

CHILD SAFETY COMMISSION OF INQUIRY

Harry Gibbs Commonwealth Law Courts Building,
119 North Quay, Brisbane

On Thursday, 9 April 2026 at 10.07am

Before: Mr Paul Anastassiou KC, Commissioner

Counsel Assisting: Mr Tom Diaz
Mr Joshua Forrest

1 COMMISSIONER: Thank you, Mr Diaz. I understand that the
2 livestream is not presently working but the proceedings are
3 being recorded and in due course the recording will be
4 uploaded to the website. So we can carry on.

5
6 MR DIAZ: Precisely. That deals with one of the two
7 matters of housekeeping I wanted to raise. The other one
8 is that there's just been some minor reshuffling in the
9 order of witnesses.

10
11 COMMISSIONER: Yes.

12
13 MR DIAZ: So Mr Short will now give evidence - he's the
14 Chief Finance Officer - tomorrow, that's Friday.

15
16 COMMISSIONER: Yes.

17
18 MR DIAZ: And Ms Lategan, the Chief Procurement Officer,
19 will give evidence on Monday.

20
21 COMMISSIONER: Yes. Thank you. And that causes no
22 inconvenience to you, Mr Hastie?

23
24 MR HASTIE: No, Commissioner.

25
26 COMMISSIONER: Thank you.

27
28 MR DIAZ: I think it's in fact been adjusted to
29 accommodate availability on departmental witnesses,
30 Commissioner.

31
32 COMMISSIONER: Excellent.

33
34 **<NATALIE WILSON, CONTINUING** [10.08 am]

35
36 **<EXAMINATION BY MR DIAZ, CONTINUING**

37
38 MR DIAZ: Ms Wilson, just picking up where we were
39 yesterday, we had discussed during the course of yesterday
40 afternoon that you were a member of the IPS re-design
41 reference group; is that right?

42 A. Yes.

43
44 Q. And you explain at paragraph 47 of your witness
45 statement - and, Commissioner, just to remind you, that's
46 behind tab 24 --

47

1 COMMISSIONER: Yes, I have it.
2
3 MR DIAZ: -- that members of that group were required to
4 familiarise themselves with the IPS audit final report.
5 That's the due diligence audit, is it?
6 A. Yes.
7
8 Q. Yes. The IPS guidelines and relevant IPS policies and
9 procedures; is that right?
10 A. Yes.
11
12 Q. And I assume that as part of that process you
13 familiarised yourself with the IPS business rules?
14 A. Yes.
15
16 Q. And I understand that the first version of those
17 rules, though they were then called the CRC-PaS business
18 rules, was introduced in March 2018; is that right?
19 A. Sounds about right, yes.
20
21 Q. Yes. And is it your understanding that those rules
22 were introduced to support the consistent application of
23 policy and procedure associated with the expenditure of IPS
24 funds?
25 A. Yes, to guide - to guide that, yes.
26
27 Q. Yes.
28 A. And support it.
29
30 Q. To guide and support it, did --
31 A. Support, yes.
32
33 Q. Yes. Could I ask you to take up the public interest
34 immunity folder, if you have that at your disposal?
35 A. Which one is that one? Is that --
36
37 Q. I'll ask my instructor to provide a copy, if you don't
38 have one.
39 A. Thank you.
40
41 Q. And in particular if you could - I withdraw that.
42 Sorry, I've directed you to the wrong bundle. It's
43 actually at volume 3 of the master bundle. I apologise for
44 that.
45 A. That's okay.
46
47 Q. And in particular at tab 116, and that's at 2387 of

1 the bundle. And I note, Commissioner, it does seem that
2 the documents are able to be displayed on the livestream
3 now, so I think that problem must have been resolved in the
4 interim.

5
6 COMMISSIONER: Excellent

7
8 WITNESS: Sorry, which one was it again? 1?

9
10 MR DIAZ: 116, which is at page 2387.

11 A. Yes.

12
13 Q. Now, this is an email you may not have seen before.
14 It's from the Senior Executive Director of Commissioning to
15 the DDG, Deputy Director-General, of Investment and
16 Commissioning, and it's dated 9 May of last year?

17 A. Yes, I was on leave at that time.

18
19 Q. You were on leave?

20 A. Sorry, I was on leave at that time, yes.

21
22 Q. Yes, I understand. Nevertheless, I just want to ask
23 you about a comment or a couple of comments that are made
24 in that email. You'll see at the second paragraph starting
25 "The issues", and if you go to the final sentence of that
26 paragraph it says:

27
28 *The IPS rules have been flagged for*
29 *improvement since they were developed*
30 *because they do not make sense.*

31
32 Is that something - do you share that view?

33 A. I'm not sure of the context of which part of them do
34 not make sense, so it's not clear to me what that's
35 referring to specifically.

36
37 Q. Yes. Could I take you then to a different document.
38 This is behind --

39
40 COMMISSIONER: Just before you move on, independently of
41 the observation made in that email, do you have a view as
42 to the quality or suitability of the IPS rules?

43 A. Sorry? I beg your pardon?

44
45 COMMISSIONER: Independent of what is said in the
46 email --

47 A. Yes, yep.

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COMMISSIONER: -- about the IPS rules, do you have an opinion about their suitability?

A. Yes. I think they were - they are - well, they were - they are suitable. They have not been updated recently, and I think that's perhaps where some of this inference may have been related to.

COMMISSIONER: So you wouldn't go so far as to say that they do not make sense, which is the view expressed by the author of this email?

A. Correct.

COMMISSIONER: Right. I see.

A. Thank you.

MR DIAZ: And I just note while we're on this particular email, not so relevant for the witness, Commissioner, in terms of questions I wish to ask, but there are a number of comments about the only way to improve the current scenario with procurement is to buy enough OSD supply to meet demand and, apropos some questions you were talking about yesterday, there's reference to a 20 per cent buffer for surge capacity and vacancy rates, and you'll also see reference to prequalification of IPS providers and in-system contracting, which are other matters we'll return to in due course.

COMMISSIONER: Yes. Thank you.

MR DIAZ: The other document related to this that I was hoping you might be able to take up is in what's called the "Reasonable excuse bundle". That will be a smaller bundle that you have hopefully in front of you.

A. Yes.

Q. And if you go to tab 4 of that bundle?

A. Yes.

Q. Do you see a document at page 83 entitled "IPS business rules review current state analysis"?

A. I do.

Q. And you'll see there's an overview which identifies that:

IPS is currently operating in a high

1 *pressure, high volume, manual environment*
2 *with significant regional inconsistency,*
3 *outdated rules, unclear standards and*
4 *processes that have not kept pace with*
5 *demand.*

6
7 Do you see that?

8 A. Yes, sorry.

9
10 Q. Yes. And if you turn over to page 3 of that
11 particular memorandum under the subheading "Costing,
12 pricing and benchmarks"; do you see that?

13 A. Yes.

14
15 Q. And do you see the reference to the benchmarks not
16 having been updated in the rules since 2022 and not being
17 useable?

18 A. Yes.

19
20 Q. Are both of those observations right?

21 A. Certainly, yes, have not been updated. The benchmarks
22 not useable, I guess in terms of their currency that would
23 be correct.

24
25 Q. And could I ask you to take up your own witness
26 statement, in particular paragraph 62 of that statement,
27 which is at tab 24 of the master bundle?

28 A. Sorry, paragraph?

29
30 Q. 62.

31 A. 62, yes.

32
33 Q. You mentioned that you were part of a group called the
34 IPS action group; is that right?

35 A. Yes.

36
37 Q. And that was a group that was in operation for a short
38 period from April to June 2021; is that right?

39 A. Yes. The action group, yes. The strategic - yes.

40
41 Q. Yes. And as part of that group you initiated a deep
42 dive review of the operational costs in the IPS business
43 rules?

44 A. Yes.

45
46 Q. And you propose that the benchmarking either be
47 removed or recalculated; is that right?

1 A. The action group did, yes, yes.
2
3 Q. The action group did?
4 A. Yes, yes.
5
6 Q. And did either of those things occur?
7 A. We certainly did review some of those - I was
8 certainly part of the strategic implementation group that
9 oversaw some of that action group, and so, yes, that review
10 of some of those costings did occur.
11
12 Q. So did you recalculate the cost, did you?
13 A. From my recollection, there were some of those costs
14 that were calculated or recalculated, one of those
15 I remember to be the daily rate. I can't recall exactly
16 which ones were finally recalculated.
17
18 Q. But the benchmarks weren't removed?
19 A. No.
20
21 Q. Okay. And is it your understanding that over the
22 subsequent years, so after the IPS action group was
23 disbanded or had finished its work, that the benchmark
24 pricing continued to be used by each of the child safety
25 regions?
26 A. Well, it remained in the business rules. I would say
27 that it was probably still a baseline but that there would
28 have been negotiations that would have happened at that
29 local level.
30
31 Q. And when you say that there were negotiations I guess
32 what I'm interested in is what reference or what benchmark
33 pricing were those working in the regions that were in fact
34 entering into the contracts - what documents were they to
35 have regard to if not the business rules?
36 A. Look, I can't speak to the detail of that because
37 I don't work in the region. But my understanding is that
38 they would have been informed by, you know, over time
39 prices that they were negotiating and what resulted in -
40 you know, what pricing ended up being in the contracts that
41 they were negotiating, and so --
42
43 COMMISSIONER: Just to be clear, Ms Wilson --
44 A. Yes.
45
46 COMMISSIONER: -- when you say negotiations I take it you
47 mean individual negotiations with individual IPS

