5 60. It says in the first dot point under "Decision", it  
6 says:

7

8 *Would not support PCO to the carers given*  
9 *there were family willing to provide care*  
10 *to the child. Last option there were no*  
11 *family there would be an extensive process*  
12 *for PCO to be considered.*

13

14 Do you see that?

15 A. Yes, I can see that.

16

17 Q. Do you understand that to mean that if they reached a  
18 point where there was no family available to the child to  
19 live with that that's when they would return to considering  
20 the PCO?

21 A. Yes.

22

23 Q. And do you understand that there's no other family  
24 available to this child for the child to live with?

25 A. Not that I'm aware of.

26

27 Q. Okay. So to give effect to that practice panel  
28 decision one would expect that, upon exhausting kin care  
29 options, the PCO should be returned to?

30

31 COMMISSIONER: Mr Boyd, I don't think you could read that  
32 as a decision but describe it as I think a note that any  
33 PCO application would be contingent upon there being no  
34 other - I'm not sure that it's a decision; that's my only  
35 point.

36

37 MR BOYD: Right.

38

39 COMMISSIONER: A precondition.

40

41 MR BOYD: At least there's been a notation there that this  
42 won't be revisited until kin had been fully explored.

43

44 COMMISSIONER: Yes.

45

46 MR BOYD: Yes?

47 A. Yes.

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Q. And as at March 2022 and since then there's been no other kin identified to your knowledge?

A. Not to my knowledge.

Q. So we'd been in that situation then where the PCO would be open to be assessed with the foster carer?

A. It could be assessed with the foster carer if they are in a position where they would still wish to be considered; yes.

Q. Sure. Now, the child is under a long-term guardian --

COMMISSIONER: Just before we move on, do you have any reason to believe that these foster carers are no longer ready, willing and able to become the permanent carers of this child?

A. I'm not aware of any recent conversations that have taken place with the carers and Child Safety staff around the PCO process.

COMMISSIONER: Wouldn't you expect, given the length of time that these carers have been caring for the child, given also the very favourable review as documented in various places of their care of this child that the department itself would enquire of the foster carers if there was any doubt about their preparedness to become permanent carers or to become the long-term guardians so that that process could be embarked upon?

A. Yes, the conversation should certainly be revisited with the carers and I'm assuming they are still wanting to go down that path. If that's the case, then the assessment process can commence.

COMMISSIONER: And am I right to think that, given the sort of proven track record, as it were, of these particular carers, that that process shouldn't be a very difficult one to undertake nor any evaluation too tricky given the history of these particular carers, which leads me to the next question: what's holding it up?

A. At this stage there's a number of factors that would need to be assessed. There would need to be conversations with the carer and the carer's support agency to begin with. But one thing that would need to be assessed is around the level of support that the carer would be needing or wishing to receive in their current role and that those supports, if they did become a long-term guardian, would

1 then need to be withdrawn, I suppose. So there's a lot of  
2 conversations that would need to take place with the agency  
3 and with the carer as part of the assessment process.

4  
5 COMMISSIONER: Well, that I find surprising because when  
6 one looks at this particular case the carers have more than  
7 demonstrated their ability to care for the child and indeed  
8 dedication to the child in ways that go above and beyond  
9 what one might reasonably expect of most carers. Moreover,  
10 there's no reason to believe that they no longer aspire to  
11 being the long-term carers of the child and, if there were  
12 any doubt about that, the department could simply make an  
13 enquiry to clarify that. Once so clarified, I find it hard  
14 to believe that the exercise of evaluating these carers as  
15 suitable carers could take very long, as they've already  
16 demonstrated by their care over many years that they are  
17 well and truly able to care for the child and are prepared  
18 to do what is necessary and more to do so. So it does  
19 raise in my mind the question what's holding it up. But  
20 you can't answer that? You're not a decision-maker in  
21 relation to this particular case, is that what you would  
22 say?

23 A. Yes, so that's a conversation for the team leader and  
24 child safety officer to have with the carer and the agency.

25  
26 COMMISSIONER: Right. Okay. Thank you.

27  
28 MR BOYD: Thank you, Commissioner.

29  
30 The Commissioner was just asking you about if that process  
31 had come about through the carer and Child Safety through  
32 their general interactions, as I understood it. But  
33 there's also another mechanism in which these decisions are  
34 to be reconsidered as part of case plan reviews. There's  
35 reconsideration of the permanency options that are  
36 available in relation to children's placements; yes?

37 A. Yes.

38  
39 Q. Okay. And I'll be more specific. In relation to  
40 long-term guardianship orders to the Chief Executive, which  
41 this child was under, in section 51VAA - and I believe a  
42 copy of the Act has just been brought in and placed beside  
43 you there if you need to call that up.

44 A. Yes. Yes.

45  
46 Q. So section 51VAA?

