

CHILD SAFETY COMMISSION OF INQUIRY

Court 1, First Floor, Toowoomba Courthouse
159 Hume Street, Toowoomba

On Tuesday, 17 February 2026 at 10.41 am

Before: Mr Paul Anastassiou KC, Commissioner

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

1 COMMISSIONER: Yes.

2

3 MS MENDELSON: Thank you, Commissioner. I'd like to start
4 by making some short opening statement.

5

6 COMMISSIONER: Yes.

7

8 MS MENDELSON: The Commission has heard evidence
9 throughout the Inquiry that there is a critical lack of
10 home-based care that cannot accommodate all the children in
11 the system that need it. As a result, children end up in
12 residential care, which, as the Commission heard yesterday,
13 can have destructive and long-lasting impacts on the child.
14 One reason for the lack of family-based care is the falling
15 number of foster carers as current carers leave and the
16 system cannot attract new carers to replace them.

17

18 The Commission will explore the challenges carers face when
19 trying to navigate a broken system that is plagued with
20 delays, poor communication, and a rigid and adversarial
21 approach to carers. This morning the Commission will hear
22 from former foster carers Sarah Evans and Logan Cole. They
23 started their fostering journey with the strong motivation
24 to help the children in their care to get what they needed,
25 as anyone in the role of a parent would. However, as they
26 will explain, they faced hostility from a system that told
27 them to get back in their place, and they endured an
28 investigation into an unsubstantiated allegation that they
29 had harmed the children in their care while trying to act
30 in the role of parent. The concern is that these systemic
31 challenges will have a direct negative effect on future
32 advocacy and the continuation as a carer. This is because
33 the system may be setting itself up for failure by reducing
34 the foster carer numbers, because a lack of family-based
35 care is ultimately a disservice to the children in the
36 system.

37

38 The Commission calls Sarah Evans and Logan Cole.

39

40 COMMISSIONER: Yes, thank you.

41

42 <SARAH ELIZABETH EVANS, AFFIRMED [10.43 am]

43

44 <LOGAN JAMES COLE, AFFIRMED

45

46 <EXAMINATION BY MS MENDELSON

47

1 MS MENDELSON: One at a time would you please state your
2 name for the Commission?
3
4 MS EVANS: Sarah Elizabeth Evans.
5
6 MR COLE: Logan James Cole.
7
8 COMMISSIONER: Thank you, Ms Evans and Mr Cole, for coming
9 along and being prepared to give your evidence to the
10 Commission. We look forward to hearing your testimony.
11
12 MS MENDELSON: Ms Evans and Mr Cole, you provided the
13 Commission with an outline of evidence and some documents.
14 Can you look at the document in front of you and confirm
15 that this outline of evidence - we'll get the bundle for
16 you.
17
18 COMMISSIONER: Sorry, we don't have a copy?
19
20 MS MENDELSON: We will shortly have a copy for the
21 witnesses.
22
23 COMMISSIONER: Yes. That's all right.
24
25 MS MENDELSON: So you've got the outline of evidence dated
26 14 February 2026? Sorry, 13 February?
27
28 MR COLE: Yep.
29
30 MS EVANS: Thirteen, yep.
31
32 MS MENDELSON: Commissioner, I tender the outline of
33 evidence of Sarah Evans and Logan Cole and the 12 attached
34 documents.
35
36 COMMISSIONER: It's a joint and several statement.
37
38 MS MENDELSON: That's right.
39
40 COMMISSIONER: I take it that you each agree with the
41 contents of the statement?
42
43 MS EVANS: Yes.
44
45 MR COLE: Yes.
46
47 COMMISSIONER: Yes. Good. That statement will be exhibit

1 CA-59.

2

3 **EXHIBIT #CA-59 - JOINT OUTLINE OF EVIDENCE OF SARAH EVANS**
4 **AND LOGAN COLE WITH 12 ATTACHMENTS**

5

6 MS MENDELSON: So, Ms Evans and Mr Cole, you were foster
7 carers between July 2024 and August 2025?

8

9 MS EVANS: Yep.

10

11 MS MENDELSON: However, you've recently made the decision
12 not to continue to be foster carers. We'll start at the
13 beginning --

14

15 COMMISSIONER: Sorry, Ms Mendelson, I just didn't hear the
16 date range. Could you just repeat that, please?

17

18 MS MENDELSON: July 2024 and August 2025.

19

20 COMMISSIONER: Thank you.

21

22 MS MENDELSON: And why did you decide to become foster
23 carers in the first place?

24

25 MS EVANS: I think for me I had always wanted to be a
26 foster carer from a young age. I have a very strong desire
27 to help children. And we at the time when we were
28 considering being a foster carer together we had the means
29 to be able to do that in terms of having a home, spare
30 rooms, the motivation to want to foster. So I guess we
31 thought together that that was something that we could
32 pursue. But for me it was more of a - me wanting - I have
33 a desire to help children.

34

35 MR COLE: Yeah, I have to agree with that. Like,
36 obviously I don't have a work background with children or
37 anything like that, but Sarah explained the process to me
38 and I thought that it would be a good experience for us to,
39 like, try and give some children that are less fortunate a
40 stable home environment and a better childhood.

41

42 MS MENDELSON: And you originally applied to be respite
43 carers. Can you explain why that was?

44

45 A. I think for us we decided to become respite carers
46 because we had never cared before and we don't have
47 children of our own. So we wanted to ensure that we were,
I guess, supported and had the knowledge to be able to do

1 caring first in a respite space rather than jumping
2 straight into full-time care. Yeah.

3

4 MR COLE: Yeah. It was like I guess in a way like just
5 trial it to see if we could actually do it before
6 committing to a child every day of the week, you know, for
7 potentially a long time, because you don't want to promise
8 that to someone and then fall on that promise, if that
9 makes sense

10

11 MS EVANS: And we work full time as well, so we wanted to
12 ensure that this was something that was going to be
13 workable with our work hours and, if not, then how would we
14 be able to kind of change our work hours or our lifestyle
15 to ensure that we could provide the most stable home for
16 children.

17

18 MS MENDELSON: And during the process to be approved to be
19 a carer you attended a training session called "Get Ready
20 to Start" foster care training --

21

22 MR COLE: M'hmm.

23

24 MS MENDELSON: -- and this was delivered by another foster
25 carer. You say in your outline that you found this
26 training to be helpful. Can you describe what was covered
27 in this training session and what you got out of it?

28

29 MS EVANS: So it was just the initial information about
30 what it takes to be a foster carer, what kind of that looks
31 like day to day, some information about cultural training
32 and awareness, I guess how they do placement matching as
33 well and how that kind of differs from if just - you know,
34 a child versus a child who identifies as Aboriginal or
35 Torres Strait Islander and how that works when placing
36 children. There were some case studies that we spoke
37 about, and the carer or the person that was providing the
38 training who had the carer background gave us some good
39 examples of her experience and how she had to advocate for
40 her children to have their needs met and gave us some
41 pointers along the way. So it was really insightful of
42 what is to come, and she was very honest with, you know,
43 the positives of fostering but also, you know, the issues
44 that you might find when you're becoming a foster carer,
45 and then what to do when you experience those too.

46

47 MS MENDELSON: So about six weeks after you had been

1 approved to be carers you accepted a regular weekend
2 respite placement for two primary-aged siblings who at the
3 time were living in residential care?
4

5 MS EVANS: M'hmm.
6

7 MS MENDELSON: Initially this was a respite placement but,
8 as we will come to it, the placement a few months later
9 turned into a permanent placement. But, starting with
10 the respite phase of your experience, what level of
11 information did you get from the department about the
12 children, and being mindful not to reveal any confidential
13 information about them?
14

15 MS EVANS: So initially we received very little
16 information. We were told about their cultural background,
17 some family information and the family contact arrangement
18 at that time. We were told their likes and their dislikes
19 in terms of their favourite activities and their favourite
20 foods, some basic information around their general
21 day-to-day routine, and some basic information around
22 medical and behavioural needs.
23

24 MS MENDELSON: Is it the case that you were told that the
25 children had well-managed medical conditions?
26

27 MS EVANS: Yes.
28

29 MS MENDELSON: But is it safe to say that it quickly
30 became apparent to you that the children's medical needs
31 and other needs were significantly more higher and complex
32 than what the department had represented to you?
33

34 MS EVANS: Yes.
35

36 MS MENDELSON: Once this became apparent to you, you
37 approached the department to get some more detailed
38 information about the children's time in care and prior to
39 them coming into care. Why did you want this information
40 from the department?
41

42 MS EVANS: We really wanted that information so we could
43 make - so we can have a really good understanding of the
44 children so that we could support them to the best of our
45 abilities and really to ensure that we were well equipped
46 to be able to support them with whatever that was that was
47 going on for them. We thought that was really important,

1 and unfortunately at that time we didn't receive that and
2 we had to seek that information elsewhere.

3
4 MS MENDELSON: When you approached the department for that
5 information what did they tell you in response to your
6 request?

7
8 MS EVANS: They said that type of information is not
9 relayed to carers, it can impact the carer and biological
10 family relationship, and that it wasn't necessary for us to
11 know that information and it's not something that they
12 typically tell carers.

13
14 MS MENDELSON: And what is your view about the
15 department's position on not giving the carers that type of
16 information?

17
18 MS EVANS: I think it can be quite dangerous in a sense.
19 If we're not informed, then how are we able to meet those
20 care needs of the children. Especially if we don't know
21 any sort of background of their child protection history
22 and any of those triggers, how can we support them with
23 their emotional and psychological needs if we're not even
24 aware of what may trigger them. So I think it's definitely
25 something that needs to be revised, and carers should be
26 able to understand what - the history of the children and
27 then be able to use that information to really support them
28 to be able to thrive and overcome the adversity that
29 they've experienced.

30
31 MS MENDELSON: So you later did find out from someone who
32 knows the children but who was not within the department
33 more information about them and it became apparent that
34 they had a significant child protection history. How do
35 you think your experience as carers might have changed if
36 you had been given the full picture of the children and
37 their circumstances?

38
39 MS EVANS: I think that if we were given that information
40 at the start I don't think it would have changed anything
41 in terms of us saying yes or no to the placement. I think
42 it would have just helped us to be able to put plans in
43 place to support them and then for us to also understand
44 the children a little bit more so we can be the best carers
45 for them as possible.

46
47 MS MENDELSON: Now, after a few months of you - about two

1 months of you having the respite care of the children the
2 department started to have discussions with you about
3 whether or not you were able to take on the children on a
4 full-time permanent basis. This was explained to you: that
5 the children had been identified by the department to be a
6 part of the "What would it take" pilot. Firstly. Can you
7 explain your understanding of the "What would it take"
8 pilot?
9

10 MS EVANS: It wasn't very clear to us. We were approached
11 to participate. We had an understanding that part of that
12 was around placement agreements and ensuring that that was
13 up to standard and that things in there were covered
14 accurately. But there was very little information provided
15 to us as to what that looked like, and we were kind of just
16 being guided by the team to help us in that process.
17

18 MS MENDELSON: Yes. Were you advised that it was an
19 initiative of the Director-General to start transitioning
20 young children out of residential care into family-based
21 placements?
22

23 MS EVANS: Not at the time, they didn't link it with the
24 "What would it take" pilot. They just came to us and said,
25 "This is an initiative that we're starting to do. We know
26 that transitioning children out of residential care into
27 family-based placements achieve better outcomes for
28 children." So by hearing that we said, "Yep, sure. We'll
29 consider it." But, no, we didn't really get much
30 information around what that meant.
31

32 MS MENDELSON: Noting that you had originally agreed to
33 become respite carers because of your work commitments and
34 you not having cared for children before what, was your
35 reaction to being asked to be primary carers?
36

37 MS EVANS: I think deep down we did - we did disclose to
38 the department and our agency that that's something that we
39 wanted to progress to down the track, but to us it felt a
40 bit rushed at that time just due to we wanted a bit of a
41 longer transition from respite to full-time care. But we
42 weren't able to go ahead with any sort of transition,
43 longer transition, due to financial restraints.
44

45 MS MENDELSON: So you attended a few meetings - two
46 meetings with the child safety officer and --
47

1 COMMISSIONER: Sorry, just before you move on, what were
2 the financial constraints? Were they ones that you had
3 or --

4
5 MS EVANS: No.