1 suppliers --
2 A. Yes.
3
4 COMMISSIONER: -- for particular placements?
5 A. Yes.
6
7 COMMISSIONER: Yes.
8 A. Yes. As part of the, you know, the RFQ process and
9 the pricing schedule, as part of the documents that form
10 the suite of those engagements.
11
12 MR DIAZ: Yes. But leaving aside whether they engaged in
13 individual negotiation, which you say is not something that
14 you can really comment on, were you aware of any guidance
15 that was provided to them by central office in respect of
16 the pricing at which they were to enter into IPS contracts?
17 A. I can't speak to or recall anything specifically in
18 terms of that other than those business rules and I guess
19 just ongoing discussions or conversations about some of the
20 pricing generally that was being expended or was being
21 negotiated. Probably more I would be involved in those
22 conversations when it came to OSD funding levels and
23 discussions around those as opposed to the detail of those
24 in regards to the IPS arrangements.
25
26 Q. But doesn't this give rise to a concern that the
27 department wasn't procuring services at a consistent price
28 across providers because those that were required to enter
29 into contracts didn't really know what a baseline or
30 reference price should be?
31 A. I mean, it certainly is a risk. I would agree there's
32 a risk there. However, I think the combination of what we
33 are funding in OSD and some of those discussions, as
34 I said, and negotiations at the local level there are about
35 those individual children and what they require and then
36 what is available to be purchased, which may be informed
37 by, as you know, overheads such as capital, so properties
38 and staffing, that may vary across regions. So there will
39 always be a variance, but I take your point that to not
40 have those updated has probably made it less clear.
41
42 COMMISSIONER: Ms Wilson --
43 A. Yes.
44
45 COMMISSIONER: -- as I understand it, decision-making in
46 relation to the procurement of IPS-funded supplies is
47 decentralised?

1 A. Sorry, repeat that?

2

3 COMMISSIONER: The decision-making when it comes to
4 entering into IPS-funded arrangements is a decentralised
5 activity in the department?

6 A. Yes, it's - yes. Yes

7

8 COMMISSIONER: So if you're, let's say, in Townsville and
9 it's part of your responsibilities within the department to
10 procure such arrangements, how does the hypothetical
11 decision-maker decide what the parameters are for
12 negotiation with a third party provider if guidance as to
13 those parameters specifically in relation to the financial
14 parameters is not given by the central office?

15 A. I think it would be their practical experience of
16 those negotiations and what those costs are at the local
17 level, and, as we've discussed, the scale of those
18 arrangements and the administrative processes associated
19 with them, it would be a daily, probably several daily
20 conversation they would be having, and understanding what
21 those pressures are in their local market about
22 availability of property and staffing and so forth, those
23 costs that would be driving some of that outside of any
24 benchmark that we would set centrally.

25

26 COMMISSIONER: So should I understand that to mean that
27 the local decision-maker had a broad discretion available
28 within which to negotiate individual contractual
29 arrangements?

30 A. Discretion? I think obviously they still have to work
31 within all of our other policies and procedures and, you
32 know, delegations and so forth. So I think --

33

34 COMMISSIONER: Well, that's really the question.

35 A. Yes.

36

37 COMMISSIONER: What were they? What was the cap, for
38 example?

39 A. Oh, in terms of like financial - yeah. So in terms of
40 all of those sorts of things. But I think in terms of us
41 providing a guidance about a benchmark, that could not be
42 realised in a region because of the cost of something being
43 procured in that space, I think there's the tension there,
44 and that tension is a constant tension.

45

46 COMMISSIONER: Well, one can well understand that. The
47 cost of procurement in remote areas might, for a variety of

1 unavoidable reasons, be higher than in a densely populated
2 urban area. One can understand that.
3 A. Yep.

4

5 COMMISSIONER: But if you are the decision-maker in some
6 more remote area you still need, don't you, some guidance
7 as to cap and collar in relation to the scope of your
8 negotiations?

9 A. Yes, yes.

10

11 COMMISSIONER: And where would the hypothetical
12 decision-maker find guidance in relation to that?

13 A. They may have some local level, you know, pricings
14 that they are aware of that they could use as a bit of a
15 guide at the local level. And I think, you know, that this
16 is part of, you know, some of the work that we have been
17 doing and continue to do, as you are aware through other
18 provision of documents, is to understand the true cost of
19 care, particularly in - across all care arrangements but
20 particularly residential care, and I think recognising that
21 some of those benchmarks across OSD and IPS were probably
22 not keeping up with the rising costs of things, you know,
23 just generally and some of those pressures. So I think
24 that includes some of that - those variabilities that
25 happen at regions, and so, you know, the costing tool that
26 we've been - that the department's been working through is
27 to try and give us that, a bit more of that rationale and
28 supporting evidence and guidance to those purchases.

29

30 But it has been - you know, I take the point that it is
31 something that has not been updated in documentation but
32 probably forms some local-level decision-making and the
33 information they might hold at that level and, as I said,
34 compared to some of what we've seen also driving costs in
35 OSD contracts that we have those conversations, but the
36 documentation formally doesn't reflect that currently.

37

38 COMMISSIONER: Thank you.

39

40 MR DIAZ: And you mentioned that you thought that some of
41 these costs may have been recalculated but you weren't
42 quite sure. Could I just take you to the different
43 versions of the rules that we've seen so we can trace
44 through what we understand the position to be?

45 A. Sure.

46

47 Q. So if you start with the reasonable excuse bundle,

1 which, as I mentioned, is that smaller bundle.

2 A. That's this one?

3

4 Q. And if you take up tab 6 - hopefully it will be not
5 too far from where you left off last.

6 A. Yes, yes.

7

8 Q. So what you'll see - this is commencing at page 117.

9 This seems to be a version dated April 2021. It's

10 version 4.1. In the interests of time, I haven't taken you
11 through all of the earlier versions so that --

12 A. Thank you.

13

14 Q. -- we move somewhat efficiently. But I understand
15 this to be the version that you would have been looking at
16 as part of the IPS action group, given that you commenced
17 that process in April 2021?

18 A. Sorry, yes.

19

20 Q. And if you move --

21 A. Sorry, just to clarify, I don't believe I was part of
22 the IPS action group itself but was part of some of the
23 oversight of the operational activity.

24

25 Q. I see.

26 A. Yep. So that's why some of the detail I'm not as
27 across, but certainly the general intent and processes.

28

29 COMMISSIONER: Mr Diaz, I'm not sure that the reasonable
30 excuse bundle has been tendered. That can be dealt with in
31 due course, but --

32

33 MR DIAZ: Quite, Commissioner. Thank you for reminding
34 me. I think we are in a position to tender both the PII
35 bundle,, the public interest immunity bundle, and the
36 reasonable excuse bundle. I omitted to do so. I might in
37 fact do so now.

38

39 COMMISSIONER: All right. So the reasonable excuse bundle
40 will be exhibit CA-71.

41

42 **EXHIBIT #CA-71 - REASONABLE EXCUSE BUNDLE**

43

44 COMMISSIONER: And the public interest immunity bundle
45 will be CA-72.

46

47 **EXHIBIT #CA-72 - PUBLIC INTEREST IMMUNITY BUNDLE**

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MR DIAZ: Thank you, Commissioner.

So perhaps you weren't directly involved with the IPS action group, but it seems to be around the time that they were considering the business rules. And if you go to the costing benchmarks, which is at 22 of those rules, you'll find that --

A. So page?

Q. 138, using the bottom right-hand numbering.

A. Yes.

Q. And do you see there there's really two types of costing or - yes, two types of costing benchmarks, one at 138, the other at 139? Just starting with 138, that's costing benchmarks for support workers, coordination workers and then where a sleep-over shift is required, and you'll see that - and if you can try as best as you can to keep this number in your mind - the support worker rate is calculated as being \$53.44 per hour?

A. Yep.

Q. And you'll see at the top that the table - that's just above the table there's reference to the benchmarks being calculated as at December 2020?

A. Yes.

Q. And then overleaf you see the operating costs, some of which - that's at 139 - some of those operating costs are calculated as a percentage of the salary and wages, and then you have some fixed costs, for example, \$95.15 per day per household for property and energy based on a four-bedroom house. Now, if you'll be somewhat patient with me, if I can take you to what I understand to be the next version of those rules, which is at tab 35 of the master bundle. So that's at volume 1. That will be one of the larger bundles, if it assists.

A. Yep. So what tab was it?

Q. Tab 35. And, if it assists, it's at page 459.

A. Yes.

Q. And you'll see that there's reference - the covering page - to this being a version in December 2022?

A. Yes.

1 Q. And, again, if you work through the rules to the same
2 part of the rules --
3 A. What page is --
4
5 Q. -- which you'll find at page 481 --
6 A. Yes.
7
8 Q. -- you'll see that the costing benchmarks haven't been
9 updated; is that right?
10 A. Correct.
11
12 Q. You still have the support worker rate of \$53.44,
13 though it does appear that for some reason a decision has
14 been made to remove coordination as compared to the earlier
15 version; is that right?
16 A. Yes, looking at the document.
17
18 Q. Yes. And, again just for completeness, if you go over
19 the page - well, it starts at the bottom of 481 --
20 A. Yes.
21
22 Q. -- but there's reference to the operating costs being
23 calculated as at August 2020, and at 482 you'll see that
24 the rates --
25 A. The same.
26
27 Q. -- whether by percentage terms or raw figures, are the
28 same; is that right?
29 A. Yes.
30
31 Q. Yes?
32 A. Correct, yes.
33
34 Q. And, finally, if you go to what I understand to be the
35 latest version of the rules, that's at tab 52, so in the
36 same volume you're at at the moment. So that commences at
37 735.
38 A. Yes.
39
40 Q. And if you do the same exercise of working through to
41 page 22 and 23 of the rules --
42 A. Yes.
43
44 Q. -- which is at 756 - 757, I apologise.
45 A. No, that's okay.
46
47 Q. Do you have that?