47 A. Yes, I have a copy of that.

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Q. Now, that's the particular review requirements where a child is under the guardianship of the Chief Executive, and it requires that at least one review of the case plan is to occur within two and a half years of the order - sorry, that is two years after the day of the long-term guardianship order and completed within six months of that two-year point; that's subsection (3)(a).

A. Yep.

Q. And (3)(b) says the review must comply with subsection (4), which relevantly states that the review must consider whether permanency for the child will be best achieved by an alternative arrangement mentioned in section 5BA(4). Now, that section, which I'm sure you're no doubt familiar with, sets out the priority for permanency decisions. And, relevantly, it says that the first preference is to be cared for by the child's family. Next is guardianship to a person of the child's family or another suitable person. Then relevantly for a non-Indigenous - sorry, for an Indigenous child the next preference is under guardianship of the Chief Executive. I take it you're familiar with that permanency hierarchy?

A. Yes, I am. I am.

Q. So section 51VAA requires this report to be produced, and you were asked in a subsequent notice recently to identify if any report had been produced under that section?

A. Yes.

Q. And is it the case that there was no report or no review conducted and no report produced in compliance with that section?

A. Yes, I haven't been able to locate one; no.

Q. Okay. And that would have been an opportunity for the case officer to consider if permanency could be better achieved by a guardianship order to a foster carer as opposed to guardianship to the Chief Executive?

A. Yes, that would be considered as part of the 51VAA panel.

Q. Okay. The, 51VAA, that sets a review requirement for after the order has been initially made but that's not the only time a case plan can be reviewed; is that right?

A. That's right.

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Q. How often would they otherwise be reviewed?

A. Case plan reviews are usually completed every six months.

Q. Okay. And, this consideration of the permanency arrangements, is that something that ought to be considered as part of the case plan review?

A. It can be as part of the case plan review. But with the 51VAA reviews there's usually a panel that sits two years after the final order is made and so it should be considered as part of that process.

Q. Okay. And from what you can tell that just didn't occur in this case?

A. Yes.

Q. Okay. This may have been covered with the questions of the Commissioner before, but I'll just double check. From what you've seen has there been any steps taken towards commencing an assessment of this foster carer in relation for a permanent care order in relation to this child?

A. Not that I'm aware of, no.

Q. And from the information you have available to you and we've gone through today would this be a case where it's appropriate to have that carer assessed?

A. I think it's appropriate for the assessment to take place; yes.

Q. Yes. We can't assume the outcome of the assessment; just the assessment process --

A. No, I can't assume the outcome, but I believe it is appropriate for the assessment to occur if consent is given, yes, by the (indistinct).

Q. If I could just step back from this case more generally for a moment, is it common to see foster carers for extended periods of time not being assessed for these more permanent options such as long-term guardianship or permanent care orders?

A. We have some at the moment that are currently in the process of being assessed or being referred for an assessment. It does come up from time to time.

Q. From time to time. Is that to say it doesn't come up

1 very often?

2 A. It comes up in my experience more often for kinship  
3 carers, but it does come up for general carers as well.  
4 But in my experience most of the time it's through those  
5 kinship arrangements it comes up.

6

7 Q. Okay. Is it a matter that's routinely explored with  
8 foster carers by child safety officers or is it something  
9 that's brought up by foster carers?

10 A. In my experience I see it brought up mostly by foster  
11 carers in the first instance.

12

13 Q. Okay. That would depend on a foster carer being aware  
14 of the different types of orders and --

15 A. Yes. Yes, of course. And that could be something  
16 that could - you know, it could be mentioned at a case plan  
17 review meeting or at a placement review. It could be  
18 mentioned by either the foster carer's support agency, the  
19 foster carer could have heard about it through - you know,  
20 through the community or another foster carer, or the child  
21 safety officer could bring it up. So it could come up for  
22 a whole range of reasons, but usually it's the carer taking  
23 that first step to express their interest.

24

25 Q. Okay. Bearing in mind that long-term guardianship or  
26 permanent care order to a foster carer is given priority  
27 then to the Chief Executive in the hierarchy of permanency,  
28 should this be a matter that is being actively pursued and  
29 investigated by child safety officers?

30 A. It's something that should be, yes.

31

32 Q. Okay. And in your experience is that not occurring?

33 A. I think if the children are being placed with a  
34 child - sorry, the child is being placed with a carer over  
35 many, many years and there are no concerns around the care  
36 that's being provided to the child it should be explored in  
37 those situations. I can't say that it always is, but it  
38 should be.

39

40 Q. Okay. And from what we've seen it hasn't been here?

41 A. Yep.

42

43 COMMISSIONER: Is there a difference in terms of the  
44 proactiveness of the department as to the question of  
45 either a permanent care order or long-term guardianship  
46 order other, that is other than the Chief Executive, as  
47 between Aboriginal and Torres Strait Islander children and

1 non-Indigenous children? To be more specific, does the  
2 department in your experience investigate the availability  
3 of other persons to become either the long-term guardian or  
4 the permanent carer more in the context of non-Indigenous  
5 children?