6
7 COMMISSIONER: Could you just explain what you mean by
8 that, please?

9
10 MS EVANS: So we proposed a transition plan for the
11 children to be transitioned out of resi into our full-time
12 care, and we were transitioning out, we proposed, over a
13 few months to ensure that it was a successful transition,
14 and we were told that it would cost - it would cost too
15 much money due to them being in a resi and they weren't
16 going to be spending enough time in that resi, they'd be
17 spending too much time in our house in comparison to being
18 in a resi.

19
20 COMMISSIONER: I see. Thank you.

21
22 MS MENDELSON: You had two placement agreement meetings
23 with your child safety officer and various workers from the
24 foster support agency to discuss what it would take and
25 what you would need to become full-time carers, and
26 following that meeting you wrote a letter to the department
27 outlining six things that you needed. If I could ask you
28 to turn to page 34 and 35 of the documents in front of you.
29 That's at tab 3.

30
31 MR COLE: 34, 35?

32
33 MS MENDELSON: 34, 35, yes

34
35 MS EVANS: Yep.

36
37 COMMISSIONER: Did you say under tab 3?

38
39 MS MENDELSON: Tab 3, yes. Tab 4 on your version,
40 Commissioner.

41
42 COMMISSIONER: Okay. Thank you.

43
44 MS MENDELSON: So this is a letter that you wrote to the
45 relevant child safety service centre, and if we go to
46 page 35 under the heading "What would it take" you've
47 outlined a series of supports that you would require. The

1 first one is out-of-hours care. Can you explain firstly
2 why - what this request was and why you needed this?

3

4 MS EVANS: Yep. So we requested this as Logan and I, we
5 work full-time, and the children's school was quite far
6 away from where we lived and where we worked, so we would
7 need the before and after school hours care put in place
8 for them if they were to be placed with us, yep.

9

10 MS MENDELSON: Next is "Transport for counselling
11 appointments". First of all, what counselling appointments
12 were these and why did you need that assistance?

13

14 MS EVANS: So the counselling appointments were for the
15 children, and they were attending once a week.

16

17 MS MENDELSON: Once a week during school hours; is that
18 right?

19

20 MS EVANS: Yes.

21

22 MS MENDELSON: Eleven am on two school days?

23

24 MS EVANS: Yeah. And, as our work wasn't close to the
25 school, we needed support to be able to take the children
26 to those appointments. It was about a 45-minute drive for
27 me to go from my workplace to the school, then take them to
28 the play therapist and then take them back to school, and
29 then I would drive back to work. So we were able to get a
30 youth worker to support with that, but then Logan's mum
31 assisted with the other child's therapy day.

32

33 MS MENDELSON: You also asked for additional trauma
34 support for the children, and this request was based on
35 your observations of behaviours during your respite care.
36 You identified this as being an unmet need?

37

38 MS EVANS: M'hmm.

39

40 MS MENDELSON: Is that right?

41

42 MR COLE: Yep.

43

44 MS MENDELSON: You also request consistent family contact.
45 Can you explain what the family contact was during resi
46 care and what changes you needed while you were - in
47 full-time care with you?

1
2 MR COLE: So basically when the children were in the
3 residential facility family time was whenever mum
4 requested, and basically we just said, "Well, due to work
5 we need it to be on a specific day because we can't be here
6 and there on every day that mum requires." So we just
7 proposed that we just work out a day that works for
8 everyone and that it was just going to be that day every
9 week.

10
11 MS MENDELSON: Yes. You also asked for additional medical
12 and allied health services, and again this was based on
13 your observations of the children and what you identified
14 to be unmet needs for them. And finally, over the page,
15 you've asked for carer payments and allowances. Can you
16 explain what care allowances you were entitled to at that
17 point in time and what further allowances you say you
18 needed to support the children?
19

20 MS EVANS: At that time we - this was stemming off us not
21 being paid our foster care allowance for respite in itself.
22 So that was delayed. So we went through a few fortnights
23 actually of not being paid due to delays. So we were
24 already out of pocket costs there. Plus the increased
25 medical things going on for these children came with
26 associated costs, which we identified to be more in
27 alignment with a HSNA payment or a CSNA payment. So we
28 were requesting a review of that as well so we can meet
29 those additional needs for the children. And then also
30 the - we were looking at a start-up allowance as well to
31 help us, I guess, build their bedrooms. They were coming
32 from a resi with no furniture, no bedding - they came with
33 clothes - so we wanted that as well. So that's what we
34 were requesting.
35

36 MS MENDELSON: The two allowances you refer to is the
37 complex support need - complex support needs allowance and
38 the high support needs allowance; is that right?
39

40 MS EVANS: Yep.
41

42 MS MENDELSON: And that start-up allowance is the lump sum
43 money given to carers to buy the things the children might
44 need?
45

46 MS EVANS: Yep.
47

1 MS MENDELSON: And just further down the page on 36 in
2 that last paragraph you've extracted some parts of the
3 statement of commitment which both Child Safety and the
4 foster carers commit to?
5
6 MS EVANS: M'hmm.
7
8 MS MENDELSON: How did you consider that your - the
9 request for these six items aligned with the statement of
10 commitment?
11
12 MR COLE: I guess for the first piece, just in regards to
13 the information and stuff like that, I guess that circles
14 back to when we first started respite for the boys, if we
15 had that initial information it would have allowed us to be
16 more prepared for their full-time transition, and we
17 wouldn't have run into so many hurdles with trying to work
18 out what was actually going on for them.
19
20 MS EVANS: And in that too it states that there's a
21 commitment there to support - it's "as a care team", but
22 Child Safety does have a commitment there to support
23 children accessing their medical and emotional and
24 therapeutic needs alongside carers. But at the end of
25 the day we could only do so much within our role, and we
26 were always stated that we were just volunteers and no-one
27 ever referred to us as a parent. So we saw that as Child
28 Safety's commitment and role to provide that to these
29 children as being their guardian.
30
31 COMMISSIONER: Sorry, could you just repeat that? Who
32 used the expression "volunteers"?
33
34 MS EVANS: We're - Child Safety, our agency worker, we're
35 volunteers, we volunteered to do this role and we aren't
36 parents.
37
38 COMMISSIONER: Are not parents?
39
40 MS EVANS: Yep.
41
42 COMMISSIONER: So you're voluntary non-parents?
43
44 MS EVANS: Yep.
45
46 COMMISSIONER: Right.
47

1 MS MENDELSON: And just under "The foster carers'
2 commitments", the second dot point, it says:

3
4 *Advocate on behalf of the child or the*
5 *young person for the resources and services*
6 *required to ensure their full potential is*
7 *reached.*

8
9 With that in mind, noting that that's part of the statement
10 of commitment you had given to Child Safety and the child,
11 do you feel that the requests that you made were - you were
12 empowered to make those requests because of that statement
13 of commitment?

14
15 MS EVANS: Yeah.

16
17 MS MENDELSON: Now, Ms Evans, shortly after you sent this
18 letter you sent Child Safety a mock transition plan, and
19 this reflected what you and Mr Cole had wanted, being a
20 gradual transition from respite care to full-time care, and
21 then shortly after you had a meeting with the senior team
22 leader and a senior practitioner about the transition plan.
23 Can you tell me about that meeting and what their response
24 was to your plan?

25
26 MS EVANS: So initially we weren't provided much
27 information as to what the purpose of the meeting was.
28 Logan and I went into that meeting thinking that it was
29 going to be a very collaborative discussion around the
30 letter that I had sent and how we can make this transition
31 plan work, but the primary focus once we were in that
32 meeting was basically the child safety team telling us to
33 step back and, "Get back in your place. This is who we are
34 as Child Safety. This is what we do." They were aware of
35 my background of being a professional and told me that it's
36 a very different role, I need to take my worker hat off and
37 I need to go into the volunteer role.

38
39 COMMISSIONER: Ms Evans, what you just said is partly your
40 conclusion about the message that was being conveyed, and
41 that's quite natural for people to draw conclusions from
42 things that are said to them. What I'd like you to do if
43 you can is to say, the best you can recall, in substance
44 what was said to you which led you to reach the conclusion
45 that you've just expressed.

46
47 MS EVANS: So - yep.

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COMMISSIONER: So just see if you can think about what it was that you were told.

MS EVANS: Yep. So I was told that this is the role of Child Safety, this is how it differs from a professional working outside of the department, this is the role of a carer.

COMMISSIONER: What did they say Child Safety's role was?

MS EVANS: That "we make all the decisions for the children" and that "we have the final say".

COMMISSIONER: Yes. And what did they say as to the role of the carer?

MS EVANS: That, "You're entitled to advocate for the needs of the children, that's within your role, but ultimately at the end of the day Child Safety makes the decision."

COMMISSIONER: Yes, I see.

MS MENDELSON: And you refer to the work hat that you were wearing, and that's a reference to you being an allied health professional?

MS EVANS: Yep.

MS MENDELSON: What discussions did you - sorry, I withdraw that question. Ultimately the children transitioned to your full-time care the next month after you had that meeting, which was a few months earlier than you had wanted. How did the children go with that transition?

MS EVANS: I think they did quite well. Obviously it's a big change. One may have transitioned a bit better than the other. But it was quite a positive change and they were very excited.

MS MENDELSON: So we'll now move to your experience being full-time permanent carers for the children. You've outlined your experience in a document called "The impact statement", and this is found at page 90 of your witness pack. So this is a letter dated 17 July 2025. It's a

1 letter you wrote to the regional director, and it's titled
2 "Foster carer impact statement"?

3

4 MS EVANS: Yeah.

5

6 MS MENDELSON: Firstly, I'd like to ask you - and in this
7 letter you outline various issues that you had had - and
8 you wrote this after your carer experience had
9 substantially ended - the issues that you had during your
10 time. So I just wanted to ask you about some of those
11 issues. So, firstly, you describe having had issues
12 communicating with Child Safety. Can you explain those
13 issues that you had?

14

15 MS EVANS: So some of the issues we had experienced was we
16 would send emails and they often went unresponded to, which
17 then caused a lot of follow-up emails, and there were just
18 emails going everywhere. Things were getting lost. Then
19 we would - because things weren't getting followed up, then
20 we would be requesting meetings and then there would be
21 meetings happening and then plans for action occurring
22 after that, but then there's no follow-through on the plan.
23 So then there's another email sent, and then it ends up
24 being another meeting, and then it just keeps flowing on
25 like that over and over and over. And then it's the actual
26 communication style as well. When you're talking with them
27 it's not a collaborative discussion. It was very
28 directive, "This is how it's going to be," and it was
29 really quite hard to work like that as a team when we're
30 here every day with the children trying to get their needs
31 met but they weren't necessarily there in the moments with
32 those kids.

33

34 MR COLE: I guess just to touch on that as well, our child
35 safety officer worked five days a fortnight, so - and
36 I guess with the complex - what become complex and medical
37 needs of the children we found that her - yes, her sporadic
38 work schedule really hindered anything that needed to be
39 done for the children. So, if there was like a medical
40 appointment that needed an approval or something like that,
41 it always was delayed because even on the days that she was
42 at work she obviously had to try and catch up on stuff that
43 she'd missed.

44

45 MS MENDELSON: Was there any mechanism that another child
46 safety officer or admin officer could cover that child
47 safety officer's day - inbox while she was not at work?