1 A. Yes.

2

3 Q. And you'll see that - at 757 you see the same language
4 above the table that this reflects the pay guide as at
5 December 2020 with the hourly rate and then again for the
6 operating costs as at August 2020 with the same percentage
7 and hourly rates?

8 A. Yes.

9

10 Q. And do you understand this version to be the current
11 version of the rules?

12 A. I think so. They don't sit with me anymore. As you
13 are aware, they've moved across to procurement services,
14 but - and I was not involved in this version's update
15 either.

16

17 Q. Yes.

18 A. But, yes, I believe so.

19

20 Q. And I understand that it was perhaps October of last
21 year that the management and responsibility for these rules
22 was shifted from Investment and Commissioning to
23 Procurement; is that right?

24 A. Something like that, yes. Again, I was --

25

26 Q. Who would have been the responsible person for
27 updating these rules prior to October 2025?

28 A. It would have sat in Investment and Commissioning, in
29 the team - the non-family-based care team.

30

31 Q. But who specifically?

32 A. It would have been various people over the years in
33 those roles. Do you mean in terms of the Director or
34 the --

35

36 Q. By position title.

37 A. -- operational person doing them, like --

38

39 Q. Not by name but by position title. Who takes ultimate
40 responsibility for ensuring the accuracy of documentation
41 of this nature?

42 A. Look, I think from a day-to-day, like, activity it
43 would be the A08 or the A07 in those teams that would be
44 doing that work, the operational work. But they would then
45 be endorsed, you know, through the Director and so forth
46 within Investment and Commissioning.

47

1 Q. And what type of role does an A08 or A07 hold?

2 A. An A08 would generally be a manager. An A07 in our -
3 in Investment and Commissioning is a principal program
4 officer. They would get support from, you know, other
5 various staff at different levels within those teams.

6

7 Q. Yes. And so --

8

9 MR HASTIE: Commissioner, can I just observe that my
10 learned friend used the word in respect of one of the
11 figures is "calculated". The document says it's - these
12 award levels as at a particular date, 2020, which is a
13 different - it's a different concept to being calculated
14 and it makes it --

15

16 COMMISSIONER: So it should say "specified", should it?
17 Is that what you mean --

18

19 MR HASTIE: No, the point is it makes it clear to the
20 reader that these are the rates as at a particular date.

21

22 COMMISSIONER: Yes, which are specified rather than
23 calculated by somebody.

24

25 MR HASTIE: Well, it is. But also if a person reading it,
26 say, this year might - particularly given the fact that the
27 information on the award, they're told, can be obtained
28 from a particular website --

29

30 COMMISSIONER: So is your point, Mr Hastie, that this
31 document, which is of some antiquity now, can be read as
32 impliedly updated in terms of the values at least in
33 relation to, say, award rates as those award rates change
34 or increase from time to time?

35

36 MR HASTIE: That's correct.

37

38 COMMISSIONER: Yes. I understand.

39

40 MR HASTIE: Thank you.

41

42 MR DIAZ: I don't quibble with that.

43

44 COMMISSIONER: No.

45

46 MR DIAZ: It's perhaps a question of how clear that would
47 be to the person using the rules, these rules being dated

1 September of --

2

3 COMMISSIONER: I think it would be --

4

5 MR DIAZ: They're dated --

6

7 COMMISSIONER: -- tolerably clear, Mr Diaz, because the
8 award rate, if that's the particular value, is legally
9 required to be paid, as I would understand it, and
10 therefore it would be notionally updated - or actually in
11 fact updated even though the document doesn't specify the
12 present award rate. I think that's the point that
13 Mr Hastie's making.

14

15 MR DIAZ: I understand, and certainly that's so for the
16 salary and wages. I'm not sure how that could be
17 calculated for the operating costs. Those costs obviously
18 are subject to similar sorts of inflationary pressures, and
19 in any event I think it leaves a degree of ambiguity. But
20 that's perhaps a matter for submission rather than the
21 evidence for the witness.

22

23 COMMISSIONER: Yes.

24

25 MR DIAZ: Okay. And do you recall at any time anyone ever
26 raising you with the necessity to update these particular
27 rules?

28 A. I can't recall a specific, you know, direction as
29 such, but I think it's something that - you know, it's
30 something that's part of our core work, and these constant
31 discussions and conversations around the expenditure and
32 the pressures and - so I think it certainly would have been
33 part of conversations, and certainly when we have those
34 sorts of stakeholder reference groups such as that
35 strategic implementation group, which comprised
36 non-government providers as well as us, they definitely
37 are - they come up for discussion, yes, as they would at
38 the local level in negotiations, I'm sure.

39

40 Q. Yes. Okay. That's what I wanted to ask you about the
41 IPS business rules. If we could go to a separate point
42 which touches on some of the matters we were discussing
43 yesterday, and that concerns the supply mix in out-of-home
44 care generally. Do you agree with me that since at least
45 2020 it's been well understood within the department that
46 the sustainability, that is the financial sustainability,
47 of the department's budget depended primarily on its

1 capacity to encourage and support enough family-based care
2 uptake?
3 A. Sorry, can you repeat the context of the question?
4
5 Q. Yes. So there's perhaps a couple of dimensions. One
6 is a date dimension. Do you agree with me that since at
7 least 2020 that it's been well understood within the
8 department that the financial sustainability of its budget
9 depended primarily on its capacity to support and encourage
10 enough uptake of family-based care?
11 A. I guess, yes. But probably where I'm pausing is the
12 financial sustainability, but I understand the context of
13 why you're asking that in light of our discussion
14 yesterday. But I think, you know, primarily it is the
15 department's preference that children are - if it aligns
16 with their case plan, are placed within family-based care
17 arrangements --
18
19 COMMISSIONER: That's not quite the issue --
20 A. No, no, I - yes, yes.
21
22 COMMISSIONER: I do understand that.
23 A. Yes, yes --
24
25 COMMISSIONER: There is an assumption embedded in
26 Mr Diaz's question --
27 A. Yes. So I guess I just wanted to clarify that. But -
28 so, yes, and obviously those arrangements are more cost
29 effective. They - from a financial sustainability or
30 viability perspective. Yes, they cost less.
31
32 COMMISSIONER: I think the question is directed to this
33 issue. The budget was --
34 A. Right.
35
36 COMMISSIONER: -- if it were to be met in terms of the
37 department's activities coming within the budget, depended
38 upon a reduction in reliance upon residential care --
39 A. Yes, yes.
40
41 COMMISSIONER: -- and a promotion, if you like, of an
42 increasing contribution by family-based care?
43 A. Yes.
44
45 COMMISSIONER: Now, that of course assumes - and this is
46 the assumption in Mr Diaz's question - that we're talking
47 about a budget of whatever the amount was, X amount, at a

1 particular point in time. So if the budget was, let's say,
2 400 million - I realise it was much more than that --
3 A. Yeah.
4
5 COMMISSIONER: -- then that budget could not be achieved
6 unless aspirations that the department had to shift
7 reliance on resi care to family-based care was realised?
8 A. Yes.
9
10 COMMISSIONER: By reference to the budget at the time?
11 A. Yes.
12
13 COMMISSIONER: Is that --
14 A. Thank you.
15
16 MR DIAZ: Quite.
17
18 WITNESS: Yes.
19
20 MR DIAZ: I had intended to take you through the QTC
21 report and the CSIP, but in the interests of time --
22 A. Yes.
23
24 Q. -- I won't do that. But essentially it's my
25 understanding that that's a proposition that emerges from
26 those particular reports. Do you agree with that?
27 A. Yes.
28
29 Q. Yes. And you say in your witness statement - again,
30 this is behind tab 24 and in particular at paragraph 87 of
31 that statement --
32 A. I've lost it. Lost in all the folders.
33
34 Q. Not at all. I know you're buried in documents.
35 A. Yeah, sorry, what was the paragraph?
36
37 Q. It's at paragraph 87 and the paragraphs that follow
38 that I want to ask you some questions about.
39 A. Sure. 87, yes.
40
41 Q. And you explain there in relation to efforts to
42 increase family-based care that a number of initiatives
43 were undertaken?
44 A. Yes.
45
46 Q. And in particular if you look at paragraphs 90 and 91
47 you say in paragraph 90 that in around 2020 the department

1 commenced work on the development of a new standalone
2 kinship care investment specification?

3 A. Yes.

4
5 Q. And I understand from paragraph 91 that it took - it's
6 unclear exactly when in 2020 the work commenced, but at a
7 minimum it seems two years for the Director-General to
8 approve the family-based kinship care investment
9 specification; is that right?

10 A. Wouldn't - it's not that it took that long to approve,
11 that's when it was approved, but - so if I can speak to the
12 2020 - so I guess that's where the - some really dedicated
13 efforts to developing those family-based care - those
14 kinship care investment specs commenced. It's something
15 that, again, you will know from previous information that
16 you've received that has been on our radar for some time,
17 like, earlier than that period that - you know, to develop
18 a standalone kinship care program. However, that's when
19 more dedicated efforts commenced to do that work, and
20 between sort of that - and, yes, I couldn't remember
21 exactly when because, as I said, it's kind of been a
22 continuous piece of work we've had in the back of our
23 minds, and, as it says in an earlier paragraph, we were
24 also working closely with QATSICPP at that time, or prior
25 to that, and, again, you know, over years prior to that,
26 just in regard to that family caring for family, that sort
27 of considerations.