6 A. I have seen that happen from time to time. It could  
7 be something that could be explored more often than it is  
8 due to other priorities and competing priorities with  
9 caseloads. But it certainly is something that we should  
10 look at more often.

11  
12 COMMISSIONER: Yes, what I'm trying to understand is  
13 whether there is a preparedness on the part of  
14 the department to more readily consider long-term  
15 guardianship to others or permanent care orders where the  
16 child in question is not an Aboriginal or Torres Strait  
17 Islander child, in your experience?

18 A. Yes.

19  
20 COMMISSIONER: And I assume that is in part because there  
21 are different priorities that the Act itself specifies in  
22 relation to Aboriginal children, for example the Aboriginal  
23 placement principles, and the permanency hierarchy is also  
24 different in relation to Aboriginal children at least so  
25 far as adoption is concerned. So there are relevant  
26 differences, aren't there?

27 A. Yes. Yes, I agree with that.

28  
29 COMMISSIONER: Do you believe that the possibility of  
30 becoming a long-term guardian or permanent carer, in your  
31 experience, is a matter of relevance to many carers, foster  
32 carers?

33 A. Yes.

34  
35 COMMISSIONER: Yes?

36 A. Yes.

37  
38 COMMISSIONER: And is it your experience that many foster  
39 carers would like that outcome if that were available to  
40 them?

41 A. Some carers are strong advocates for that and that  
42 would be their preference; whereas, other carers, they  
43 still prefer the ongoing support particularly from their  
44 agency along with support from Child Safety around  
45 supporting family contact as well. So I think it's a case  
46 by case basis and it's very dependent on the carers and  
47 their own level of experience and their comfort working

1 collaboratively with the child's family. So I think in my  
2 experience it really is carer dependent.

3

4 COMMISSIONER: Sure. If a long-term guardianship order is  
5 made in favour of a particular person they continue or  
6 potentially at least to have support from the department  
7 even after that order is made, do they not?

8 A. Yes, so for the long-term guardianship to other order  
9 it's a visit once per year from Child Safety.

10

11 COMMISSIONER: Yes, but aren't there other supports that  
12 are also provided to the carer, some financial supports,  
13 assistance with various needs?

14 A. Yes. So if they've already been an approved carer  
15 before they take on the guardianship role they would still  
16 be in receipt of the carer allowance and if there were any  
17 other additional allowances in place, but they then  
18 wouldn't be making contact around additional funding  
19 through CRC --

20

21 COMMISSIONER: The elevated benefits wouldn't be  
22 available; the extra benefits?

23 A. No, no --

24

25 COMMISSIONER: Sorry, there's a bit of a time lag,  
26 I think.

27 A. Yes, there was, sorry.

28

29 COMMISSIONER: I don't want to talk over you. What's the  
30 difference between what's available in terms of support as  
31 a general rule where the person becomes a long-term  
32 guardian? What's available and not available in that  
33 situation?

34 A. Sure. So there's a range of things that are available  
35 but it's quite limited compared to what's available for  
36 long-term guardianship to Chief Executive is. So one  
37 example would be there could be a child receiving regular  
38 respite through a respite carer. Sometimes that can happen  
39 every week, sometimes monthly. So once a carer becomes a  
40 guardian that's no longer available. Carers also receive  
41 support from their carer agency at a minimum once a month.  
42 Sometimes it can be weekly. There can also be intensive  
43 foster carer or placement support packages that are also  
44 put in place, which would no longer be available if they  
45 were the guardian. Additional child related costs is also  
46 something that isn't provided for long-term guardians  
47 either. Also there aren't regular placement agreements or

1 case plans that happen. So really it's just the once a  
2 year visit to the child and the guardian. If intensive  
3 support is required, that's available for up to three  
4 months or referrals can be made but it's certainly not at  
5 the level that can be provided by the carer's support  
6 agency and Child Safety if it was a long-term order to the  
7 Chief Executive.

8  
9 COMMISSIONER: That's a matter of the way the policy that  
10 applies to these entitlements presently operates, isn't it?  
11 A. Yes.

12  
13 COMMISSIONER: In principle there's nothing to prevent  
14 those benefits from continuing post a long-term  
15 guardianship order if the government was to so decide that  
16 they should continue if needed?

17 A. I think it raises a host of policy based issues. But,  
18 in terms of the ability to place with a respite carer,  
19 there would be no authority for Child Safety to do that  
20 under the legislation if we don't have guardianship for a  
21 child. So that would be one foreseeable issue.