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MS EVANS: They did say that we could CC in the senior team leader, and they were somewhat more responsive. But there were still times where we may not get a reply.

MS MENDELSON: You also say that you've experienced pushback when advocating for the health needs of the children. Can you speak to generally what types of requests you made and what level of pushback you got from the department?

MS EVANS: So we were just requesting for reviews for the children. Once they started coming into our care and there was more medical things coming to light, we were wanting some additional reviews. We were told that we would have to explore all public options first, so bulk-billing options, before going ahead with the private ones.

MR COLE: And I guess, like, one of the big ones was a paediatrician appointment Sarah had with - where the paediatrician had requested a specific appointment for the child, and when this was discussed with Child Safety they said that Sarah had manipulated the paediatrician to give that referral and that it was unnecessary and they wouldn't be following through with it.

MS EVANS: And then we would be receiving phone calls from the hospital asking us why we were not following through with that appointment, and we had to take that on, but that wasn't our choice to make either. That was the choice of the department.

MS MENDELSON: And ultimately is it the case that you and the child safety officer attended the paediatrician's appointment together?

MS EVANS: Yeah.

MS MENDELSON: What happened during that appointment?

MS EVANS: It was identified that that was his recommendation, the doctor's recommendation, for that referral, not mine, and - but it was necessary for the child that that referral was made for reviews for that child.

MS MENDELSON: And once Child Safety became aware from the

1 paediatrician directly that that was a referral that was
2 needed was that then approved by Child Safety?

3

4 MS EVANS: They said that they would review it in four
5 months time, when his next appointment with that doctor
6 would be.

7

8 MS MENDELSON: You also said that you don't feel like a
9 collaborative partner in the caring team for the children.
10 Can you expand upon that?

11

12 MS EVANS: So this comes back to when we have meetings and
13 things about the children. We could advocate for these
14 children and think of their best interests, but it comes
15 back to us being viewed as just volunteers. We can provide
16 information but it's up to the department whether they take
17 that information on or they see it as a priority. So it
18 was getting - it was quite challenging to work as a team
19 when we weren't all on the same page together and everyone
20 had a different view of what needed to be worked on or done
21 for these children.

22

23 MS MENDELSON: And, Ms Evans, taking the children to the
24 appointments specifically had an impact on your work.
25 Could you explain that?

26

27 MS EVANS: So over the course of my time with the children
28 I had taken 100 hours of annual leave, and that included me
29 taking the children to their appointments and then also
30 when they had extended hospitalisations and things like
31 that as well. So it was very challenging, and being a
32 professional and managing my own caseload as well as doing
33 the children's medical needs - like, there was no question
34 I was going to do that, but it did take a lot from me, from
35 my work. The annual leave component as well. I was
36 worried that I wouldn't have any annual leave to support
37 myself over Christmas time, and it was just the travel to
38 and from the appointments as well which was - one of the
39 biggest barriers for me was having to travel from work to
40 the school, which was a far distance, taking them to the
41 appointment, bringing them back to school, and then I would
42 have to drive back to work.

43

44 MS MENDELSON: So about four months into you having been
45 full-time carers, and given you had been experiencing these
46 problems, you asked your support manager - this is the
47 support manager from the foster care agency - to help you

1 facilitate a meeting with the child safety service centre
2 manager to discuss these issues. Can you describe what
3 happened during that meeting?
4

5 MR COLE: So basically the meeting was to discuss payments
6 that had been missed, trying to see if potentially signing
7 a new CSO was applicable to try and fix the communication
8 barrier. There was a point where the children were
9 potentially joining us at our wedding, which is overseas,
10 and talking about the passports and the process to get that
11 going.
12

13 COMMISSIONER: Was this the meeting on 21 July?
14

15 MR COLE: No.
16

17 COMMISSIONER: No.
18

19 MS MENDELSON: No, this was a meeting on 20 June.
20

21 MR COLE: Yep.
22

23 COMMISSIONER: 2025?
24

25 MS MENDELSON: That's right, yes.
26

27 COMMISSIONER: So preceding the foster carer impact
28 statement?
29

30 MS MENDELSON: Yes.
31

32 COMMISSIONER: The statement that you prepared and sent to
33 the regional director is very, very detailed. It's some
34 eight pages in length. You break it down into various
35 topics. Did you get a response to this letter in writing
36 from anybody?
37

38 MS EVANS: No. We got acknowledgment. They said that
39 they'd received it. But there was no response. The only
40 response we did receive was from the regional director in
41 the meeting on 21 July, I believe.
42

43 COMMISSIONER: Yes. Well, that's what I thought was
44 coming next. Perhaps we'll come back to that. But we've
45 gone back in time to an earlier meeting, so let's deal with
46 that.
47

1 MS MENDELSON: So during that meeting in June you've
2 raised the issue of reimbursements, and you've asked for
3 the CSO to be reallocated. What was the response to that
4 request?

5
6 MS EVANS: There was consideration of increasing the
7 payments. There was acknowledgment that some of
8 the reimbursements exclude - like, outside of the medical
9 expenses was going to be reviewed and initiated. And our
10 request for a change of CSO was denied.

11
12 MS MENDELSON: Now, moving forward two weeks in time, and
13 this is early July, you received a phone call from the
14 child safety service manager to inform you, Ms Evans, that
15 they had received a harm report?

16
17 MS EVANS: That was a phone call from the child safety
18 officer, not the manager, yep.

19
20 MS MENDELSON: So the child safety officer calls you to
21 advise that you've received a harm report, and then you
22 later, the next day, received a letter outlining that, and
23 you'll be able to find that on page 73 of your bundle.
24 That should be at tab 9.

25
26 MS EVANS: We received that initial letter on the same day
27 as the phone call, not the day after.

28
29 MS MENDELSON: So a combination of this letter and the
30 phone call that you'd had with the child safety officer,
31 what did understand the concerns of harm, of alleged harm,
32 to be?

33
34 MR COLE: I was not privy to the phone call. Sarah was
35 called while she was at work. But from what she described
36 to me when she got home was the CSO didn't actually give
37 her the reasons. She just said that a report has been
38 raised.

39
40 MS EVANS: And when I received that phone call to notify
41 us that there was a harm report raised it wasn't clear to
42 me as to - I had never been through a process like this
43 before and I remember receiving the phone call and I did
44 say, "Oh, is this in relation to who?" I didn't know if
45 the alleged harm was in relation to Logan and I, and she
46 didn't --

47

1 COMMISSIONER: Sorry, in relation to what?

2

3 MS EVANS: It wasn't clear during that phone call when the
4 CSO let us know that there was a harm report that - who the
5 responsible persons of alleged harm was. I did say, "Oh,
6 is this in relation to Logan and I," and she didn't
7 specifically say. But then after she read the letter then
8 it was advised that it was us who were the alleged
9 responsible people.

10

11 COMMISSIONER: The letter is at page 73, and there's the
12 heading "The concern" - well, it reads relevantly:

13

14 *The concerns raised are that information*
15 *has been received that indicates a pattern*
16 *of behaviour and behavioural management*
17 *strategies that diminish the children's*
18 *sense of belonging and safety.*

19

20 Now, pausing there, what did you understand that to mean?

21

22 MS EVANS: I wasn't aware of what that actually meant.

23

24 COMMISSIONER: Because it doesn't say what it means, does
25 it?

26

27 MS EVANS: That's right.

28

29 COMMISSIONER: It just states a conclusion --

30

31 MS EVANS: Yep.

32

33 COMMISSIONER: -- without telling you what in particular
34 is the conduct --

35

36 MS EVANS: Yep.

37

38 COMMISSIONER: -- that underlies this conclusion?

39

40 MS EVANS: Yep.

41

42 COMMISSIONER: All right. Subsequently, were you informed
43 of what the subject conduct was so that you could
44 understand what it was that was being said by way of your
45 conduct to have caused harm?

46

47 MS EVANS: It wasn't until we had the harm report meeting

1 on the 15th --

2

3 MR COLE: Fourteenth or 15th, yeah.

4

5 MS EVANS: -- of July where that was advised.

6

7 COMMISSIONER: So you get this letter, and the next item,
8 which is a bit more specific, says:

9

10 *The children are having their belongings*
11 *sold/taken from them for excessive periods*
12 *of time. As a consequence for the choices*
13 *that is --*

14

15 It's not grammatical.

16

17 *As a consequence for the choices that this*
18 *is not in line with positive guidance.*

19

20 Did you take any of the children's belongings?

21

22 MS EVANS: No.

23

24 COMMISSIONER: I see that the letter is - it would appear
25 on its face to be some sort of standard form letter because
26 there are little boxes next to the items listed under
27 the "Concerns" topic. None of them are ticked.

28

29 MR COLE: M'hmm.

30

31 COMMISSIONER: So reading the letter you wouldn't know,
32 would you, what it is that's being said against you as to
33 the basis for a harm report?

34

35 MS EVANS: And that was something that was identified
36 through our QFKC case officer, where it wasn't clear. So
37 they went and sought out further information from the child
38 safety service centre manager to identify how we have
39 reached a harm report.

40

41 COMMISSIONER: But when you received this letter - which
42 goes on at the bottom of page 73:

43

44 *In addition to the possibility that the*
45 *children have been harmed, the concerns*
46 *indicate that their care may not have met*
47 *the following legislated standards of care:*

1 *[square box not ticked] (a) the child's*
2 *dignity and rights will be respected at all*
3 *times.*

4
5 So that's the legislative standard.

6
7 MR COLE: M'hmm.

8
9 COMMISSIONER: It's not ticked, and you're not told in
10 what way you've failed to discharge your obligation to
11 ensure that the child's dignity and rights are respected at
12 all times.

13
14 MS EVANS: M'hmm.

15
16 COMMISSIONER: And I think the same can be said of
17 the further items noted under that heading:

18 *The child will receive emotional care that*
19 *allows him or her to experience being cared*
20 *about and valued, and that contributes to*
21 *the child's positive self-regard.*

22
23
24 You're not told in what respects your care failed to
25 discharge that obligation?

26
27 MR COLE: M'hmm.

28
29 COMMISSIONER: So what appears to be the case is that
30 you've been given some sort of pro forma standard letter
31 that is devoid of any detail as to your particular care in
32 relation to the alleged harm that you're being asked to
33 give an account in relation to. So how did you prepare to
34 have a meeting with the department bereft of any knowledge
35 of what the particular allegations were?

36
37 MS EVANS: It was hard to prepare. What we did was we
38 went through the standards of care, and we spoke to each of
39 the standards and provided examples of how we thought that
40 we met the children's needs.

41
42 COMMISSIONER: So you took on the obligation of applying
43 the standards as you understood them and correlating your
44 conduct to those standards?

45
46 MR COLE: Correct.

47

1 COMMISSIONER: Without you being told in what respects you
2 had failed to meet those standards according to the
3 supposed harm report?
4

5 MS EVANS: Yep.
6

7 COMMISSIONER: So the onus was on you, as it were, to
8 explain why you hadn't caused harm and why you had reached
9 the standards in a vacuum as to any allegations that you
10 had failed to do so; is that a fair summary of what
11 occurred?
12

13 MS EVANS: Yep.
14

15 COMMISSIONER: Right. Thank you.
16

17 MS MENDELSON: So a week after you received this letter
18 you then did attend a meeting with the child safety officer
19 where she gave you some more information about the
20 specifics of you not meeting the standards. So one of
21 them, the removal - the second point, being the taking the
22 belongings from the children, as you understood, related to
23 the removal of iPads and Lego?
24

25 MS EVANS: M'hmm.
26

27 MS MENDELSON: Can you explain, first of all, if you did
28 remove the iPads and the Lego, and for what reason?
29

30 MS EVANS: There was a period of time where the iPad was
31 removed from one child as it was used to throw at myself
32 and at the family - at the pets.
33

34 COMMISSIONER: Sorry, I didn't hear what you said.
35

36 MS EVANS: There was a period of time where I had removed
37 the iPad from the child because it was used to throw at me
38 and at the dog. But I had put it on the bench, where it
39 was easily accessible - I just removed it for safety - and
40 it was used for meditation at night, and sleep and things
41 like that. So there was a period of time where it was
42 removed, but it was not sold. It was still there. The
43 child was still able to access it. They were still using
44 it for their sleep routine and things like that. It was to
45 prevent the harm of myself and the dog, and to prevent the
46 damage to the iPad, because the child actually really liked
47 the iPad.