28
29 So the work between 20 and 22 would have been significant
30 work in developing up what a program design could look
31 like, program logic, what sort of - what associated service
32 types and specifications, and there was quite a bit of
33 consultation undertaken with the sector and other key
34 stakeholders within the department, and so it did take
35 quite a bit of time and, as often is the case, within
36 existing resources, so, you know, you have to balance
37 priorities of works, and it would have been then that a
38 brief was finally developed up that would have attached the
39 final version of those to go up to the Director-General for
40 approval at that time.

41
42 Q. And did that in any way delay investments actually
43 being made in this particular case in kin care?

44 A. No, because the existing specifications - the child
45 protection placement specifications are - and are still
46 current now. So they were the existing and still are the
47 existing specifications that combined foster and kinship

1 care, and that was part of the - I guess the issue, that we
2 wanted to have them as standalone programs because they
3 didn't - by their very nature and, you know, they were -
4 and how old they were, they didn't recognise the
5 different - the uniqueness of kinship care as opposed to
6 foster care, and so there were still providers contracted
7 under those and continued to be contracted under those
8 until we have those new specifications approved, and so
9 they would co-exist for a period of time because I think,
10 as I think I've talked to you about previously, was that we
11 didn't have any additional investment at the time to go and
12 purchase because it was already within the foster and
13 kinship care contracts. But once we got those investment
14 specifications approved we were able to source some money,
15 some - you know, within some savings or unallocated funding
16 to trial - to commence trialling the new specifications.
17 So it didn't limit it. It just opened up new options and
18 service types that we could start to test and trial, and
19 see if that was another way to grow kinship care, which was
20 in fact the case.

21

22 Q. Yes. I'm not sure I quite understood --

23

24

25 Q. -- one of the points you just made when you said that
26 at a more historical period of time I think you had reached
27 a budget or something in respect of foster and kin care.
28 Could you just clarify it?

29

30

31

32

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47

Q. So once you had - or once the department - when I say
"you" I mean the department.

A. Yeah.

Q. Once the department had reached its limit of OSD
expenditure, am I right to understand it can't procure
services for foster or kin care or related to those under
an IPS agreement?

A. We can - what we generally do is top up.

1
2 Q. Top up?
3 A. Yes.
4
5 Q. And can you explain what that means?
6 A. So where providers in outsourced service delivery or
7 family-based care have achieved - yeah, reached their limit
8 of contracted places, we are - and we can see they are
9 over-delivering, where we've placed more children than we
10 have funded them under those contracts, we will provide
11 a top-up using the IPS - the CRC-PaS funding. So we can
12 increase their - the investment with them to purchase those
13 additional places.
14
15 Q. Yes. And we saw reference yesterday - if you need me
16 to take you to the documents, let me know - to initiatives.
17 For instance, in 2020 I think there was support to recruit
18 200 additional foster carers. Do you know whether those
19 initiatives went ahead?
20 A. I believe so. I couldn't tell you off the top of my
21 head but, generally speaking, if we had - we've got
22 approval to go and procure particularly care arrangements
23 in OSD, we would - we would go forward with those. I just
24 can't recall whether - what the procurement process was.
25
26 Q. And again it's probably stretching your knowledge, but
27 to the extent you can recall do you know whether those
28 carers were in fact recruited, not just attempts made to
29 recruit them?
30 A. Say that again, sorry?
31
32 Q. So --
33 A. Oh, if they delivered on the outputs of them?
34
35 Q. Precisely.
36 A. I would - again, yes, without looking at the contracts
37 and the performance, but I would say likely, yes, that
38 those were - would have been - those outputs would be
39 achieved, because if they weren't we would be following up
40 on that in terms of the contract management monitoring.
41
42 Q. How does that work in circumstances where the evidence
43 suggests that foster carers were declining over this
44 period? It's hard for me to understand --
45 A. Sure.
46
47 Q. -- how there was an additional 200 foster carers

1 recruited.
2 A. So there's the - so the distinction is, again, because
3 of those older specifications, it's a combination of foster
4 and kinship care. So it might be that kinship care would
5 have been the focus, and so that is not like we have to go
6 out and recruit a carer because it's about finding family
7 that can do that. Also, it's - they're not funded for the
8 number of carers they support. It's the number of children
9 that those arrangements care for.

10
11 Q. Yes.

12 A. And so it might be if - if they are - you know, that
13 some carers may - it might be a renegotiation of the
14 agreements with the carers about the number of children
15 they can care for. But I think the focus, as you've seen
16 through some of those documents, have been to try to source
17 kin carers as much as possible, and that again is part of
18 the reason for the standalone kinship care types, is
19 because it was difficult to extract data under the previous
20 specifications of how many were foster and how many were
21 kin carers. We would have to source that from Service
22 Delivery, who would have that information at the local
23 level because they know the relationship of the carer to
24 the child.

25
26 Q. Yes. And I know it's difficult, but just if you could
27 keep your voice up --

28 A. Sorry. Yes.

29
30 Q. -- mainly to assist those preparing the transcript and
31 the Commissioner also. And are you aware of efforts
32 presently underway within the department to recruit
33 professional foster carers?

34 A. Yes.

35
36 Q. Are you able to speak to those in any detail?

37 A. It's an open procurement process at the moment, so
38 I cannot.

39
40 Q. You cannot?

41 A. No.

42
43 Q. Yes.

44
45 COMMISSIONER: Sorry, what was the answer? I didn't hear.

46 A. There's a procurement process currently active in
47 regard to the professional foster care commitment, so

1 I can't speak to that.

2

3 MR DIAZ: And could I just take you to tab 55, which will
4 be right at the end of the first volume of the master
5 bundle?

6 A. Yes, it's the last one.

7

8 Q. And that's at page 835?

9 A. Yes. Yes.

10

11 Q. You'll see this is a document which is entitled
12 "Recommendation closure report", and it seems to be the
13 closure of a series of recommendations from the Carmody
14 Inquiry?

15 A. Yes.

16

17 Q. I take it you're obviously familiar with that Inquiry?

18 A. Yes.

19

20 Q. Yes. And it's listed here that you're the
21 recommendation leader in your then current role, and
22 I understand, though I cannot presently locate it, that
23 this document is dated January 2020?

24 A. Yes.

25

26 Q. My instructor may be able to find that date, but it
27 perhaps comes from the metadata. In any event, it seems to
28 be that the recommendation that you were charged with
29 leading at that time is akin to professional foster carers?

30 A. Yes.

31

32 Q. Do you know what happened, whether that recommendation
33 progressed?

34 A. So, as it speaks to in the document, it resulted in a
35 contract and trial of Treatment Foster Care Oregon. After
36 extensive research and analysis of what we could implement
37 in terms of what a professional foster care model could
38 look like to retain the carer as a volunteer, enabling us
39 to continue to pay them carer allowances and so forth, and
40 the challenge of, as is the case of many jurisdictions in
41 this space, what a worker or a professional person would
42 look like in a carer arrangement, and all that brings in
43 terms of workplace health and safety, and taxation rulings,
44 a whole range of things, the outcome was that we invested
45 in Treatment Foster Care Oregon as that program was able to
46 demonstrate how a more specialised intensive family-based
47 care response could be delivered and wrapped around a child

1 to either - just transitioning them from a residential care
2 placement or preventing one, and then still retain the
3 carer as a volunteer. So it was something we were able to
4 invest in under our current frameworks and legislation.

5

6 COMMISSIONER: Ms Wilson, is that the program with which
7 Dr Griffiths --

8 A. Yes, OzChild. Yes.

9

10 COMMISSIONER: -- is associated? I heard evidence in
11 Toowoomba about this program.

12 A. That's correct. And it was in south-west region that
13 that commenced.

14

15 COMMISSIONER: Yes. And there's a pilot that's already
16 been underway?

17 A. So at that time it was a pilot and it's - that's
18 right. It's currently still a program that's being
19 delivered and invested in by the department.

20

21 COMMISSIONER: Yes. It doesn't --

22 A. Sorry, not delivered by the department. Delivered by
23 OzChild, invested in by the department.

24

25 COMMISSIONER: Yes. We've usefully heard evidence about
26 that particular program. It is limited, however, to
27 children in residential care for whom family care is
28 potentially a suitable option, as I understand it, and it's
29 an intensive - I think I can describe it as a triaging
30 program where the objective is, where possible, to take the
31 child from residential care and with intensive support for
32 a period I think of up to 18 months, as I understand it,
33 then assist the child to be placed with a family-based
34 carer or, ideally, to be reunified with family. That's
35 essentially the program?

36 A. Correct, yes.

37

38 COMMISSIONER: Yes. Good.

39 A. Yes.

40

41 COMMISSIONER: Thank you.

42

43 MR DIAZ: And, just leaving aside the TFCO and the pilot
44 and trial of that program, are you aware of any other
45 efforts or initiatives that were in fact - or the
46 department was in fact able to recruit professional foster
47 carers?

1 A. It's something that we have continued to explore and
2 understand and work up what a model could look like, and
3 again I probably - as I said, there's a procurement process
4 currently out in the market that is not - that is still
5 open, so I probably can't speak too much to that. But it's
6 part of the reason that we - in those new specifications
7 for family-based care that I referenced earlier there is a
8 new service type in there called specialised family-based
9 care, which was developed specifically to cater to this
10 kind of model or these kinds of models without being
11 prescriptive about what that model would look like, more
12 going out to the market and seeing what providers could
13 bring forward as a response to particular cohorts of
14 children and young people. So we've built that into our
15 investment specifications so that we can go forward with
16 more consideration to purchase these sorts of arrangements.