22  
23 COMMISSIONER: But then the department could support the  
24 long-term guardian to make their own arrangements for  
25 respite care, could they not, under their --

26 A. Yeah, yeah, so that's something that Child Safety  
27 wouldn't be involved with. That would be completely up to  
28 the carer to use their own support network for that.

29  
30 COMMISSIONER: But let's assume the long-term guardian  
31 could make those arrangements but they cost money. If  
32 there were financial support for that then there would be  
33 no impediment to that benefit continuing either, would  
34 there?

35 A. No.

36  
37 COMMISSIONER: And what about permanent care orders? If a  
38 permanent care order is made are there ongoing benefits  
39 that are available or do they just cease entirely?

40 A. No, they mostly cease. So there are no yearly visits  
41 for the permanent care orders. So there's even less or  
42 I guess there really isn't any oversight for those orders.

43  
44 COMMISSIONER: But if we wanted to encourage people to  
45 become foster carers and remain foster carers, particularly  
46 when comparing the cost of non-family based residential  
47 care with the cost of supporting a carer in a family

1 environment to a foster carer or kinship carer, do you  
2 think that ongoing supports provided to a carer who becomes  
3 a long-term guardian or assumes the permanent care of a  
4 child would potentially at least encourage foster carers,  
5 kinship carers to become and remain carers for the  
6 children?

7 A. Yes, I think so.

8

9 COMMISSIONER: Thank you.

10

11 MR BOYD: Thank you, Commissioner.

12

13 I'm now going to change topics, Ms Alanko, in fact change  
14 the child that I'm going to ask you questions about.

15 You're aware of this child had a sister in this case?

16 A. Sorry, could you repeat that, please?

17

18 Q. Sorry. You're aware that this child has a sister?

19 A. Yes, I am aware of that; yes.

20

21 Q. And there was a point in time in 2021 where the child  
22 was residing at grandma's with the sister and other  
23 siblings?

24 A. Yes, I'm aware of that.

25

26 Q. And during a period of respite the sister and the  
27 child went back to the foster carer's home and during that  
28 respite the sister made a disclosure of sexual assault to  
29 the foster carer; yes?

30 A. Yes, I'm aware of that.

31

32 Q. I'm not going to go to the details of it but you're  
33 aware of the circumstances of the --

34 A. I am.

35

36 Q. Yes. And, following that, the foster carer notified  
37 the department of the disclosure and the police became  
38 involved; are you aware of this?

39 A. Yes, I'm aware.

40

41 Q. Okay. Now, I just want to ask you about departmental  
42 response in relation to these types of concerns. Now, the  
43 department has a policy for responding to children who have  
44 been sexually abused while in care. That's at page 50 of  
45 the bundle.

46 A. Yes, I have a copy of that.

47

1 Q. And you're familiar with this document? You've read  
2 it before?

3 A. I am familiar with it.  
4

5 Q. Okay. I'll just deal briefly then with some of the  
6 key points. There's really three components: the response  
7 which is responding to the disclosure compassionately and  
8 sensitively and believing the child?

9 A. Yes.  
10

11 Q. Responding to disclosure as far as recording its  
12 reporting to police and undertaking assessment to ensure  
13 that the child receives any necessary supports through that  
14 process?

15 A. Yep.  
16

17 Q. And then also providing ongoing support, therapeutic  
18 support, counselling, medical. It depends on the  
19 circumstances, but one can easily think of the types of  
20 supports that a child might need, having been the victim of  
21 a sexual assault; that's part of the response by Child  
22 Safety; yes?

23 A. Yes, that's correct.  
24

25 Q. Then that's also not just something that happens upon  
26 the point of disclosure; that's an ongoing response in  
27 addressing any issues that arise out of a child having been  
28 sexually assaulted while in care?

29 A. Yes, that's correct.  
30

31 Q. Okay. Now, in a situation where the child safety  
32 officer receives a report that a child in care has been the  
33 victim of a sexual assault what steps would you expect that  
34 child safety officer expect to take - would you expect them  
35 to take, sorry?

36 A. Yes. So if they've received the information so it  
37 would need to be recorded. There would need to be an  
38 immediate consultation with the senior team leader; a  
39 referral made to Queensland Police Service. If the child  
40 was a child in care at the time of being sexually assaulted  
41 there would need to be a consultation around how to record  
42 it appropriately in terms of a standard of care review or a  
43 harm report investigation and assessment. So that would  
44 need to happen quite quickly. The child safety officer  
45 I would expect to go out and provide support to that child,  
46 so to either support them through the police interview,  
47 also to provide that ongoing support with them. I would

1 expect they would be part of a joint investigation with the  
2 Queensland Police Service.

3  
4 They should also be having conversations with the carer  
5 around what exactly has occurred, and that should occur  
6 through the standard of care harm report process. And they  
7 should be as soon as possible organising for therapeutic  
8 support of that child. And I would also expect that there  
9 would be an urgent meeting with the child's care team in  
10 terms of ensuring all stakeholders are aware of what has  
11 occurred and to ensure that supports are put in place as  
12 soon as possible by all people that are providing support  
13 to the child.