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MR COLE: And during that same time when the iPad was just, I guess you could say, removed the child never asked for it back. Like, he never said, "Can I go on the iPad," or anything like that. It was there. If he asked for it he could have had it, but he didn't ask.

COMMISSIONER: Did you understand that these complaints emanated from the children? Where did they come from? Were you told what the source of the issues were?

MS EVANS: We were told during that meeting that they allegedly had said that, the children had said that to the CSO, and that's how we got to the harm report.

COMMISSIONER: Said what? Were you told what the children said to the CSO?

MS EVANS: Not specifically.

MS MENDELSON: And noting that this is a harm report, not a - and there's an additional part relating to the standards of care review, can you describe to the Commission what your understanding is between the difference of a harm report and a standards of care review?

MS EVANS: So my understanding is that a standards of care review is raised when there's concerns for a carer not being able to meet the standards, and it's usually a discussion amongst the care team on how we could help the carer to meet the standards or understand the barriers. And then a harm report is when there is a reasonable suspicion of the child experiencing harm or neglect or there's evidence of that being - occurring, and that warrants a formalised investigation then to identify whether that harm has - is it substantiated or unsubstantiated, and whether the needs of the child has been met as well.

MS MENDELSON: So it's the case that a harm report is much more serious than a standards of care report?

MS EVANS: Yep.

COMMISSIONER: Can I ask you this: at the end of the meeting concerning the harm report were you any the wiser as to the particular conduct on your part or failures

1 on your part that triggered the investigation and the
2 making of the harm report?

3

4 MS EVANS: No. So that was a point raised by our QFKC
5 case officer where they repeatedly asked how did this case
6 reach the threshold of harm, but they were unable to
7 respond to that question.

8

9 COMMISSIONER: You say something about the effect that the
10 harm report and the discussion about it had on you in the
11 document at page - starting at page 90, your impact
12 statement. Do you wish to say anything further about the
13 impact that the department's actions in relation to the
14 calling of you to account in relation to the harm report
15 had upon you?

16

17 MS EVANS: Yep.

18

19 COMMISSIONER: Please do.

20

21 MS EVANS: So it was a very hard time for me, and for
22 Logan, but I struggled emotionally with that, firstly,
23 because, you know, we really cared for these children, we
24 saw them as our own, and it was really distressing to hear
25 those allegations because that's not something we ever
26 wanted those children to ever feel. And we felt like we
27 were being questioned for everything and just trying our
28 absolute best. So it was a very emotional time. There was
29 a lot of insensitive comments made. So I had said to them
30 in that meeting that I hadn't been sleeping, I had been
31 quite unwell, I was vomiting a lot, hadn't been eating, and
32 during the harm report meeting the senior team leader
33 offered me food straight after I had said that. "Do you
34 want a cookie?"; that's what she said. And that was what
35 caused me to have a really emotional experience at that
36 child safety service centre.

37

38 COMMISSIONER: You characterise that offer of a cookie in
39 your impact statement --

40

41 MS EVANS: Yep.

42

43 COMMISSIONER: -- as having been made sarcastically?

44

45 MS EVANS: Yep.

46

47 MR COLE: Yeah.

1
2 MS EVANS: And following that that's when I became very
3 emotional, was very distressed, and I ended up starting to
4 vomit outside the service centre. The child safety team
5 were not very responsive or empathetic or even really
6 showed much care. Some of them retreated back into their
7 office and then others came out. I was hanging my head
8 over the railing vomiting into a bush, and all that Child
9 Safety could offer me was a rubbish - one of their rubbish
10 bins, their office rubbish bins.

11
12 COMMISSIONER: Just going back to the meeting, the harm
13 report investigation, I suppose, was there nothing said to
14 you in specific terms in the course of that meeting that
15 allowed you to identify what it was that the department was
16 concerned about in terms of your conduct or inaction?

17
18 MR COLE: No, there was nothing

19
20 MS EVANS: It wasn't clear, which is why the QFKC case
21 officer got his manager to have a review over our case and
22 then spoke to the regional director.

23
24 MS MENDELSON: So it was your case manager who then
25 advocated and arranged a meeting on 21 July 2025 with the
26 regional manager of Child Safety. If I could just get you
27 to turn to page 100. This is a file note which was created
28 by the foster and kinship care agency. It's a meeting note
29 of what occurred in that meeting. If I could get you to
30 turn to page 102. In that second box you'll see there's a
31 list of nine items. There is where it says the allegations
32 were expanded on by the child safety manager about the
33 specifics of what the concerns were, the particulars of the
34 concern which led to the harm report.

35
36 COMMISSIONER: Where's that?

37
38 MS MENDELSON: This is on page 102.

39
40 COMMISSIONER: Whereabouts?

41
42 MS MENDELSON: About halfway through there's a --

43
44 COMMISSIONER: Could you just read it out, please.

45
46 MS MENDELSON: It says:

47

- 1 1. Logan not assisting or playing with
2 the boys.
3 2. The boys saying that all they're
4 allowed to do is lay on the bed.
5 3, The boys stating that they have no toys
6 to play with.
7 4. One of the children is sad because of
8 the chores and the amount of these [being
9 the amount of chores] they have been asked
10 to do.
11 5. The same child feels that they and
12 their sibling would have their Lego set
13 sold.

14
15 Noted that there's no context for this remark or what led
16 to it.

- 17
18 6. The children having a bowl of
19 vegetables and presenting as deeply sad and
20 upset about this.
21 7. The CSO transporting the children on an
22 occasion where one of the children spoke
23 about a teddy bear being taken away from
24 them due to bad behaviour.
25 8. Children at times presenting as flat
26 and deflated and also more withdrawn.

27
28 And finally 9:

29
30 The children sleeping for excessive periods
31 of time. Logan advised in response that
32 this is how the children don't sleep often
33 after going to bed and this is why it may
34 be viewed this way.

35
36 So that's the particulars as to what raised the harm
37 report. In the meeting did you discuss your responses to
38 these specifics now that you understood them?

39
40 MS EVANS: M'hmm.

41
42 MR COLE: M'hmm.

43
44 MS MENDELSON: So it does appear that the allegation that
45 items had been taken away from the children related to a
46 teddy bear being removed due to bad behaviour. Did you
47 understand what that allegation related to?

1
2 MR COLE: So the teddy bear was never taken. A youth
3 worker that we had coming to the house every - once a month
4 on the weekend to help, like, do stuff with the boys, like,
5 just play games with them and stuff like that, she actually
6 suggested that, because the boys had a large excess of
7 stuffed toys, that the ones that they didn't use or play
8 with all the time be put in a vacuum-sealed bag in the
9 cupboard so that it didn't take up so much room on their
10 beds, which the boys were informed of and there was never
11 any way that - like, they could swap the teddy bears out if
12 they wanted to. There was never like, "You're not having
13 this." It was just, "You have, like, 50 teddy bears on
14 your bed. You need some space. So let's put the ones you
15 don't always use in the cupboard," and that's all it was.

16
17 COMMISSIONER: What about the allegation that you, Logan,
18 did not assist or play with the boys? Was that raised with
19 you?

20
21 MR COLE: It was, but it was false. Obviously. Like,
22 I picked the boys up from school every afternoon. We'd go
23 to the park. We'd do something at home. We'd - I would
24 cook dinner for the boys every night. I'd read them a book
25 before they went to bed. I don't know how I wasn't
26 assisting or playing with them.

27
28 COMMISSIONER: Looking at the - well, I wouldn't
29 characterise them as particulars, but some degree of
30 identification of the conduct, taken individually or
31 collectively, was it explained to you that the department
32 regarded those matters as warranting a conclusion that the
33 children were being harmed as a result of those factors?

34
35 MR COLE: Sorry, can you please repeat the question?

36
37 COMMISSIONER: I'll break it up, sorry. Was it suggested
38 to you that those matters, those nine matters, were matters
39 that had caused the department to come to a view that the
40 children were being harmed or that it was or they were
41 matters sufficient to warrant the investigation as to harm
42 to the children?

43
44 MS EVANS: In the view of the CSO and the senior team
45 leader, they thought that warranted harm, but then when we
46 met with the regional director it was a little bit grey and
47 she didn't specify whether that reached the threshold of

1 harm.

2

3 COMMISSIONER: All right. So where was it left at the end
4 of this meeting in terms of the harm report?

5

6 MS EVANS: The regional director advised that there was
7 unsubstantiated harm standards of care needs met.

8

9 COMMISSIONER: And going back to your foster carer impact
10 statement, which is, as I've said, very extensive and
11 broken down into different topic headings, or broken down
12 under different topic headings, did you ever get a written
13 reply from anyone?

14

15 MS EVANS: No.

16

17 MR COLE: No.

18

19 COMMISSIONER: Other than an acknowledgement of receipt?

20

21 MS EVANS: Just acknowledgment of receipt.

22

23 COMMISSIONER: Thank you.

24

25 MS MENDELSON: So I'd just like to take you to page 103.
26 These continue to be notes taken of that meeting. Under -
27 it says - the third box, "Agenda point 4", then going down
28 to the third point there, it says:

29

30 *The child safety service manager confirmed*
31 *how this case was a learning and that scope*
32 *exists for further assessment work to occur*
33 *on some cases before generating a harm*
34 *report.*

35

36 What did understand that to mean?

37

38 MS EVANS: So there were a lot of discussions in that
39 meeting around how standards of care matters can be
40 discussed and then identified that it can be raised to a
41 harm report level, but if a harm report's raised that can't
42 be downgraded, and in this case our harm report couldn't be
43 downgraded and it could have better been received as a
44 standards of care matter, where we could have all had a
45 discussion to gather context as to why these things were
46 allegedly reported or identified as potential harm.

47

1 COMMISSIONER: Out of interest, how often did the CSO,
2 while you were caring for the children, visit you, have
3 discussions with you and/or the children?
4
5 MS EVANS: We had once-a-month home visits. She would
6 pick them up from school and spend some time with them and
7 then bring them back to our house, and then that's when we
8 would have time to have a chat with her, and that was joint
9 visits with our agency worker as well.
10
11 COMMISSIONER: So once a month for about how long?
12
13 MS EVANS: About an hour direct with us, and then maybe
14 half an hour, 45 minutes with the children beforehand.
15
16 COMMISSIONER: Yes.
17
18 MS MENDELSON: So this meeting closes and about two weeks
19 after you receive a letter, and that's at page 107 of the
20 bundle. This is formal notification that the outcome of
21 the investigation and assessment is unsubstantiated harm
22 and the standards were met?
23
24 MS EVANS: Yeah.
25
26 MS MENDELSON: So even after having received this letter
27 you and Mr - Ms Evans and Mr Cole, you decided to end the
28 placement with the children; is that right?
29
30 MS EVANS: M'hmm.
31
32 MR COLE: Yes.
33
34 MS MENDELSON: And ultimately you decided to resign as
35 carers?
36
37 MR COLE: Yep.
38
39 MS EVANS: Yeah.
40
41 MS MENDELSON: Can you explain your decision and your
42 thinking around that?
43
44 MS EVANS: So our thinking around ending placement with
45 the children was there were a few matters that we were
46 waiting for the regional director to action, and there was
47 a few recommendations made by the regional director around

1 repairing relationships between ourselves, the CSO, the
2 agency worker and the children while they were in emergency
3 respite following that harm report meeting, which was -
4 that repairing relationships discussion didn't occur. They
5 didn't follow through with that. They didn't keep us
6 connected to those children during emergency respite. We
7 didn't know where they were placed. We didn't know
8 anything about them at all. We did seek out their views on
9 whether they wanted to return, and we received a reply from
10 the manager stating that their views hadn't been
11 specifically, I guess, collected, "but these are just some
12 observations". So just based on those collective things,
13 and we felt like there was a lot of damage there and
14 concern about more allegations in the future and have - now
15 with the blue cards and everything, we couldn't risk that
16 given my profession, we made the decision to end placement
17 but then also to resign as carers.