17
18 Q. Yes. And the last question I want to ask you on this
19 particular topic is one that's perhaps at large. I think
20 that you would agree with me that there's a benefit both
21 from the perspective of children and young people in
22 out-of-home care but also the fiscal position for the
23 department to be investing in family-based care?

24 A. Yes.

25
26 Q. And is it fair to say that was the generally accepted
27 view within the department from 2020 onwards?

28 A. Yes.

29
30 Q. And what in that context has stood in the way of that
31 ambition being realised over the last five years?

32 A. Look, I think some of it was, as I've talked about,
33 having more contemporised service types that, you know --

34
35 Q. Having what, sorry?

36 A. More contemporary service types in our investment
37 specifications that opened up some different pathways to
38 grow particularly kinship care but also, as we've talked
39 about, budget limitations. As I said, the existing
40 allocation in OSD is in contract, and so therefore without
41 additional investment we can't grow that.

42
43 Q. And is it your view, therefore, that if there was a
44 sufficient budget allocation for family-based care from
45 2020 onwards - I'm in effect asking you to comment on a
46 hypothetical. But if there had been that budget allocation
47 it would have been possible to allocate more children in

1 the out-of-home care system into family-based care?

2 A. Yes, it would be - yes, it would have been possible
3 if - as we talked about earlier and you pointed out, if
4 carers could be recruited and we could find family to care
5 for them, yes.

6
7 Q. All right. Another topic I was hoping to ask you
8 about concerns - returning to the IPS and OSD distinction,
9 we've discussed at length some of the commentary within the
10 department's documents about the issues with overreliance
11 on IPS agreements. In your witness statement, and it
12 commences at paragraph 66 and runs through to 74 - this is
13 behind tab 24 --

14 A. Yep.

15
16 Q. -- you go into quite some detail about the issues
17 associated with relying on OSD contracting. Without asking
18 you to just simply read what's in your witness statement
19 I was hoping you could distil for the Commissioner some of
20 the concerns the department might have with becoming not
21 overly reliant on IPS but now transitioning a lot of those
22 placements to OSD and the challenges that poses?

23 A. So there's a bit there that I probably didn't quite
24 understand the context of, so --

25

26 Q. I'm hoping you could effectively precis for the
27 Commissioner or summarise some of the difficulties that
28 you've identified with relying on OSD agreements?

29 A. Okay. Yeah, I think that's - so it's probably not so
30 much the relying on OSD agreements. It's more the
31 investment model of the way that we have historically
32 invested in OSD in terms of that complexity piece and some
33 of, again, what is leading to us doing some recommissioning
34 in terms of - as we move to the new family-based care
35 specifications. So I think - and it's something I alluded
36 to - or didn't allude to, I spoke to yesterday around the
37 therapeutic residential care in terms of that question
38 where some of the challenges in our investment in OSD is
39 that we try to predict or we allocate funding based on the
40 complexity of children, you know, so our - even our
41 previous OSD benchmarks had ranges of complexity that then
42 equated to funding levels that we would enter into
43 contracts.

44

45 When we have issues of placement pressures and capacity,
46 then, as I was saying yesterday, it's difficult to be able
47 to quarantine some of those places for children that match

1 that need, and so often what will happen is that, you know,
2 and rightly so, if there's an OSD place, that is the
3 priority to place a child in an OSD arrangement as opposed
4 to IPS, where that's suitable and aligns with that child's
5 needs and case plan, but it might be that the funded type
6 is perhaps either funded at a higher level than the needs
7 of that child or funded at a lower level than the needs of
8 that child. So in some instances, as we talked about
9 before, that might be a top-up is made to provide
10 additional supports for that child, you know, to the
11 provider to be able to respond to that child's needs, or if
12 it's a higher complexity then there's funding there that is
13 underutilised. It's not that simple as I'm kind of making
14 it sound, but that's some of the complexity when you have
15 scale.

16
17 Q. Ms Wilson, I have to ask you about this question of
18 quarantining --

19 A. Yep.

20
21 Q. -- the placements for children that might need
22 therapeutic residential care. Isn't that a somewhat
23 contorted way of looking at it insofar as the solution is
24 to increase the supply of such therapeutic placements so
25 that you're not concerned about quarantining --

26 A. Yes. Yes.

27
28 Q. -- rather than have such a small supply that you feel
29 that you need to keep them in reserve?

30 A. Yes, exactly, which is why, I think as I said
31 yesterday, we chose to no longer invest in those models,
32 specifically recognising that all of those arrangements
33 should be therapeutic in nature and therefore what is the -
34 what do those funding levels look like. So it might have
35 been that we went out and purchased different packages or
36 OSD care arrangements for those children and look to top up
37 some of those as needed.

38
39 COMMISSIONER: If the department wishes to alter the mix
40 between IPS funding and OSD-funded arrangements with an
41 emphasis on OSD for a range of reasons, including the
42 better standard of care, therapeutic care, et cetera, isn't
43 it simply a reality that the capacity that is sought and
44 then obtained must necessarily involve carrying a degree to
45 be determined of underutilisation or spare capacity? So
46 you need a level of vacancy available to meet unexpected
47 demand, so that you're left with a practical decision to

1 make as to whether the child is placed in that spare
2 capacity. The alternative, if there isn't adequate spare
3 capacity, is simply to enter into IPS-funded arrangements,
4 including, as you've described, topping up by means of IPS
5 funding the resources provided to an OSD provider, or
6 otherwise engage a separate IPS provider. Isn't that the
7 basic reality of the situation?

8 A. Yes, yes, it is - it's the capacity, as you say, like
9 having - that can meet the demand, but it's also the nature
10 of the response or the - you know, the level of services
11 that are required or supports to that particular child. So
12 I guess that's where - because in family-based care there's
13 also a program called intensive foster care, which is
14 funded at higher levels than general foster care, and again
15 some of the challenge when you've pre-contracted for a
16 higher level of support or intervention in the absence of
17 having that, you know, sort of capacity to have that - to
18 be able to choose or perhaps hold that and place a child
19 that needs that versus a child that perhaps doesn't need
20 that level of support, it's both things. It's having,
21 I guess, the capacity to respond to demand but also the
22 right responses, and so sometimes that money is locked in
23 in a contract where perhaps the referrals have not been, as
24 I was saying yesterday, matching the needs of those child
25 because it was a place available and the safety of the
26 child was paramount, and then we work through, well, how do
27 we support that provider to deliver what they need to to
28 that child or young person.

29
30 COMMISSIONER: I can well understand that planning
31 procurement to meet demand with the vast variations in
32 need, variations in region, and overall getting the mix
33 right --

34 A. Yes.

35
36 COMMISSIONER: -- must be closer to a dark art than a
37 science?

38 A. Yes.

39
40 COMMISSIONER: It's about having a mix, isn't it?

41 A. Yes.

42
43 COMMISSIONER: And being able to anticipate, the best one
44 can, what that mix should be, including a reasonable
45 allowance that's economically viable to carry some vacancy
46 level so that there's a buffer to absorb as required within
47 that mix the children's needs as they arise randomly,

1 I would expect?

2 A. Yep. Yes, and - exactly. And some of what we are
3 looking to do with the new family-based care investment
4 specifications is build in brokerage that we haven't had as
5 a standard across contracts before, and so the intent of
6 that is that there's a level of fixed costs that we can
7 kind of build into that unit price that it costs to deliver
8 at a kind of baseline level of support and intervention or
9 response to that child, and then we've built in a kind of
10 flexible brokerage model so that, instead of it being
11 allocated to a particular carer as such, it's something the
12 provider has that they're able to then tap into based on
13 the child's case plan to then expend within their overall
14 investment, rather than having to come to us for those
15 top-ups or for us to meet those additional expenditure or
16 costings outside of that contract.

17

18 COMMISSIONER: I see. So that's a sort of discretionary
19 bucket of money that the provider has to deploy as needed
20 within the discretion of the provider; is that what --

21 A. Aligned with the case plan for the child, yes. So
22 working close --

23

24 COMMISSIONER: Yes, not --

25 A. Yes, yes, yes, absolutely, that's right.

26

27 COMMISSIONER: Not as they want to for --

28 A. Not having to come back to the department every time
29 that they need to do something additional. They have that
30 funding there to expend, yes, at that --

31

32 COMMISSIONER: It's a sort of provisional fund available
33 to the provider?

34 A. Yes.

35

36 COMMISSIONER: Yes. And you call that brokerage; is that
37 what you call it?

38 A. Yes.

39

40 COMMISSIONER: Thank you.

41

42 MR DIAZ: If we could move to a different topic,
43 Ms Wilson, and, though it's a weighty one, this is the last
44 topic I want to ask you about --

45 A. Okay.

46

47 Q. -- and that concerns licensing of providers. Now, we

1 may just need to take this a little slowly, but
2 I understand that for IPS providers --
3 A. Sorry, can I - which of these can I --
4
5 Q. You can close - well, we'll need to come back to
6 them --
7 A. Okay. I'll just move it --
8
9 Q. -- but you can close most of the bundles, and if you
10 want to just orient yourself, or have an opportunity to
11 orient yourself, this is in your witness statement. You
12 address licensing at --
13 A. M'hmm.
14
15 Q. -- subheading 13, which is pages 17 and following.
16
17 COMMISSIONER: I'm sorry you're buried in folders there.
18 A. It's okay.
19
20 COMMISSIONER: We're used to it, but --
21 A. Yeah. The desk just isn't big enough. Sorry, what
22 paragraph was it?
23
24 MR DIAZ: 97 and following.
25 A. Thank you. 97, yes, yes.
26
27 Q. So in the course of responding to your statement you
28 refer to some other statements and the like --
29 A. M'hmm.
30
31 Q. -- and adopt some language in there. I'll put some
32 things that I think will be quite familiar to you but to
33 contextualise our discussion.
34 A. Sure.
35
36 Q. I understand that for IPS-only providers there are
37 essentially two pathways for them to become or to be deemed
38 suitable for an in scope of licensing assessment, and
39 I just want to make sure my understanding is correct before
40 we go any further. The first pathway is that the child
41 safety licensing team, they review quarterly placement data
42 and they look at three factors: one, has there been
43 continuity of placement service; two, has the number of
44 placements with that provider increased over a six- to
45 12-month window; and, three, have the placements been
46 maintained for over 12 months. And that's the first kind
47 of analysis that they do and, having done so, they can then