14  
15 Q. Okay. You mentioned two things there which I'll ask  
16 you about first: standard of care review and harm report.  
17 Can you just explain what they are or what that would look  
18 like in the context of this scenario?

19 A. Sure. So, a standard of care report, that process is  
20 to review the standards of care being provided by the  
21 carer. So essentially it is to determine whether the  
22 standards of care have been met or not. A harm report  
23 investigation and assessment, in my experience that would  
24 usually be recorded in a case such as this. So the purpose  
25 of that harm report investigation and assessment is to  
26 thoroughly assess what has occurred and to determine  
27 whether that child has been harmed as a result of action or  
28 inaction by a carer.

29  
30 Q. Okay. Does the outcome of that report identify any  
31 supports that may need to be provided to the child or is  
32 that done in a different process?

33 A. No, so through the harm report investigation and  
34 assessment at the time this occurred, so the time the  
35 disclosures were made, what should have occurred is  
36 potentially some safety planning, an action plan around  
37 issues needed to be addressed by the carers to support the  
38 safety of the child in the placement. It should have also  
39 been determined whether that child had in fact experienced  
40 harm whilst in care. If it had been determined that the  
41 child had been harmed in care as a result of sexual abuse  
42 there certainly should have been consideration given to a  
43 formal apology being made to the child, ensuring that it's  
44 appropriate to that child at the time in terms of their age  
45 and developmental level; and there should have also been  
46 referrals made around the victims assistance program as  
47 well as their rights around compensation.

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Q. Okay.

A. So all of that would come out of the harm report investigation and assessment, and those recommendations would then be made.

Q. What about referrals to medical professionals?

A. To medical professionals? So usually - so in this case --

Q. No, before we get to this case I'm just talking about what should occur. I'm trying to identify when the need for a referral to a medical professional such as a psychologist or a counsellor or it might be something else, where in the process that's identified.

A. Very early on. I would say that should happen as soon as the disclosures are made, there should be referrals to a therapeutic - somebody to provide therapeutic support, whether that's a psychologist or - that should happen straightaway. There shouldn't be a delay in that.

Q. So you don't have to wait for a care review or a harm report to action that? That's self-evidently --

A. No, no, no, not at all. That's something that should happen as a matter of course as long as the child consents to it. So, yeah, as long as the child is consenting to it then absolutely it should be made.

Q. Okay. And these concerns in relation to a child being the victim of sexual assault would you expect that to be recorded in a child's strengths and needs assessment?

A. That should be included in their strengths and needs assessment; absolutely, yes. That's really - yep.

Q. And would the strengths and needs assessment also include what was being done to address those concerns? So it might be the child safety officer has given approval for six counselling sessions or something like that.

A. Yes. So I'd expect to see that in the case plan, and it would also be best practice to include that in the strengths and needs assessment.

Q. Okay. Dealing then with the facts of this case there was no harm report conducted?

A. It doesn't appear there was one recorded, no.

Q. And in the two strengths and needs assessments that

1 have been provided that immediately followed the disclosure  
2 there is no reference to the sexual assault or any steps  
3 taken to provide any support in relation to it; do you  
4 accept that?

5 A. I do accept that.

6

7 Q. Okay. The first record of anything - well, sorry,  
8 I withdraw that. The first record of any counselling  
9 occurring is in November of that year where the child  
10 commenced counselling at a local service; do you recall  
11 that?

12 A. Yes, I do.

13

14 Q. And, firstly, the disclosure is made in March and  
15 counselling commences in November, some eight months later.

16 A. Yes.

17

18 Q. You would accept that's simply far too long for  
19 treatment to commence?

20 A. Yes, the referral should have been made immediately,  
21 yes, and commenced as soon as possible.

22

23 Q. Okay. And I just want to ask you briefly about some  
24 documents that have been produced in relation to that.  
25 There's a case note which commences at page 734. And then  
26 the relevant passages are from 736 and 737. It's an email  
27 trail from the school, the sister's guidance officer at  
28 their school providing what's referred to as some paperwork  
29 and asking if there's anything else they need to do.