18
19 COMMISSIONER: Can I ask you both in making the decision
20 to resign as carers were the matters that you've set out in
21 such detail in your foster carer impact statement
22 continuing to have an effect on your decision-making in
23 relation to whether you would or wouldn't be prepared to
24 continue as foster carers?

25
26 MS EVANS: Yes. So one of the things raised in the foster
27 care impact statement was the concerns around the CSO, and
28 we did request from the regional director whether there
29 would be a change of CSO based on our experiences, and that
30 was also denied. We also had a lot of emotional distress
31 from that situation, and we just didn't feel like we were
32 in the greatest headspace or situation to be able to
33 continue based on our experiences.

34
35 COMMISSIONER: Were any of the matters that you identified
36 under the various subjects in your impact statement
37 addressed to your satisfaction by the department?

38
39 MS EVANS: We did receive an increase in the carer
40 payments. The regional director increased the payments for
41 both children to CSNA level 3, and that was to be
42 supportive of the ongoing medical costs but also due to the
43 amount of leave that I had to take for work, and that I was
44 running out of leave, and to be able to continue to do so
45 I needed to be financially supported. So that was
46 something that I guess was agreed to, and we were quite
47 happy with that. But I guess other than that there wasn't

1 much else that came from that.

2

3 COMMISSIONER: What - if you're able to answer this
4 question, I'd be interested in your answers, both of you.

5

6 MS EVANS: Yep.

7

8 COMMISSIONER: What do you think should change in the way
9 in which the department interacts with foster carers such
10 as yourselves to make the experience one that is agreeable
11 rather than unsatisfactory in the way that you've described
12 in your impact statement? How would you suggest to the
13 department they should modify their policies and/or
14 practices?

15

16 MR COLE: I guess for me, not being of a professional
17 background, I think just having a little bit more
18 understanding that we are just normal people at the end of
19 the day, and, yes, we may be volunteers helping, but -
20 and, like, the department does have the last say, but
21 I guess just helping the carers understand that a bit
22 better rather than just planting their foot down and
23 saying, "This is how it is." Like, just better
24 communication and understanding from a carer point of view
25 rather than a departmental point of view. That's what
26 I think could help improve it.

27

28 COMMISSIONER: Yes.

29

30 MS EVANS: And I think for me just Child Safety seeing
31 carers not just as volunteers but a collaborative, like,
32 partner in the whole care team. We hold so much knowledge
33 as carers of these children. The department only see these
34 children once a month for an hour or so. We see them every
35 day. We see their highs, their lows, and the areas that
36 they might need support with. And by not work as a care
37 team and understanding the whole situation and being
38 punitive and making assumptions, and not seeing us as, you
39 know, potential voices for the children or seeing us as
40 credible people, that could be quite detrimental. So
41 I think stepping out of the viewpoint that we're just
42 volunteers. We're much more than that.

43

44 COMMISSIONER: Yes, thank you. Without asking you to make
45 any commitment here and now, if the sort of matters you've
46 just spoken about were meaningfully addressed by the
47 department, would you say there's a chance you would

1 reconsider your preparedness to be foster carers in the
2 future?

3

4 MS EVANS: I would say yes, but also I think there needs
5 to be some changes into the harm report process and the
6 potential outcomes of that with regard to blue cards. I'm
7 fearful of returning as a carer and experiencing this
8 again, and not having the support I did from QFKC and how
9 that could have - how the outcome could have been
10 different.

11

12 COMMISSIONER: Your point, as I understand it, being that
13 in your professional life if you were deprived of a blue
14 card that would deprive you of your professional employment
15 effectively?

16

17 MS EVANS: Yes.

18

19 COMMISSIONER: Is that what you fear?

20

21 MS EVANS: Yes.

22

23 COMMISSIONER: And therefore if a harm report were to lead
24 to a conclusion that it was substantiated that would have
25 very serious implications for your future employment?

26

27 MS EVANS: Yes.

28

29 COMMISSIONER: And, as I also understand it, the very fact
30 that there's a harm report on your record is of concern to
31 you?

32

33 MS EVANS: Yes.

34

35 COMMISSIONER: So effectively, if I may summarise what
36 I take you to be saying, the department should hasten
37 slowly before instigating a harm report process as opposed
38 to investigating valid concerns that bear upon the standard
39 of care being provided?

40

41 MS EVANS: Yes.

42

43 COMMISSIONER: And in your case the department has jumped
44 straight to a harm report process on the basis of the
45 unidentified conduct as we've discussed?

46

47 MS EVANS: Yep.

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MR COLE: M'hmm.

COMMISSIONER: Thank you.

MS MENDELSON: And, Ms Evans and Mr Cole, you've raised one further recommendation I'd like you to further develop. It's carer advocacy mechanisms, "Develop formal pathways for carers" - sorry, this is on page 16:

Develop formal pathways for carers to advocate when departmental decisions negatively impact the placement, including independent escalation options.

Can you please explain that recommendation?

MS EVANS: So I think for us, if we didn't engage in the initial pilot and have QFKC involved from the start, I don't think we would have had the understanding that QFKC can support in matters like this, and I think our experience would have turned out to be a lot different, and, speaking from other carers in the community, they aren't aware that QFKC exists and if they do know they exist they don't know the type of support that can be provided. And they have been great with helping us navigate this. I think they do need to be still there, but I think in terms of having an agency that is there for the carers is really important too, and in our experience we didn't feel like that was the case, and so it was viewed by the department and our agency that we heavily relied on QFKC and that was seen as a bad thing, and we felt reprimanded for using them. So I think by supporting carers understand that there is QFKC there and that is readily available to help navigate these systems, I think that's really important to know. But people don't know about them either. So, yeah.

MS MENDELSON: Thank you. Thank you, Commissioner.

COMMISSIONER: Could you just explain the role of QFKC to me?

MS EVANS: So QFKC, they're Queensland Foster and Kinship Care. They provide a range of services to help foster carers and kinship carers. So they can provide counselling supports. They provide case officers, who help with

1 navigating issues around communication with the department,
2 raising issues. So, like, if you want to raise a first
3 attempt at resolution, there's standards of care or harm
4 report matters, they can support you with that. They also
5 offer a range of trainings that carers can access as well.
6 So they are a wraparound support for the carer throughout
7 their journey.

8
9 COMMISSIONER: And they're outside the foster care agency
10 that you had a relationship with?

11
12 MS EVANS: Yeah.

13
14 MR COLE: Yep.

15
16 COMMISSIONER: Which was UnitingCare?

17
18 MS EVANS: Yep.

19
20 MR COLE: Yes.

21
22 COMMISSIONER: Thank you.

23
24 MS MENDELSON: Thank you, Commissioner. That's my
25 questions.

26
27 COMMISSIONER: All right. [REDACTED]
28 [REDACTED]

29
30 [REDACTED]

31
32 [REDACTED]
33 [REDACTED]
34 [REDACTED]
35 [REDACTED]
36 [REDACTED]
37 [REDACTED]
38 [REDACTED]
39 [REDACTED]

40
41 [REDACTED]
42 [REDACTED]
43 [REDACTED]
44 [REDACTED]

45
46 <EXAMINATION BY MS FREEMAN [11.55 am]

47

1 MS FREEMAN: Ms Evans, Mr Cole, my name's April Freeman.
2 I'm one of the barristers acting for the State of
3 Queensland, so I'll just be wanting to ask you just some
4 questions about some of the recommendations that you've
5 made in your material. Firstly, thank you for your
6 testimony today. I just wanted to ask you some questions
7 about - perhaps if you go to your material, page 15 of
8 the bundle that you have there. Under the heading
9 "Recommendations" there's some things that you've set out?

10
11 MS EVANS: M'hmm.

12
13 MS FREEMAN: Just the first one there, strengthen carer
14 support, and you refer to "providing consistent financial,
15 emotional, practical support for foster carers,
16 particularly in high needs placements". I just wanted to
17 perch on the practical support aspect of that for a moment,
18 if I might, and just explore that a little bit more with
19 you based on your experience. Now, as part of that can
20 I perhaps take you to some of the material you've provided.

21
22 MR COLE: M'hmm

23
24 MS FREEMAN: Page 47 of the bundle, if you could turn to
25 that, please. Now, what we can see on that page there, as
26 I understand it, is the start of an email chain between
27 yourself and some other stakeholders that were involved in
28 the placement that you had with these children that we've
29 been talking about today. Now, that first part of that
30 email chain, we can see at the start there, is an email
31 from yourself, Ms Evans, to a number of people on 3 April
32 2025; can you see that there?

33
34 MR COLE: Yep.

35
36 MS FREEMAN: You just need to say "yes" for the
37 transcript.

38
39 MS EVANS: Yes.

40
41 MR COLE: Yes, yes.

42
43 MS FREEMAN: Thank you.

44
45 MR COLE: Sorry.

46
47 MS FREEMAN: No, no, it's perfectly fine. Now, there is a

1 table - sorry, before we move on, there are a number of
2 people that this email was sent to. There's someone from
3 "UC community"; can you see that there?
4
5 MR COLE: Yes
6
7 MS EVANS: Yes
8
9 MS FREEMAN: Now, that's UnitingCare; is that right?
10
11 MR COLE: Yes.
12
13 MS FREEMAN: All right. Just so that the Commission can
14 understand, UnitingCare are a non-government agency who, at
15 least in your case, recruit foster carers; is that right?
16
17 MS EVANS: Yep.
18
19 MS FREEMAN: So that's how you came to be a foster carer
20 in the first place: through UnitingCare. They also provide
21 some training for foster carers; is that right?
22
23 MR COLE: Yes.
24
25 MS FREEMAN: And they facilitate children being placed
26 with carers like yourselves?
27
28 MR COLE: Yes
29
30 MS FREEMAN: They also as part of that process can provide
31 support to foster carers once you start taking children
32 into your care; is that right?
33
34 MS EVANS: Yes.
35 MR COLE: Yes.
36
37 MS FREEMAN: Okay. They also as part of their service can
38 provide youth workers to assist --
39
40 MS EVANS: Yes
41
42 MS FREEMAN: -- with the care, and I think you mentioned
43 that there were some youth workers that did assist you
44 throughout this process with the boys?
45
46 MS EVANS: Yes
47

1 MS FREEMAN: They also have a 24/7 after-hours carer
2 telephone support line; is that right?
3
4 MS EVANS: Yes.
5
6 MR COLE: Yes
7
8 MS FREEMAN: And they have carer support and social groups
9 available; were you aware of that?
10
11 MS EVANS: Yes.
12
13 MS FREEMAN: Sorry?
14
15 MS EVANS: Yes.
16
17 MS FREEMAN: Yes, yes. And they also have monthly house
18 visits from your placement worker to check in to see how
19 you're going; is that right?
20
21 MS EVANS: Yeah.
22
23 MR COLE: Yep.
24
25 MS FREEMAN: Okay. So that service was available to you
26 as part of this process that you have been talking about?
27
28 MR COLE: Yes.
29
30 MS EVANS: Yes.
31
32 MS FREEMAN: Yes, okay. We can also see in this email
33 chain there is a person from the department. That was the
34 child safety officer that was allocated to you; is that
35 right?
36
37 MR COLE: Correct.
38
39 MS FREEMAN: Okay. Now, we can see if we go back to this
40 email there is a table in the body of your email, Ms Evans,
41 and there's a list of dates, times, appointments,
42 et cetera. We can see there, for example, in the third
43 line down on 2 April 2025 there was a stakeholder meeting
44 scheduled; can you see that there?
45
46 MS EVANS: Yes.
47