1 refer such a provider, having deemed them in scope,
2 I understand to the regions and then the regions do an
3 assessment?
4 A. Yes, yes.
5
6 Q. Is that a fair summary?
7 A. That's in line with the process, yes.
8
9 Q. And then the second pathway is not initiated by the
10 child safety licence team but by a region or one of regions
11 proactively identifying a supplier and deeming them in
12 scope?
13 A. If that was the case, it would still - I think we
14 would still consider those three pieces of assessment to -
15 yep, in line with the in scope of licensing process, yes.
16
17 Q. Yes. So, regardless of whether it initiates from the
18 child safety licensing team or from the regions, the
19 assessment essentially looks to the three factors that
20 I referred to?
21 A. Yep. Yes.
22
23 Q. And am I right to understand that, once such an IPS
24 provider is deemed in scope, that then gets referred to the
25 statewide licensing panel?
26 A. Yes.
27
28 Q. And that's chaired by what's called the licensing
29 delegate?
30 A. Yes.
31
32 Q. And am I right to understand that as the Acting Senior
33 Executive Director you're currently the chair --
34 A. Yes.
35
36 Q. -- of that panel? So does that make you the current
37 licensing delegate?
38 A. Yes. Yes, delegate. Yes.
39
40 Q. And are you able to indicate how often as the
41 licensing delegate - well, perhaps, I understand, that's a
42 more recent role for you --
43 A. Yes.
44
45 Q. -- so you may not be able to speak to historically,
46 but in the present day how often you would receive such a
47 referral?

1 A. No.

2

3 Q. No?

4 A. Yes, because I've only been in the role since
5 mid-December and haven't chaired - yeah, haven't been doing
6 that, as you said, in and out. So I can't say off the top
7 of my head how often - I mean, because it's more about when
8 they meet those things and when those processes all get
9 signed off. I think there's - you know, I think we've got
10 quite a few in scope at the moment, maybe 20-something, of
11 which I think eight have progressed to be invited. So
12 there's quite - yeah, I think there's quite a number - 20,
13 24, something like that - in scope currently that would
14 have gone to - so to have reached that level of - I guess
15 through the process, that means they've gone to panel.

16

17 Q. Yes, I think your comment reveals that I have skipped
18 a step in the process because you mentioned being invited.
19 So after they're deemed in scope there's a further step of
20 the department inviting them to apply to become licensed;
21 is that what you were referring to?

22 A. Yes.

23

24 Q. Yes. And are you aware how long it usually takes from
25 the time a provider is assessed as being in scope to the
26 time they actually become licensed?

27 A. Sorry, ask again?

28

29 Q. Yes. Are you aware of how long it usually takes or at
30 least in approximate terms from the time a provider is
31 deemed by, say, the child safety licensing team to be in
32 scope to the point of actually becoming licensed?

33 A. Well, it would depend on how - again, it's that HSQF
34 piece, the same as you were talking about yesterday or the
35 day before, which in an OSD contract - of course when they
36 are in an OSD contract they have that 18-month period to
37 achieve that certification. If they're not on an OSD
38 contract it may take them longer. They may do it quicker.
39 You know, there isn't that kind of time limit. But I'm
40 sure those organisations will be keen to progress as soon
41 as they could. So they still - so they have to achieve
42 that, and then once they have achieved that they would have
43 to make, you know, an application to be licensed, and then
44 it would go to panel - I think it's within 30 days of that
45 application. So the certification - so I would say in OSD
46 terms we expect that can take up to about 21 months because
47 of the HSQF certification.

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Q. Did you say up to 21 months?

A. Yes.

Q. Yes. I was in fact going to ask you because there's such a reference to 21 months in the draft options paper, and that was where I was going.

A. Which assumes that it's - because they haven't started any of that HSQF they're kind of I guess the maximum dates as part of the process that - you know, you have 18 months, so 18 months plus however many months to get to the procedural piece of applying and then coming to panel and then being granted a licence. So, yeah, I think that's why.

Q. So does it follow from two things - firstly, the criteria that you look at, most of which is assessed over a six- to 12-month period, combined with the fact that from the point of being deemed in scope you've got another 21 months - that you're essentially talking about two and a half to three years at the earliest before an IPS provider would become licensed; is that right?

A. Yes, because that aligns with the same as the OSD requirement from scratch.

Q. And are you aware of some providers receiving often in their first year or first couple of years in excess of \$10 million in funding from the department for IPS agreements?

A. Sorry, what was the first part of that?

Q. Are you aware of any or some providers, IPS-only providers, receiving in excess of \$10 million in funding from the department?

A. I'm sure that is the case, yes.

Q. Yes.

A. That there would be some.

Q. And does it give rise to any concerns that those providers might be receiving tens or more millions of dollars a year before they're anywhere near becoming licensed?

A. That's a big question. Look, I think there's so many - there's so many elements to that. It's not just around the financial piece. I mean, the priority for an IPS arrangement is the safety of the child and the most -

1 you know, that that's the appropriate placement for that
2 child based on - whether that's there's no capacity in OSD
3 or it is just an individualised arrangement. So the way
4 IPS is structured is more focused on that, you know,
5 understanding of the child's needs and the monitoring of
6 the case plan and the support of that child in that
7 arrangement, in that very individualised arrangement, which
8 of course is the case for all children in any arrangement,
9 but the way that it's monitored is from that perspective.
10 So the financial piece and the oversight of the provider -
11 the - it's just - it's just - it's hard to explain. I know
12 I'm probably not explaining it very well.

13
14 Q. Perhaps I've asked you a question that's too at large
15 and we might break it down a little bit.

16 A. Yes, yep. Yep.

17
18 Q. So my understanding, for instance, is that those
19 unlicensed providers aren't subject to some sort of
20 predetermined minimum number of inspections; is that right?

21 A. Not until there's a child that's going to be placed
22 with them.

23
24 Q. Okay. So let's take the scenario where the child has
25 already been placed. It's my understanding that a licensed
26 provider is subject to at least one unannounced
27 inspection --

28 A. Yes. Yep, yep.

29
30 Q. -- and one announced inspection. My understanding is
31 that no such arrangement applies to an unlicensed provider;
32 is that right?

33 A. Those inspections that you're referring to are the
34 ones undertaken by the investment and partnership team
35 members in the region. So they are the officers that - so,
36 you know, as - again, it's quite - lots of pieces to the
37 response. So those officers are the ones that go out and
38 inspect those premises, and they do that under the
39 licensing framework, as you've said. However, for children
40 in IPS, the same as those in any care arrangement, the CSO
41 would be regularly visiting them in that arrangement and,
42 you know, monitoring their care more frequently than those
43 inspections occur of the site that is licensed. So I think
44 they're minimum monthly.

45
46 Q. Yes, I understand that there is such an arrangement.

47 A. Yep.

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Q. But when the investment and partnership team is specifically going out and doing the one announced and unannounced inspection --

A. Of licensed.

Q. -- of licensed providers --

A. Yep.

Q. -- what are they focusing on? I take it's the provider's compliance with the licensing requirements?

A. Yes, and around the physical environment and if they are complying with the standards and so forth.

Q. And so it's fair to say, isn't it, that that's a much more targeted process than the CSO going on a regular basis --

A. Yes.

Q. -- where they have many things that they have to take into account?

A. There's a differential, yes, of course.

Q. Yes.

A. Yep.

Q. Okay. We'll come back to some of the concerns that it might give rise to for having large providers, large in terms of funding being received, that aren't licensed. I just want to step through some other aspects of the licensing process. You explain at paragraph 99 of your witness statement that one of the restrictions in the Child Protection Act is that the Chief Executive has to be satisfied that the applicant, that's a licensing applicant - that their primary function relates to the care of children in need of protection; is that right?

A. Yes.

Q. And am I to infer from that that, if the provider's dominant function is not the care of children - for instance, their dominant function might be disability services or it might be residential care for elderly people, similar such matters - then the application for licensing won't be granted?

A. Yes. So that's where we would sort of say or describe that as an organisation being out of scope of licensing, and those are the sorts of examples, and I think I touched

1 on that yesterday about - in regard to disability services
2 particularly, yes.

3

4 Q. And how in that context does the department satisfy
5 itself that there's adequate regulatory oversight, and
6 I mean regulatory oversight that the department has access
7 to the information it needs, in respect of children with
8 such providers?

9 A. Say that again?

10

11 Q. Yes. For a provider that is, say, a disability
12 specialist provider --

13 A. Right, yes.

14

15 Q. -- or perhaps an aged care provider, but also
16 provides --

17 A. Sure.

18

19 Q. -- services for the care of children, how does the
20 department satisfy itself that there is an adequate
21 regulatory regime that the children are safe in the care of
22 that provider?