30 A. Yes.

31

32 Q. And they've asked:

33

34 *Do you require any more information about*  
35 *the counselling for funding purposes.*

36 A. M'hmm.

37

38 Q. Then the next email the child safety officer has said:

39

40 *Thank you for your continued support. I'll*  
41 *speak with the grandmother to support the*  
42 *sister to get a mental health care plan so*  
43 *she's able to access free sessions through*  
44 *the mental health care plan.*

45 A. M'hmm.

46

47 Q. And then the school guidance officer responds thanking

1 the CSO and confirming that the child started counselling  
2 that day.  
3 A. Yes.  
4  
5 Q. Now, as I understand it, there's no other records that  
6 have been produced in relation to the child commencing  
7 counselling in November. Are you aware of any other  
8 documents with respect to that?  
9 A. I'm not aware of any other documents.  
10  
11 Q. Okay. From that email chain we've just gone through  
12 is it clear to you whether the counselling was initiated by  
13 Child Safety or by the school?  
14 A. It's not clear to me, no.  
15  
16 Q. Okay. And are you aware that the school was notified  
17 of the disclosure at the same time as Child Safety was?  
18 A. I'm not aware.  
19  
20 Q. I can take you to the relevant document if you need to  
21 see that. It's at page 1509.  
22 A. M'hmm.  
23  
24 Q. So that document there is a response to a 159N request  
25 to the school and it shows the information that was  
26 provided by the foster carer about disclosure to the school  
27 so that the school was aware of what had occurred.  
28 A. Yes.  
29  
30 Q. So you accept that the school was aware of the  
31 incident?  
32 A. Yes, I do.  
33  
34 Q. And from what you've seen on the file there's no  
35 records that show that Child Safety organised this  
36 counselling; do you accept that?  
37 A. Yes, I do.  
38  
39 Q. And do you accept that on the information we have  
40 available to us it appears as though that the school was  
41 the one who arranged the counselling for this child?  
42 A. Yes, it appears so.  
43  
44 Q. Okay. It goes without saying then I think following  
45 from that that what we've just gone through here is a total  
46 failure by the department to properly respond to this  
47 child's sexual assault; you'd accept that?

1 A. Yes.  
2  
3 Q. Okay. There's one other matter I wish to ask you  
4 about, and you'll be pleased it will be the last thing  
5 I wanted to ask you about. It's tangentially related to  
6 this. You were asked in one of the notices to provide an  
7 explanation as to how a subsequent child safety officer  
8 wouldn't have been aware of this sexual assault?  
9 A. M'hmm.  
10  
11 Q. Do you recall this?  
12 A. Yeah.  
13  
14 Q. And you've identified that it was mentioned in various  
15 documents over time. Is there anywhere in the system, both  
16 I guess ICMS and now in Unify, for this type of information  
17 which is obviously very important in a child's case to be  
18 stored so that if there is a handover between CSOs they can  
19 be aware of it?  
20 A. Yes, so when a CSO is first allocated a case the first  
21 thing they will do is to review the case plan and the  
22 placement agreement along with the child's strengths and  
23 needs as well as any recent affidavit material for a  
24 family. So that information should be recorded in those -  
25 the first three documents, which is usually how I would  
26 expect a CSO to become aware of the history for the  
27 child --  
28  
29 Q. Okay. So in a case --  
30 A. Sorry.  
31  
32 Q. No, sorry.  
33 A. Sorry. Ideally there would be a handover between  
34 CSOs. But often it's the case that the previous CSO has  
35 already left the department, so those handovers don't often  
36 occur. If it is going to the same team quite often the  
37 team leader can provide the background information. But  
38 key information such as a child being sexually abused, it  
39 should absolutely be in the case plan and the strengths and  
40 needs document, along with a placement agreement.  
41  
42 Q. Okay. So if you have a situation like this case where  
43 it wasn't put into the strengths and needs assessments  
44 following the incident that then potentially sets in motion  
45 a course of events where subsequent CSOs may not become  
46 aware through the ordinary way of such a significant event  
47 occurring; is that right?

1 A. Yes. If they hadn't undertaken a thorough review of  
2 all records related to the child then, yes, that certainly  
3 could be overlooked.  
4

5 Q. And, bearing in mind the workload pressures that CSOs  
6 are under constantly, is it realistic for a CSO to have the  
7 opportunity to read back several years into a file?

8 A. Yeah, they might not always have time to do that. So  
9 they would certainly just be focusing on the key documents  
10 first; yes.  
11

12 Q. Okay. Would there be any scope for improving the  
13 system or how - it wouldn't necessarily have to be a sexual  
14 assault but, certain critical information, how that's  
15 recorded in the system so that it's not dependent upon  
16 being referred to in case plans?