1 MS FREEMAN: And then if we go down a bit further we can
2 see another stakeholder meeting for 23 April that was
3 scheduled?
4
5 MS EVANS: Yes.
6
7 MS FREEMAN: And then we can see 14 May, there's another
8 one there on this table; is that right?
9
10 MS EVANS: Yes.
11
12 MS FREEMAN: And 4 June?
13
14 MS EVANS: Yes.
15
16 MS FREEMAN: Okay. So I just wanted to understand about
17 these stakeholder meetings. So it seems to me like at
18 least at this stage they were planned for fortnightly
19 meetings; is that right?
20
21 MS EVANS: Yes.
22
23 MS FREEMAN: All right. And so who would attend these
24 stakeholder meetings?
25
26 MS EVANS: So they were full care team stakeholder
27 meetings, so it would be the carers, child safety officer,
28 a person from our agency, the children's counsellor and a
29 representative from the children's school.
30
31 MS FREEMAN: Okay. When you say a person from your agency
32 are you talking about UnitingCare?
33
34 MS EVANS: Yeah.
35
36 MS FREEMAN: Okay. You've also mentioned the QFKC agency.
37 Were they sometimes involved in these meetings as well?
38
39 MS EVANS: During that period of time we didn't have them
40 onboard. They came onboard around the June period. We did
41 have a QFKC officer in the December - November, December,
42 January period.
43
44 MS FREEMAN: Okay.
45
46 MS EVANS: But we had resolved those issues and we didn't
47 need their support at that time.

1
2 MS FREEMAN: Okay. And you have already given some
3 evidence about the role of QFKC. But, just so that the
4 Commission can understand, they're a peak body, aren't
5 they, that provide services to foster carers?
6
7 MS EVANS: Yes.
8
9 MS FREEMAN: And that includes individual support and
10 advocacy for carers?
11
12 MS EVANS: Yes.
13
14 MS FREEMAN: They also provide counselling assistance
15 programs for carers?
16
17 MS EVANS: Yes.
18
19 MS FREEMAN: And they also do some training as well for
20 carers?
21
22 MS EVANS: Yes.
23
24 MS FREEMAN: All right. So their role, from a practical
25 perspective, if you have them onboard, will be to help you
26 advocate for what you need with the department; is that
27 right?
28
29 MS EVANS: Yes, and also to understand the Child Safety
30 policies and what we were entitled to and things like that.
31
32 MS FREEMAN: Okay. All right. So your evidence is that
33 you engaged them towards the end of 2024 for a period of
34 time?
35
36 MS EVANS: Yes.
37
38 MS FREEMAN: Then you didn't utilise that service again
39 until about June 2025?
40
41 MS EVANS: Yes.
42
43 MS FREEMAN: Okay. Now, at these stakeholder meetings
44 what sort of things were generally discussed, based on your
45 experience?
46
47 MS EVANS: So what was discussed was just generally how

1 the children were going across all environments, and then
2 follow-up that we were seeking from Child Safety, and to
3 see what kind of action plans we needed to take. So it was
4 more intensive at the start due to the transition into
5 family-based care, but it was generally just to see how
6 things were tracking across everyone for the children.
7
8 MS FREEMAN: All right. So what was needed to support
9 you?
10
11 MS EVANS: Yes.
12
13 MS FREEMAN: What the children needed in care?
14
15 MS EVANS: Yeah.
16
17 MS FREEMAN: And who was going to deliver on those
18 services?
19
20 MS EVANS: Yes.
21
22 MS FREEMAN: Okay. All right. Now, if we could go back
23 to the email chain, please. We can see on page 47 there's
24 an email from yourself to these various stakeholders with a
25 list of appointments that were required for the children
26 over the course of, it looks like, several months?
27
28 MS EVANS: Yes.
29
30 MS FREEMAN: Do I take it that the purpose of this email
31 was for you to let everyone know, "This is what is coming
32 up for the boys, and we need some help with navigating all
33 of this"?
34
35 MS EVANS: Yes. Yes.
36
37 MS FREEMAN: Okay. Then we can see at the bottom of
38 page 47, Mr Cole, you've then also added in your thoughts
39 about "we need some help"?
40
41 MR COLE: Yep.
42
43 MS FREEMAN: "This is a lot"?
44
45 MR COLE: Yes.
46
47 MS FREEMAN: Yes. Then if we go over the page, on

1 page 48, sort of about a quarter of the way down the page
2 there we can see there's an email from the child safety
3 officer on 4 April 2025 at 9.33 am?
4

5 MS EVANS: Yes.
6

7 MS FREEMAN: Can you see that there?
8

9 MR COLE: Yep.
10

11 MS FREEMAN: So the next day, after receiving your email,
12 you get a response from Child Safety?
13

14 MR COLE: Yes.
15

16 MS FREEMAN: We can see from that email the child safety
17 officer acknowledges "the table certainly looks very
18 overwhelming", and then in the second sentence of that
19 email she offers to take on taking children to some of the
20 appointments that were listed in that table; is that right?
21

22 MR COLE: Yes. Yes.
23

24 MS EVANS: Yes.
25

26 MS FREEMAN: There's also then in the next line of this
27 email a suggestion about putting at least one of the
28 stakeholder meetings on hold in order to take off some of
29 the load on you as carers; is that how I understand that?
30

31 MS EVANS: Yes.
32

33 MS FREEMAN: Yes. Then the next paragraph there's an
34 offer then to do some other rescheduling of - well, for
35 example, cancelling other stakeholder meetings and focusing
36 the plan to discuss with the stakeholder group on 4 June
37 2025. So, again, some more solutions about how we might be
38 able to make things a bit easier for you as the carers; is
39 that right?
40

41 MS EVANS: Yes.
42

43 MS FREEMAN: All right. There's then towards the bottom
44 of that email a reference to, "Can UCC pick up a few here
45 too?" Do I take that that's referring to UnitingCare?
46

47 MS EVANS: Yes.

1
2 MR COLE: Yes.
3
4 MS FREEMAN: And a suggestion that maybe they might be
5 able to help out with some of these appointments?
6
7 MR COLE: Yes.
8
9 MS FREEMAN: Yes. And then finally, "Thanks for alerting
10 us to these. Happy to help you out while you're in the
11 thick of it and just get on top of this to support you."
12 So an offer of support at the end of that email; would you
13 agree?
14
15 MS EVANS: Yes.
16
17 MR COLE: Yep.
18
19 MS FREEMAN: Okay. All right. Now, if we could then go
20 over the page to page 49, at the very top of that page we
21 can see the same child safety officer seems to send the
22 email again but adds some people in?
23
24 MS EVANS: M'hmm.
25
26 MS FREEMAN: Including someone from QFKC?
27
28 MR COLE: Correct.
29
30 MS FREEMAN: Can you see that there?
31
32 MR COLE: Yep.
33
34 MS FREEMAN: Yes. Okay. And then if we go to the very
35 bottom of that page, page 49, we can see an email from
36 someone at UnitingCare on 4 April at about 10.12 am?
37
38 MR COLE: Yep. Yep.
39
40 MS FREEMAN: Yes? And if we go over the page we can see
41 that person writes again an acknowledgment of the receipt
42 of the emails and the worries that you've expressed in
43 relation to the boys' appointments and an offer of support;
44 can you see that there?
45
46 MR COLE: Yes.
47

1 MS FREEMAN: Yes. There's reference in the next line to
2 having a chat with a particular person. Now, that's the
3 child safety officer; is that right?
4
5 MR COLE: Yes.
6
7 MS FREEMAN: Yes. So the department and UnitingCare can
8 both assist in the coordination of support, and there's a
9 reference to having called that child safety officer that
10 morning to chat through the list of things that need doing,
11 and then reference to developing a schedule as to who's
12 covering what so it's very clear, and how the appointments
13 might be structured in another way?
14
15 MS EVANS: Yep.
16
17 MS FREEMAN: So a solution, potentially, to the problem
18 being offered from UnitingCare at that point?
19
20 MR COLE: Yes.
21
22 MS FREEMAN: Okay. All right. Then if we go to the
23 bottom of that page, so the same day, about half an hour
24 later, there's an email from the child safety officer; can
25 you see that there?
26
27 MS EVANS: Yes.
28
29 MR COLE: Yes.
30
31 MS FREEMAN: All right. And we can see there in that
32 email that the child safety officer there suggests that
33 either herself or somebody else working in the centre can
34 support the fortnightly Monday appointments over the next
35 couple of months, and there's also reference to "exploring
36 future financial support ways", "We can explore this with
37 UCC too." So seems to be a suggestion there that further
38 financial support might be available to you that's being
39 explored; do you agree with that?
40
41 MR COLE: Yep.
42
43 MS EVANS: Yes.
44
45 MS FREEMAN: And then, "Sarah and Logan, I hope this helps
46 a little for now," at the end there. Then if we go over
47 the page the table has been updated with the names of

1 people from the department that might be able to take on
2 some of these appointments; is that right?

3
4 MS EVANS: Yes.

5
6 MR COLE: Yep.

7
8 MS FREEMAN: Okay. All right. All right, just bear with
9 me. So then if we go over the page to page 52, please, we
10 can see about halfway down the page that there's an email
11 from you, Ms Evans --

12
13 MS EVANS: M'hmm.

14
15 MS FREEMAN: -- on 6 April 2025, and you say in that email
16 that you wanted to take a moment to express your:

17
18 *... sincere gratitude for all your support.*
19 *We truly appreciate UCC and Child Safety*
20 *for offering to assist us in securing the*
21 *necessary resources to support the boys.*

22
23 MS EVANS: Yes

24
25 MR COLE: Yes.

26
27 MS FREEMAN: Yes. Okay. There's then some further
28 discussion about some other things that might be able to
29 assist in the logistics of the upcoming appointments and
30 "thanks again for your continued support". So at that
31 stage things seemed to - you seemed to be working
32 collaboratively with everybody; is that right?

33
34 MS EVANS: Yes.

35
36 MS FREEMAN: Okay. All right. Now, we can also see on
37 the same page just below that there's another email the
38 next day, on 7 April, from the child safety officer. Now,
39 it seems like the first line of that email references it
40 being late, and there's reference there to being "back on
41 Wednesday". Is that because of the five-day fortnight
42 arrangements?

43
44 MR COLE: Yeah, the five-day fortnight, that's correct.

45
46 MS FREEMAN: Okay. But it seems like at least at this
47 point the child safety officer is responding to you on a

1 day that's not working; is that how you would take that?
2
3 MR COLE: That would have been the Monday.
4
5 MS FREEMAN: Okay. Okay. All right. But, in any event,
6 the child safety officer there is indicating that she's
7 "had a good look at all of these appointments and how we
8 can try and have a really good outcome all round", and then
9 there's a suggestion that "maybe some of the appointments
10 could be reduced to just focus on things that are the
11 priority right now for the boys"; would you agree with
12 that?
13
14 MR COLE: Yes.
15
16 MS FREEMAN: Yes. And those priority areas are identified
17 in this email, in relation to particular medical
18 conditions, which we won't go into for obvious reasons, and
19 then there's reference at the very bottom of that email
20 there to being mindful that overloading the boys with extra
21 appointments can be exhausting and also reference to them
22 being away from school because of weekly counselling,
23 et cetera. So there's a recognition that there's a lot
24 going on for the boys as well --
25
26 MS EVANS: Yes.
27
28 MS FREEMAN: -- and perhaps we need to reconsider the big
29 list?
30
31 MR COLE: Correct.
32
33 MS FREEMAN: Yes. Okay.
34
35 COMMISSIONER: Ms Freeman, just so I'm clear --
36
37 MS FREEMAN: Yes.
38
39 COMMISSIONER: -- should I understand in relation to the
40 five-day fortnight that there was no child safety officer
41 allocated for the other five days in the fortnight?
42
43 MS FREEMAN: Commissioner, I don't know the answer to that
44 question. I'll have to get instructions.
45
46 MR COLE: That would be a no. There was no other child
47 safety officer.