23 A. So I guess again it comes back to some of that that we
24 talked through yesterday, some of those more individualised
25 and specialised responses that we might procure through IPS
26 for those children and young people, and again, you know,
27 there's some decision-making there that sits at the
28 frontline, the casework practice around why that particular
29 provider and that particular arrangement is the most
30 suitable to meet that child's needs as identified in their
31 case plan, and so, you know, as - we are required to ensure
32 the safety of those children, so I think there would --

33

34 Q. I accept that obviously there's a tailored --

35 A. Yep. Yes.

36

37 Q. -- or there may be a tailored and bespoke care plan --

38 A. Yeah.

39

40 Q. -- for the child. But, just zooming out and looking
41 at the system from a higher level of generality and from a
42 regulatory perspective, is there any such system that
43 enables the department to be comfortable that it doesn't --

44 A. Yeah.

45

46 Q. -- need to license the provider because there's
47 another regulatory framework in place?

1 A. I guess that - yeah, I think - so we have our - so,
2 yes, in terms of the licensing framework, as you're saying,
3 like, that regulation of care doesn't cover those
4 arrangements. But we would have to be satisfied that there
5 was some other level of - you know, a qualification or that
6 the provider is able to deliver those, and I think, you
7 know, obviously in some of those disability services it
8 would be the NDIS registration and, you know, those
9 processes. But in terms of our - you know, our regulation
10 of care, we don't - we don't have a framework that kind
11 of - like, has those as, like, equivalent or so to speak,
12 if that's what I think you're trying to get to, that that -
13 you know, we don't - yeah. Again, I'm not sure I'm
14 answering the question properly. I understand the
15 question, but I think it's difficult to answer, sorry.

16
17 COMMISSIONER: Can I ask you a slightly broader question?
18 A. Sure.

19
20 COMMISSIONER: If I wanted to be an IPS-funded provider of
21 residential care services, would I need to aspire to
22 becoming licensed or not?

23 A. No.

24
25 COMMISSIONER: Right.

26 A. Depend - yep.

27
28 COMMISSIONER: So the department might contract with me
29 even though I disavow any intention to go through this
30 process of becoming a licensed provider?

31 A. Not so much the intention. I think it's more about,
32 as it says in, you know, that section of the Act, if it's
33 not their primary purpose or their primary function --

34
35 COMMISSIONER: No, that's a different question. That's
36 about whether if I did have an aspiration --

37 A. Sure.

38
39 COMMISSIONER: -- to becoming a licensed provider my
40 activities are within scope as you've explained. If
41 I decide I want to enter this market as an IPS provider but
42 I don't want the rigmarole of becoming a licensed provider,
43 I might nonetheless be engaged, might I? Because it is, as
44 I would understand it, not a condition of becoming an
45 IPS --

46 A. Yes. So - yes. Well, that --

47

1 COMMISSIONER: -- provider that I should aspire to be a
2 licensed provider?

3 A. It's not an ideal circumstance, but I would have to
4 say that there are probably arrangements that exist that
5 align with what you're saying.
6

7 COMMISSIONER: Undoubtedly. But the question is whether
8 it should be permitted that children are cared for by the
9 department by persons or entities that don't even aspire to
10 become licensed and thereby subject to the additional
11 oversight and regulation that comes with it?

12 A. They are still required to comply with standards,
13 child safety standards and human service quality standards,
14 that align with, you know, all of those things even if they
15 don't require certification. But there is an expectation
16 that they will operate in line with all of those - you
17 know, those requirements and legislation. So there is a
18 level of, you know, regulation there. I guess I was - when
19 I was responding to Mr Diaz's question I was probably
20 trying to consider it more in the current framework of
21 licensing that we have.
22

23 COMMISSIONER: Yes, I understand that, Ms Wilson.

24 A. Yeah.
25

26 COMMISSIONER: I was asking you a sort of higher level
27 question, really.

28 A. Yep.
29

30 COMMISSIONER: The question arises, to my mind at least,
31 as to the means by which the department might encourage the
32 IPS providers to become licensed because if - for a number
33 of reasons, the regulatory and oversight reasons that I've
34 mentioned, but also because if they become licensed they
35 are then able to participate in the OSD market for the
36 supply of services to the department. That's right, isn't
37 it?

38 A. Well, it's not a requirement for them to enter into an
39 OSD contract, but once they are on one then, yes, it's a
40 requirement. So if they've --
41

42 COMMISSIONER: Yes, it's a precondition to --

43 A. If they have already done that process, then that's --
44

45 COMMISSIONER: I'm right in understanding, am I not, that
46 it's a precondition to becoming an OSD provider that you
47 either have a licence or you're on the path to obtaining a

1 licence?
2 A. Not a precondition to being awarded an OSD contract,
3 but once under an OSD contract then, yes, you must commence
4 working towards one.
5
6 COMMISSIONER: It's the chicken and the egg, isn't it,
7 but --
8 A. Yeah, yeah.
9
10 COMMISSIONER: So presently am I right in understanding
11 that there is no constraint upon the duration of an IPS
12 provider who doesn't wish to become licensed continuing to
13 operate as an IPS provider? In other words, there's no
14 rules that the department applies to the effect that say,
15 "We shall only provide ongoing IPS placements, IPS-funded
16 placements, with you, the unlicensed provider, for no more
17 than, say, two years"?
18 A. No.
19
20 COMMISSIONER: No. So there's no regulatory-driven
21 requirement that an IPS provider should over a specified
22 period become a licensed provider?
23 A. No.
24
25 COMMISSIONER: Yes. All right. Thank you.
26 A. Through the in scope of licensing process we obviously
27 try to identify that and have those conversations with
28 them. Yes.
29
30 COMMISSIONER: Yes.
31 A. But yes.
32
33 COMMISSIONER: I understand that.
34 A. Yes.
35
36 COMMISSIONER: Mr Diaz, I took us off topic a bit.
37
38 MR DIAZ: No trouble. It was topics I wish to come to
39 anyway.
40
41 I just want to ask you one last question about section 126
42 and this requirement that the primary function of a
43 provider has to be providing care to children if an
44 application is to be granted. It seems to me that there
45 are either currently or likely to be a large number of
46 providers providing residential care services for children
47 and young people that you might describe as social services

1 organisations generally --
2 A. M'hmm.
3
4 Q. -- that aren't necessarily primarily focused on
5 children, but that doesn't mean it's not a big part of what
6 they do. Is there any compelling reason why the licensing
7 process should be limited to providers for whom the care of
8 children is their primary function?
9 A. Say that last bit again, sorry?
10
11 Q. Yes. With the context I gave you --
12 A. Yes. Yeah, yep.
13
14 Q. -- is there any compelling reason why the licensing of
15 providers should be limited to those for whom the care of
16 children is their primary function?
17
18 COMMISSIONER: To contextualise that question, Ms Wilson,
19 if I'm in the business of providing aged care, disability
20 care, that range of caring --
21 A. Sure.
22
23 COMMISSIONER: -- for people in need, I think embedded in
24 Mr Diaz's question, if I'm engaged in those allied
25 activities why should it be a requirement that - well, why
26 should that fact exclude consideration of my business
27 because I'm not primarily - and I assume that's measured in
28 some quantitative way - engaged in the care of children
29 even though these allied activities are, as I say - well,
30 they're allied and presumably involve a range of similar
31 skills, training, et cetera?
32 A. Yes. Yeah, yeah.
33
34 COMMISSIONER: And you're asked really just to express an
35 opinion, if you have one, about --
36 A. Yeah.
37
38 COMMISSIONER: -- whether that requirement --
39 A. Yes, and --
40
41 COMMISSIONER: -- is useful or not?
42 A. Compelling? Compelling reason? Look --
43
44 MR DIAZ: I might reframe it. Is there any reason?
45 A. Yes. Look, I guess, you know - and it's - you know,
46 it's obviously not a new, you know, section of the Act, you
47 know, so there's some, I guess, expectation at the time.

1 It was, you know, primarily driven because of the - if you
2 have that focus and that's your core work, then you have
3 all of the things - you know, policies, procedures, the way
4 your organisation runs, the value - all of those things
5 that align with that, and we would - you know, that we
6 would want to do business with. You know, I guess it's
7 just a - yeah, it's a - it's a --
8
9 Q. It is not so much a question of whether you'd want to
10 do business with them because --
11 A. No, no, no, no --
12
13 Q. -- plainly the department is doing business with them.
14 A. Yeah, that probably wasn't a great choice of words.
15 Yeah.
16
17 Q. It's a question as to why that should preclude them
18 from being licensed?
19 A. Why, yeah, yeah. Yep. No, I think, you know, that
20 it's something - it's certainly something that we need to
21 consider and look at, and I think it's some of the --
22
23 COMMISSIONER: It may be about the language of the policy.
24
25 MR DIAZ: Well, it's - in fact, that's --
26
27 WITNESS: It's legislation, yeah.
28
29 MR DIAZ: -- why I raise it, because it's in the Act, and
30 so --
31 A. Yes.
32
33 Q. -- something that the Commission may need to turn its
34 mind --
35 A. Yeah, it's legislation, that's right.
36
37 Q. -- to is the suitability of that particular provision?
38 A. Yeah. And so of course our frameworks and things all
39 fall from aligning to that.
40
41 COMMISSIONER: Oh, yes, it's section 126.
42 A. Yes. Yeah.
43
44 MR DIAZ: All right. If we could go --
45 A. But thank you for the question.
46
47 Q. If we could go to the options paper, but I ask that