17 A. On our previous system, ICMS, there were alerts that  
18 could be created. So, for example, we would list those if  
19 a child was experiencing suicidal ideation or if there was  
20 a client posing an immediate safety threat to a child or  
21 there was a risk of, for lack of better words, a flight  
22 risk. So there were alerts on our old system around that.  
23 So perhaps that could be the case that there could be an  
24 alert or something similar recorded to identify any  
25 significant issues impacting on a child that the new CSO or  
26 others involved would need to be aware of.  
27

28 Q. Okay. And does something like that exist in Unify as  
29 it is at the moment?

30 A. I haven't seen it.  
31

32 MR BOYD: Okay. Commissioner, I have no further questions  
33 for this witness. Thank you, Ms Alanko.  
34

35 COMMISSIONER: Thank you, Mr Boyd. Mr Creamer - or just  
36 for a moment, Mr Hastie, if you wish --  
37

38 MR HASTIE: I'm happy to go last; yes.  
39

40 COMMISSIONER: Yes, I thought that would be in your best  
41 interests. Mr Creamer.  
42

43 MR CREAMER: Thank you, Commissioner.  
44

45 **<EXAMINATION BY MR CREAMER** **[3.25 pm]**  
46

47 MR CREAMER: Ms Alanko, my name is Joshua Creamer. I'm

1 representing QIFVLS. I only intend to ask you some brief  
2 questions. I should only be a few minutes. You're aware  
3 or you're familiar with QIFVLS, Queensland Indigenous  
4 Family Violence Legal Service?

5 A. Yes, I am.

6  
7 Q. And I want to ask you about the operation of the  
8 Aboriginal and Torres Strait Islander child placement  
9 principle, and I want to ask you based on your experience -  
10 and I think it's about 13 years you've been in the  
11 department in Queensland --

12 A. Yes.

13  
14 Q. -- whether you've participated in meetings about  
15 Aboriginal children or the placement of Aboriginal or  
16 Torres Strait Islander children where section 5A has - you  
17 would expect in any meeting you've participated section 5A,  
18 the paramount principle, has always been considered?

19 A. Yes.

20  
21 Q. It always has been considered?

22 A. It should always be considered, absolutely, the  
23 child's best interests and wellbeing; yes.

24  
25 Q. And any meeting that you've participated in in respect  
26 of First Nations children has always considered the  
27 paramount principle?

28 A. Yes. Yes, in my experience; yes.

29  
30 Q. And I wanted to ask you the same in respect of 5B, so  
31 the general principles. Any meetings that you've  
32 participated in the general principles have always been  
33 considered in respect of placement of First Nations  
34 children?

35 A. Yes, yes. That is my experience.

36  
37 Q. And then I wanted to ask you in respect of section 83.  
38 Section 83 of the Act goes into the placement principles?

39 A. Yes.

40  
41 Q. Now, any meeting in which you've participated in in  
42 respect of First Nations children has it considered  
43 section 83 or the placement principles?

44 A. Yes. So every case consult that I've facilitated as a  
45 senior practitioner absolutely included the placement  
46 principles. Any practice panel that I have facilitated in  
47 previous roles and that I've been a member of absolutely

1 addresses the placement principles; yes.

2

3 Q. And I just want to ask you this. In your experience  
4 have you ever seen a child or the placement principles - a  
5 child placed in accordance with the placement principles  
6 where there's a conflict with section 5A, so it wasn't in  
7 the child's best interests?

8

9 COMMISSIONER: Mr Creamer, I'm not going to stop you  
10 asking these questions --

11

12 MR CREAMER: I'm almost finished.

13

14 COMMISSIONER: -- but I should alert you to the fact that  
15 you frame the questions in such a general way without  
16 framing a context in which you're asking this witness  
17 questions. They're perfectly valid questions.

18

19 MR CREAMER: Yes.

20

21 COMMISSIONER: But, to make something of the answers, they  
22 really need to be - the questions and the discussion, if  
23 you like, needs to be contextualised in order to give  
24 content to what it is I think you're trying to elicit.

25

26 MR CREAMER: Thank you, Commissioner.

27

28 COMMISSIONER: I'm not going to stop you; I just --

29

30 MR CREAMER: I'm almost finished.

31

32 COMMISSIONER: Okay.

33

34 MR CREAMER: I think it was almost my last question, but  
35 I'll ask one more.

36

37 COMMISSIONER: Yes.

38

39 MR CREAMER: I'll re-ask that question so the witness can  
40 answer it.

41

42 COMMISSIONER: Certainly.

43

44 MR CREAMER: Just in your experience, Ms Alanko, in  
45 respect of participating in meetings to determine the  
46 placement of Aboriginal and Torres Strait Islander children  
47 have you ever seen decisions reached where the child

1 placement principle has been given priority where it may  
2 have conflicted with 5A so it hasn't been in the best  
3 interests of a child to place the child in that particular  
4 home because you followed the principles?

5 A. No, I haven't seen that in any of the consultations or  
6 panels that I've been a part of.

7  
8 Q. So 5A is always paramount in the meetings you've --

9 A. Absolutely. In my practice it certainly is, yes.

10  
11 MR CREAMER: I wasn't proposing any further questions,  
12 Commissioner.

13  
14 COMMISSIONER: Very well. Thank you, Mr Creamer. You're  
15 not asking questions?

16  
17 MS GREENWOOD: Commissioner, you did miss me a bit earlier  
18 but that's okay; I have no questions.

19  
20 COMMISSIONER: I was acting on what you said this morning  
21 that you propose not to ask questions.