1
2 COMMISSIONER: All right.
3
4 MS FREEMAN: Thank you. All right. If we go over the
5 page to page 53, there's then this reference to parking a
6 particular appointment --
7
8 MR COLE: Yep.
9
10 MS FREEMAN: -- there, by reference to other things going
11 on with other medical issues with the children, and also
12 reference to stakeholder meetings potentially not requiring
13 you to attend, Ms Evans, but you could send things in by
14 email if you needed to?
15
16 MS EVANS: Yes.
17
18 MS FREEMAN: Is that how you understood that?
19
20 MS EVANS: Yes.
21
22 MS FREEMAN: Yes. And then reference to "following up
23 more on Wednesday and see what everyone thinks", and then
24 there's a thankyou to the two of you for what you're doing
25 with the boys in getting the support that they need and the
26 huge work that you're putting into this task at this stage;
27 you agree with that?
28
29 MR COLE: M'hmm.
30
31 MS FREEMAN: Okay. All right. Then we can see there's
32 then this table of appointments with some things crossed
33 out, and that's just a suggestion from the CSO about how
34 this could be perhaps streamlined a bit to make it easier?
35
36 MS EVANS: It wasn't a suggestion. It was what needed to
37 occur.
38
39 MS FREEMAN: Okay.
40
41 MR COLE: And, just to touch on that appointment that was
42 parked, that was the appointment that the paediatrician had
43 suggested, which then the CSO said that Sarah manipulated
44 the doctor into giving.
45
46 MS FREEMAN: Okay. All right. Now, in terms of then the
47 sequence of events, I think then we need to go to page 58.

1 The email chain gets a little bit confused, but if we go to
2 page 58, please, we can see there's another - about halfway
3 down the page there's an email from yourself, Mr Cole, on
4 7 April 2025?

5
6 MR COLE: Yep.

7
8 MS FREEMAN: Can you see that there?

9
10 MR COLE: Yes.

11
12 MS FREEMAN: There you're expressing thanks for the
13 support and also confirmation that you agree with some of
14 the particular appointments being pushed back?

15
16 MR COLE: Correct.

17
18 MS FREEMAN: You do refer there in that email that you
19 don't want that particular appointment you were just
20 referring to that the paediatrician suggested being pushed
21 back, for the reasons you've expressed there, and then you
22 again express your appreciation for the support.

23
24 MR COLE: That's correct.

25
26 MS FREEMAN: Okay. All right. Then I think if we go to
27 page 57, so we go back a page, we can see the next email in
28 this chain, and I think it's from you, Ms Evans, on
29 8 April; can you see that?

30
31 MS EVANS: Yes.

32
33 MS FREEMAN: And you indicate in the second paragraph that
34 you're on the same page with everything that was said by
35 the child safety officer and you express what your
36 priorities are with the boys' medical appointments, and
37 also that you're also conscious of not overloading the boys
38 or pulling them out of school et cetera. You've then
39 listed some updates that you've received.

40
41 MS EVANS: Yes.

42
43 MS FREEMAN: And then again offer your thanks for everyone
44 being supportive at that point in time. So it seems like
45 at least at 8 April things are going well in terms of you
46 working with the department and your other agencies to care
47 for the boys.

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MS EVANS: Yes.

MS FREEMAN: Okay. All right. Now, in terms of the practical support that you then refer to in that recommendation that I took you to at the start of my questioning, so we can see here that there's obviously support being provided taking the children to appointments, helping you manage the appointments, there's support from other agencies like UnitingCare and QFKC. What other things do you see being needed in terms of practical support for carers apart from the things we've just looked at in those email chains?

MS EVANS: I think support with transport to and from appointments. As I've said, transport - like, going from my work to the school, then to the medical appointments, then bringing them back, that's a huge chunk of my day. And I would do it for any child. But, when you have that many appointments, having some support with transportation would be really helpful, especially if they were wanting to explore different types of appointments, whether that could be over the phone or if someone else was able to take them, like, from the agency or the department, it would be great if there was more offer in terms of the transportation side of things.

MS FREEMAN: Okay.

MS EVANS: Even if they could meet me halfway.

MS FREEMAN: Okay. Is there anything else that comes out of that recommendation you've suggested about practical support for foster carers that might assist the Commission in formulating any recommendations himself about that?

MR COLE: I guess in our - for this specific one, I guess it comes back to when the boys' medical needs exponentially increased, I guess the - what would be the word - like, how quick, I guess, the complex support needs payments and stuff were updated didn't align with the rising costs associated with the boys. So we were already using what we were given and then it, like, superseded that amount and, rather than addressing it in a timely fashion, it was delayed until the meeting in July with the regional director.

1 MS FREEMAN: All right. So streamlining the process for
2 you to access financial supports?

3
4 MR COLE: Yeah.

5
6 MS FREEMAN: Okay. All right. Anything else you want to
7 say about the practical side of things for foster carers
8 apart from what you've already said in your material?

9
10 MS EVANS: I think what they did here was good, helping us
11 to navigate all of these appointments.

12
13 MS FREEMAN: Yes

14
15 MS EVANS: I think it's really challenging, though, if the
16 department are making decisions around what appointments
17 should go ahead and what shouldn't when they're actually
18 not attending all of these appointments, which they don't
19 understand why these appointments have been placed. So
20 from my experience it was the view that I was seeking out
21 these appointments on my own and I was seeking out
22 referrals. But if you actually attended the appointment
23 you would understand that this was a recommendation from
24 the doctors in support of these children. This was not me.

25
26 And it's like any appointment. You would go. They would
27 ask you questions, and they would help you find a solution.
28 And that would often for this situation lead to a referral,
29 medication or a scan or something. So I think, yeah, it's
30 really challenging for us to work as a care team if the
31 department aren't actively involved in those appointments
32 and understand the rationale or the reason as to why these
33 appointments are going ahead or booked or referrals are
34 sought out.

35
36 COMMISSIONER: Can I ask this: when you had assistance
37 from the department to arrange transport to go to an
38 appointment or whatever the case might be, who would
39 provide the transport?

40
41 MS EVANS: So when we did have some transport some of the
42 time it was from the child safety officer themselves. Then
43 we had some of the agency staff, so our worker, take them
44 as well.

45
46 COMMISSIONER: Is this to medical appointments or for
47 other things?

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MS EVANS: Medical.

COMMISSIONER: So there's two issues, isn't there?
There's one, the physical transport of the child to the
appointment?

MS EVANS: Yep.

COMMISSIONER: And, as you were just saying, somebody
needs to be at the appointment, if it's a medical
appointment, to understand what is being suggested, what
further treatment might be necessary or tests or whatever
it might be?

MS EVANS: That's right. And there's ---

COMMISSIONER: So it's not just a transport issue, is it?

MS EVANS: No. And there were some instances where a CSO
would have to attend these appointments because there would
need to be consent given for treatment at that point -
within that appointment, which we don't have authority to
provide consent for.

COMMISSIONER: Yes, I see. Ms Freeman.

MS FREEMAN: Thank you, Commissioner.

Ms Evans and Mr Cole, I just want to ask you a couple of
questions about recommendation 6, which is on page 16. So
Counsel Assisting already asked you something about that,
but I just want to ask you a couple of follow-up questions.
So this is the recommendation that there be a formal
pathway developed for carers to advocate when departmental
decisions negatively impact placements. So we've heard
about the role of the QFKC as being advocating for carers
as part of the process, and I think your evidence before,
Ms Evans, was that they're not widely known as to what
support they can provide. So when you say develop formal
pathways what are you taking about there? Is it some sort
of automatic referral of carers to the QFKC or I just
wanted to understand what you meant by that?

MS EVANS: Yeah, I think it - like, there's obviously,
like, an escalation pathway already in place if you're
experiencing any issues, but that's very hard as a new

1 carer to navigate, and you don't really know when to start
2 that either. So then we're relying on an agency to help us
3 identify when to start that. And in our experience it
4 didn't feel like the agency was very comfortable with
5 knowing when to start that, especially when we needed to do
6 a first attempt at resolution. That was initiated by our
7 case officer from QFKC, and there was questions raised as
8 to why that hadn't been - the first attempt at resolution
9 hadn't been raised earlier before QFKC had come on board.

10
11 So I think helping carers to understand what the pathway
12 is, first of all, in a really easy, clear way because that
13 was something that was discussed in our training before we
14 became foster carers. But it was very rigid. There was no
15 case studies, no examples to draw upon as to how you could
16 do that. And when there was it wasn't very clear on who
17 starts that, when do you start it, what issues can you
18 raise.

19
20 MS FREEMAN: Okay.

21
22 MS EVANS: And who's there to support you as a carer to
23 navigate that as well, especially if you're having issues
24 within the care team of communication and you're not
25 feeling respected or heard. If you don't know about QFKC,
26 then we have carers going into that whole process blind.
27 And it's really stressful just at any general time when you
28 have QFKC, let alone doing that on your own.

29
30 MR COLE: And, I guess, just to touch on that as well,
31 with the formal, the one that is current, if you have
32 issues with multiple people in the chain of reporting, who
33 do you report to?

34
35 MS FREEMAN: Okay. Are you talking about departmental
36 staff?

37
38 MR COLE: Yes. So, like, we had an issue with the child
39 safety officer. But then her manager or - like, was also
40 an issue in our example at least. Who do you then turn to,
41 which in our case was QFKC because rather than - you know,
42 we didn't know who else to go to.

43
44 MS EVANS: Essentially just wanting a more clear pathway
45 that is unbiased because, yeah, we - in our experience we
46 didn't feel like there was procedural fairness; and having
47 someone that is external to the whole situation to help

1 navigate and guide through the process of complaints and
2 resolutions and things like that is essential.

3
4 MS FREEMAN: Okay. Thank you. I think I understand that.

5
6 If I could just have a moment, Commissioner. I don't have
7 anything further, thank you, Commissioner.

8
9 COMMISSIONER: Thank you, Ms Freeman. Ms Amos, do you
10 have any questions?

11
12 MS AMOS: No, thank you, Commissioner.

13
14 COMMISSIONER: Now, Ms Greenwood?

15
16 MS GREENWOOD: Yes, Commissioner, I do have some
17 questions.

18
19 **<EXAMINATION BY MS GREENWOOD** [12.26 pm]

20
21 MS GREENWOOD: So thank you for the evidence you've given.
22 I'm counsel for the Aboriginal and Torres Strait Islander
23 Legal Service. So I'll be exploring those aspects of the
24 foster children. To avoid going into detail I'm just going
25 to refer to pages in your statement when I ask you
26 questions. So I'll just take you through it. You don't
27 need to go to this page 103. But one of the positives that
28 clearly came out of the children being with you was there
29 was an improvement in their speech and an openness to
30 receiving affection. Can you just describe for us how much
31 that took, especially in improvement of speech?