22  
23 MS GREENWOOD: Except on structural issues, and I think  
24 they're better asked to the witness tomorrow. Thank you,  
25 Commissioner.

26  
27 COMMISSIONER: All right. Thank you. Mr Hastie.

28  
29 MR HASTIE: Just one question.

30  
31 **<EXAMINATION BY MR HASTIE** **[3.29 pm]**

32  
33 MR HASTIE: Ms Alanko, you mentioned a number of times in  
34 your evidence-in-chief - sorry, in evidence in answer to  
35 the questions from the Counsel Assisting that there are a  
36 number of records that weren't in existence or that things  
37 weren't recorded. Are you able to - is that your general  
38 experience in your practice?

39 A. Sorry, can I just clarify with meetings that have  
40 happened or decisions that have been made that haven't been  
41 recorded on the system?

42  
43 Q. Yes.

44 A. Yes, that's correct. So in my experience it's very  
45 unfortunate that child safety officers are extremely busy;  
46 they don't always get a chance to record case notes for  
47 everything single phone call they make and every visit that

1 they conduct. So unfortunately there are often gaps in  
2 information that is recorded on our system.

3

4 Q. And why's that? Are you able to explain why the gaps  
5 exist?

6 A. Yes, I can, and it can be - in my experience it is  
7 resourcing issues; it's lack of capacity; and it's also  
8 prioritising the most urgent matters in terms of children  
9 at immediate risk. It's also about prioritising the phone  
10 calls and the connections with children and families, but  
11 they don't always have time to record it on the system in a  
12 timely manner. So often you can see piles of case notes  
13 that will sit there on a desk for, you know, weeks or  
14 months at a time and just not added to the system.

15

16 Q. And if the case notes aren't added to the system -  
17 I take it that's physical case notes, is it, you're talking  
18 about?

19 A. Yes. So, in my experience, staff will often write  
20 notes in their notebook and then intend to go back at a  
21 later date and upload them to Unify or previously ICMS.  
22 That's my general experience.

23

24 Q. And if the notes aren't transported into an electronic  
25 form then what happens to the notes?

26 A. Then there's no record of it, unless it's written on -  
27 we have separate case note documents. If they are added to  
28 that sometimes they'll be placed in a physical file, but  
29 more often than not staff are writing just general notes in  
30 their own notebooks, not the official case note paper, and  
31 it will be either just forgotten about or the child safety  
32 officer will leave and then there's no record of it.

33

34 Q. All right. And in particular does that include things  
35 like assessments that might be done or does that fall into  
36 a different category?

37 A. In my experience, that's usually around home visits  
38 that have taken place, prescribed visits to carers, care  
39 team meetings, phone calls, that sort of thing. Usually if  
40 it's, for example, an investigation and assessment or a  
41 record of interviews that will usually be put on the  
42 system. But it's the other visits and the other  
43 communication with children, families and stakeholders that  
44 doesn't always get recorded.

45

46 Q. All right. Can I just deal then with the matters or  
47 types of documents you say are normally recorded. In this

1 case it would seem that some of those types of documents  
2 which would normally, from what you say, be in the system  
3 are you able to give an explanation as to why they're not  
4 in the system or why they mightn't be in existence?  
5 A. That could be accurate; they may not be. If I haven't  
6 found any records of them, they may not be in existence;  
7 yes.

8  
9 Q. But are you able to explain why that might --

10  
11 COMMISSIONER: You can lead, Mr Hastie. If you have  
12 instructions, I'll allow you to lead if you wish.

13  
14 MR HASTIE: Thank you, Commissioner.

15  
16 Are you able to indicate why they mightn't be - even those  
17 important documents be locatable in the system or done?  
18 A. Yeah, and they may not have been completed potentially  
19 because of resourcing issues related to staffing, also  
20 related to staff being on long-term leave or vacancies, or  
21 senior team leaders are carrying a large number of cases,  
22 the documents just may not have been done, they may have  
23 been overlooked.

24  
25 MR HASTIE: Thank you, Commissioner. May this witness be  
26 excused?

27  
28 COMMISSIONER: Yes, indeed. Ms Alanko, thank you very  
29 much for your contribution to the work of the Commission  
30 and for being so patient last year. I know we kept you  
31 waiting and it was inconvenient to you; I apologise for  
32 that. You're excused and, once again, thank you for your  
33 help.

34 A. Thank you very much, Commissioner

35  
36 <THE WITNESS WITHDREW [3.34 pm]

37  
38 COMMISSIONER: We seem to have uncharacteristically  
39 finished early, which is a happy outcome for all of us I'm  
40 sure. We'll adjourn until 10.15 tomorrow.

41  
42 **THE HEARING WAS ADJOURNED AT 3.35PM UNTIL WEDNESDAY,**  
43 **4 FEBRUARY 2026**

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