32
33 MS EVANS: I think coming from my professional background
34 I had knowledge coming into this in that field. But when
35 the children did come into our care we did note that they
36 did experience a lot of challenges with communicating what
37 they needed, what they wanted, how they felt, and we spent
38 a lot of time with them to be able to develop those skills
39 so that they could be advocates for themselves but also to
40 have their needs met. So that was essential. And we did
41 see a notable increase over time where they were able to
42 tell us how they felt and have more complex and abstract
43 discussions with us and to be able to open up so we can
44 form those connections and attachments with them. And,
45 with that, we were able to understand who these little
46 people were and to be able to build their confidence as
47 well. So, yeah.

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MS GREENWOOD: Okay. Thanks. I'll take you to page 35 of your bundle. And, again without going into the details, so at the bottom of 35 you have two requests for assessments. Were those assessments ever carried out?

MS EVANS: No. One of the assessments in that list was denied by the department. That was the appointment that we have been referring to throughout the session today.

MS GREENWOOD: Okay. So do I understand correctly the second assessment listed on that page was the one that was not carried out?

MS EVANS: That's right; yes.

COMMISSIONER: Could you just explain to me what the acronym [REDACTED] stands for?

MS EVANS: [REDACTED]

COMMISSIONER: Right. I should have known that. Thank you.

MS GREENWOOD: It goes under all sorts of descriptions, Commissioner.

What I'd really like to explore with you, you say in your statement neither child was eligible for NDIS, and it's clear from the list of appointments that you made with the community-controlled health services that you were keen to make sure that the children got an appropriate level of support. Can you comment for us where the gaps are in the NDIS system and just talk about State care and NDIS is meant to mesh, how it does or how it doesn't?

MS EVANS: So for this particular case neither children, I guess, was eligible to access the scheme. They didn't have a disability that met the criteria and, as a result, we needed to rely on the health system to have these needs met or through the specialised medical practice that we were attempting to link them in with. For these children in particular we understand that that medical practice is a best practice for them, and within that service they offer NDIS and non-NDIS supports. So they were still going to have access to that no matter what diagnoses they did have.

1 MS GREENWOOD: Are there areas where you could suggest
2 reform of NDIS or is that too big a topic?

3

4 MS EVANS: I think there is definitely a gap in what
5 services a child could access if they don't have the
6 specific diagnoses. The issue is actually meeting the
7 criteria to access the scheme, and once you access the
8 scheme you can access the therapies that you need. But if
9 you don't have a diagnosis that's considered lifelong and
10 permanent, and within a stated list of disabilities as
11 well, you're not eligible for that scheme. So then those
12 children ultimately have to find supports elsewhere, and
13 that can be quite costly.

14

15 These services, like allied health supports, aren't
16 typically offered through like a public - like a Medicare
17 system. There's still an out-of-pocket fee, and that can
18 be sometimes unattainable for families. So they end up
19 falling through the cracks. But this particular health
20 centre that we were trying to link the children in with
21 offered these services free. So there was no cost to us to
22 access that.

23

24 But it was considered not a long-term option. It was more
25 of an immediate option until we could find alternatives.
26 They did offer at one point a potential longer term access
27 to that clinic for therapies, but it's not typically an
28 ongoing service either. So that also creates an issue for
29 families if financially it's not sustainable for them and
30 they don't have access to the NDIS due to eligibility.

31

32 MS GREENWOOD: Thank you. And probably just finishing off
33 on that point, if there was some sort of health card for
34 children in care would that have been of assistance?

35

36 MS EVANS: We did receive a health card but it's - I guess
37 that was more for subsidised medications and things like
38 that. But if there was a card that could be used for
39 children in care, whether they identify as Aboriginal and
40 Torres Strait Islander or not, so they can get the access
41 to therapies they need and they don't have access to NDIS
42 due to eligibility that would be very helpful for foster
43 carers to be able to meet the needs of these children.

44

45 MS GREENWOOD: Okay. Thank you. So if I could take you
46 to page 21 in your bundle. No, sorry, I've got the wrong
47 page here. If I can take you to page 95, rather, in your

1 bundle. Now, as I understand it, this forms part of your
2 letter and I'll just read out the section to you. You were
3 saying, "Many of the foundational principles set out in the
4 statement of commitment have not been upheld during our
5 time as carers. These include the five elements of the
6 Aboriginal and Torres Strait Islander child placement
7 principle under the Child Protection Act, section 5C, will
8 be applied to all the processes, decisions and actions
9 undertaken for Aboriginal and Torres Strait Islander
10 children and young people, including the provision of
11 support for carers caring for Aboriginal and Torres Strait
12 Islander children and young people." So I'll start with
13 the last point and then maybe ask you about the earlier
14 ones. What sort of support did you get and what did you
15 feel you could have got more of?
16

17 MS EVANS: So really our support that we received was in
18 the initial trainings where we were provided with
19 information around caring for our, I guess, Aboriginal and
20 Torres Strait Islander children and information on the
21 principle. But for our particular situation the cultural
22 aspect was quite challenging to navigate. There was a lot
23 of question marks, and it was very important to us and the
24 kids to be able to understand that more. So we did request
25 some assistance in that field.
26

27 But we also flagged in our foster care agreement that we
28 wanted to receive some training on providing care to
29 jarjums, and we did not receive the opportunity to do that
30 while we had the kids in our care. So we did the best that
31 we could. We took some elements from their resi care
32 placement which they celebrated their culture really,
33 really well, and we wanted to replicate that within our
34 home.
35

36 We did request if we could get a cultural practice adviser,
37 and there were discussions spoken about whether we could
38 get them involved, but that didn't eventuate. And so we
39 were basically supporting them with their cultural identity
40 in a more generic form just because we didn't have concrete
41 information on their mob. And we did our own
42 investigations into their side of things. So we were told
43 just to provide ongoing cultural supports in celebrations
44 to their culture from a generic sense of the mob that we
45 resided in and in absence of not knowing who their mob
46 were.
47

1 MS GREENWOOD: So do you know if a genogram was ever
2 prepared for the two children?
3
4 MS EVANS: I do recall seeing one, but it wasn't something
5 that was offered to us. I do recall seeing it, though, in
6 a meeting.
7
8 MS GREENWOOD: Did they ever identify for you which mobs
9 the children are descended from?
10
11 MS EVANS: They said that there was --
12
13 MS GREENWOOD: Maybe just say "yes" or "no" so we don't
14 identify.
15
16 MR COLE: They didn't actually know. They named one, but
17 that mob doesn't actually exist. So they didn't actually
18 know where they were from.
19
20 MS GREENWOOD: Okay. Thank you. I'll just come back to
21 the earlier part of your paragraph about whether all the
22 processes, decisions and actions undertaken for the
23 Aboriginal and Torres Strait Islander children and young
24 people, whether the five elements of the child placement
25 principle were observed. What did you see that could have
26 been done better with the processes, decisions and actions
27 taken with respect to these children?
28
29 MS EVANS: I think there was a lack of having a cultural
30 practice adviser helping us throughout the situations and
31 guiding us through the discussions. There was a lack of
32 that. There was some, I guess, linkage with, I guess, an
33 Aboriginal and Torres Strait Islander health liaison
34 officer at one point. But there was a lot of discussion
35 around having a cultural practice adviser sit in with us
36 and really talk to us and connect with us and help us to
37 support these children to continue connection to culture,
38 but that didn't eventuate.
39
40 MS GREENWOOD: Thank you. Finally, I'll just take you to
41 a general question about transitions between placements,
42 and I'll take you to page 29. So I'll take you to the
43 middle of the page. There was something you were trying to
44 propose and you got pushback, as I understand your
45 statement, that the two children would struggle when
46 they're unsure of plans and they need structure and time to
47 prepare themselves. You've already given us evidence about

1 how quick that transition was. I think you called it a
2 rush to primary placement; did I get that right?

3

4 MS EVANS: Yes.

5

6 MR COLE: Yes.

7

8 MS GREENWOOD: And I also see that - this is page 34, if
9 you need it, but I doubt you do - that you were in contact
10 with the former carer of the two children, and she was
11 their current respite carer when you had care of the
12 children, and she had described a number of things to you.
13 Taking a child-centred approach, are you able to comment
14 about when these transitions did have structure and time
15 and when they didn't?

16

17 MS EVANS: I think decisions made for the children were
18 very rushed and they were often with us the last people to
19 know that they were occurring. So when they were
20 transitioned from residential care to our care they were
21 provided with a week's notice. But during that time they
22 had to continue to come and go from our house to resi, and
23 one of them didn't want to leave our house and go back,
24 whereas the other child did need some additional processing
25 time.

26

27 And I think throughout our whole experience there was a
28 lack of being transparent and allowing them to have that,
29 like, choice and understanding of what's going on, having
30 their views heard, and whether they wanted to transition
31 then and there or if they wanted to leave it a few weeks,
32 or how did they want it to look like. Yeah, so it was very
33 much us alongside the carer being - us alongside the
34 children being the last ones to know and we kind of just
35 had to go with the flow of what was being directed at us
36 and the children, and they had to do the same.

37

38 MS GREENWOOD: Thank you. I might just circle back to my
39 first question. I'll take you to page 45, which is part of
40 appendix B, support needs and justification. I take it -
41 and I'm referring to the description of what the CSNA,
42 complex support needs assistance presumably, supports. Is
43 that a list that you produced?

44

45 MS EVANS: Yes.

46

47 MS GREENWOOD: So, again just returning back to where

1 there is healthcare and health costs covered and where
2 there isn't, are there any other gaps, are there any other
3 needs that need to be addressed that currently aren't
4 addressed in the current system?

5

6 MS EVANS: I think it's not clear on what is covered
7 under, like, your just child related costs in your foster
8 care allowance versus how you can get on to the HSNA and
9 the CSNA and the levels that come with CSNA. So, you know,
10 our situation could be completely different to another
11 carer who is experiencing the same thing. They may be
12 receiving a higher level of payments based on the
13 perception of the CSO and the service centre manager
14 alongside whether they have the additional funds to be able
15 to allocate to that child; whereas, you know, it might have
16 been a different situation for us where there may have been
17 other systemic barriers as to why we weren't given the
18 increase in allowance to meet those needs earlier.

19

20 I do recall our agency requesting a letter from Child
21 Safety outlining what the CSNA is supposed to cover, but
22 they were very reluctant at the start to do that and they
23 said they don't often do that. So I think it really
24 needs - like, in the future, it really needs to be clear as
25 to what these payments are supposed to cover globally so
26 every carer has access to the same, you know, allowance to
27 be able to meet the needs of these children, and what's
28 the, like, difference between a CSNA level 1, 2 and 3, and
29 how it's intended to meet the needs of these children as
30 well. That's very vague and very up to the opinion of the
31 CSO and the senior team leaders and the managers, and what
32 resources they have available, and their understanding of
33 the child, too.

34

35 My perception of the child might be very different to what
36 the CSO sees as a need for the child because I see the
37 child every day and I can see, you know, how that impacts
38 them and how it's impacting us financially, but the CSO
39 doesn't necessarily know that. Even if we do tell them,
40 they're not perceiving that impact themselves.

41

42 COMMISSIONER: Ms Evans, were you ever told what the
43 general foster carer allowance was intended to cover?

44

45 MS EVANS: So we had a very vague understanding from when
46 we did our training, and then they gave us a handout of
47 what it's meant to cover, and then there is another section

1 of that that says, like, any additional things need to go
2 through the child safety service centre manager.

3
4 COMMISSIONER: And they have to be assessed as the child's
5 needs?

6
7 MS EVANS: Yes.

8
9 COMMISSIONER: CSNA, that's the acronym for that?

10
11 MS EVANS: Yes.

12
13 MR COLE: Yes.

14
15 COMMISSIONER: Right. Thank you.

16
17 MS GREENWOOD: Thank you, Commissioner, I have no further
18 questions.

19
20 COMMISSIONER: Thank you, Ms Greenwood. [REDACTED]
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22 [REDACTED]
23 [REDACTED]
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LUNCHEON ADJOURNMENT

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