1 when it be shown on the screen we go directly to page 2421,
2 rather than the covering email. It's behind tab 121,
3 Ms Wilson, which, to help you find --
4 A. In which bundle?
5
6 Q. -- is the third volume of the master bundle.
7
8 COMMISSIONER: It's a pity Ms Wilson doesn't have a screen
9 available.
10
11 MR DIAZ: I apologise. It's behind tab 121.
12 A. Of?
13
14 Q. Of volume 3.
15 A. 3. 121.
16
17 Q. And in particular 2421.
18 A. 242 - oh, yes, that's the front page. Yep.
19
20 Q. Do you have that, Ms Wilson?
21 A. Yes, yes, sorry.
22
23 Q. And just to help orient both you and I, I must say,
24 I understand that your involvement in this paper was that
25 after you returned to your substantive position, which
26 I think is Director in Tertiary Care and Support; is that
27 right?
28 A. It's had a slight name change with the restructure
29 but, yeah, essentially.
30
31 Q. In substance, yes?
32 A. Yep.
33
34 Q. After you returned to that role you were consulted on
35 the final drafting of this paper?
36 A. M'hmm. M'hmm.
37
38 Q. And you reviewed it and endorsed it to be progressed
39 to the Senior Executive Director for consideration?
40 A. Yep.
41
42 Q. Now, if I can just ask you - we won't go through the
43 whole report, which I commend to the Commission for its
44 detailed consideration of various reforms for licensing,
45 but if we can just go to a couple of aspects of it,
46 starting with what's on - and this is using the slide
47 numbering --

1 A. Yep.
2
3 Q. -- pages 12, which is at 2432 - starting with page 12,
4 I should say .
5 A. Yes.
6
7 Q. Now, this is no doubt not necessarily at the forefront
8 of your mind. I expect that you may not have read it
9 necessarily recently, so just for context --
10 A. M'hmm.
11
12 Q. -- one of the issues that's raised here is along the
13 lines of what we were discussing that at the moment
14 legislation exists for regulating licence providers but not
15 for unlicensed providers, and that unlicensed providers can
16 have children placed in their care under section 82(1)(f)
17 of the Act. Now, the observation in the options paper is
18 that for those providers there's an initial assessment of
19 the service being provided. Just pausing there, do you
20 know what that initial assessment involves?
21 A. There's - look, I have seen it, yes. It's something
22 that is undertaken by the regional staff.
23
24 Q. But you're not able to tell us in any detail what
25 steps might be included in the initial assessment?
26 A. I believe we've provided it but - not in detail, but
27 it would be, you know, to do with the - you know, the needs
28 of the child and the sorts of arrangement that they
29 require.
30
31 Q. Yes. We'll follow up.
32 A. Yeah.
33
34 Q. It's likely that you have provided it and it's in the
35 voluminous documentary material which we have available to
36 us.
37 A. Yes. Yes.
38
39 Q. Just again to help orient you, I'm really now on 2433
40 of the bundle.
41 A. Okay.
42
43 Q. And the observation in this paper is that, though
44 there's such an initial assessment, there's no ongoing
45 monitoring and no centralised departmental oversight to
46 monitor the completion of the assessments or visits for
47 unlicensed providers?

1
2 COMMISSIONER: Could we go to 2433 on the screen, please.
3
4 MR DIAZ: Thank you. You'll see, Commissioner, the part
5 of the --
6
7 WITNESS: I --
8
9 MR DIAZ: -- sorry, Ms Wilson --
10
11 WITNESS: No, no, keep going.
12
13 MR DIAZ: -- the part of the page I'm discussing while
14 I had explained what was at the top of the page, and then
15 there's a reference in the second paragraph to an initial
16 assessment, the absence of ongoing monitoring.
17
18 I think you wanted to say something, Ms Wilson?
19 A. No, I was just reading, yes.
20
21 Q. Okay. Just to track this through, this is what --
22 A. So what was the paragraph that you were referring to,
23 that sort of second paragraph there, where it says --
24
25 Q. That's right.
26 A. -- "requirement of the CSOs to" - yep.
27
28 Q. And that's the matter you raised with me earlier, that
29 the CSOs visit the children once per month?
30 A. Yes. Yes.
31
32 Q. But then it says - this is the second line of the
33 second paragraph, although there's no paragraph break.
34 It's the paragraph starting with "Although"?
35 A. Yes.
36
37 Q. It says:
38
39 *The subsection (1)(f) assessment process*
40 *does not ensure regular monitoring of the*
41 *service [so on and so forth]. It is*
42 *unclear whether assessments or visits to*
43 *the premises by CSOs are consistently*
44 *occurring due to the considerable workload*
45 *demands placed on CSOs.*
46
47 And then the final sentence:

1
2 *There are no centralised departmental*
3 *oversight mechanisms to monitor completion*
4 *or consistency of these assessments.*
5

6 A. So - so, yes, we don't have - we don't monitor.
7 I guess what that is talking about is that in Investment
8 and Commissioning and certainly in the licensing team or in
9 our space because that is casework and so that - we don't
10 have visibility to the activities of caseworkers on - you
11 know, and case plans. We don't have that individual client
12 access or information. So that doesn't mean it's not
13 happening. I think it's speaking to the fact that we don't
14 have oversight in the way that we have - we do hold
15 information on the announced and unannounced visits for
16 licensed because that's through the I and P, the investment
17 and partnership, staff, who are part of the licensing
18 framework, whereas 82(1)(f) talks about CSOs and its
19 service delivery.
20

21 Q. Yes.

22 A. So there's a distinction there - sorry, I know I'm
23 probably not speaking loudly. There's a distinction there
24 in terms of the information we hold about those visits and
25 that work.
26

27 Q. Yes. But it's not just a matter as well of the
28 information you hold. What's recorded in the options paper
29 is that the CSOs are under considerable workload demands,
30 and so it's possible that whatever degree of monitoring is
31 occurring, not only do you not have oversight over it, but
32 it might be varying from region to region, from caseworker
33 to caseworker; is that right?

34 A. I couldn't speak to that. I wouldn't want to speak to
35 that because it's not my space. But, you know, I think
36 there's other - yeah, it's a question for regions and for
37 casework.
38

39 Q. Yes, but I guess --

40
41 COMMISSIONER: But isn't the point, Ms Wilson, that the
42 child safety officer visits once a month, if they can as
43 I would understand other evidence --

44 A. Sure.

45
46 COMMISSIONER: -- and they visit to see the child,
47 principally --

1 A. Yes, yes.

2

3 COMMISSIONER: -- and no doubt in the course of doing so
4 they might incidentally make some observations --

5 A. Sure.

6

7 COMMISSIONER: -- about the resi care facility, but
8 they're not tasked with making an assessment of
9 the facility or its management or other matters that one
10 would expect proper regulatory oversight to entail, so it's
11 random, is it not, and I would suggest unreliable as a
12 basis for reasonable confidence in the service delivery by
13 unlicensed providers, or at the very least there is a risk
14 that it is random and unreliable?

15 A. Well, if - I guess those - any of those observations,
16 even though, you know, the licensing doesn't apply, the
17 licensing framework doesn't apply, the team - and I'm sure
18 it's the case in the region as well, still offers a lot of
19 support to those care - you know, in terms of advice and
20 guidance around - if there are concerns that are observed,
21 that there would be some advice or guidance sought about
22 what sorts of things they might need to do to respond. So
23 it would still be followed up and addressed but not in the
24 same way of the procedural process - you know, the
25 procedures that would be associated.

26

27 COMMISSIONER: One could reasonably expect that, if a CSO
28 visiting a child at a particular facility observed manifest
29 problems, any responsible person in that position would
30 report them and action would be taken?

31 A. Yes. Yes.

32

33 COMMISSIONER: But if they were not manifest or if - or
34 they were not noticed by the visiting CSO because the focus
35 is not upon the facility, as I would understand it, but the
36 engagement with the child, then it's - there's at least a
37 reasonable risk that issues would go undetected?

38 A. I guess that is possible. I can't say that that could
39 never happen because that would - you know, I can't make a
40 statement like that. But I think it also is - as I was
41 saying before, it's not just about whether or not, you
42 know, they're licensed but it's also they are still
43 required to comply with standards of care, which include
44 the physical environment and so forth. So I think CSOs
45 would still be - you know, they would take in - some of
46 those things into account, as would other agencies that
47 visit or have - you know, visit that - like the Office of

1 the Public Guardian and so forth. Like, there would be
2 other - anyone that would walk in and see - you know, have
3 some concern would raise it.

4

5 COMMISSIONER: Yes, and I think you could also reasonably
6 say that one would expect that if there were significant
7 problems one would hope at least that the child or young
8 person concerned would voice concerns to the CSO and that
9 would be --

10 A. Sure.

11

12 COMMISSIONER: -- also a potentially protective mechanism.
13 A. Yes. Yes.

14

15 COMMISSIONER: But there's a lot of assumptions one needs
16 to make, including the preparedness of the child --

17 A. Yep.

18

19 COMMISSIONER: -- undoubtedly vulnerable, to raise matters
20 of concern, and that may not always be the case, which is
21 why, as I would understand it, you have an organised
22 arrangement for oversight, inspection and assessment?

23 A. Yes. Yes. But --

24

25 MR DIAZ: And I might just come precisely to this point
26 because if you go through to page 26 of the options paper,
27 which is at 2446, there's a recommendation - I'm about to
28 ask you whether you agree with it, but I infer as much from
29 you having endorsed the paper. The recommendation is
30 essentially in terms that the department could, as one of
31 the options available to it, impose on all unlicensed
32 providers, or at least consider this option, the prospect
33 of quarterly inspections by the department, whether
34 announced or unannounced, and the finer details of such a
35 regime could no doubt be finetuned. So, to take it in
36 stages, do you recall that recommendation being made at the
37 time the draft options paper was progressed through you?

38 A. Yes. Like, this was --

39

40 Q. Yes.

41 A. Yeah, this has not changed since that version --

42

43 Q. Yes.

44 A. -- it's still the same draft - that we would explore
45 those things.

46

47 Q. Yes, and do you still regard that as a sensible reform

1 option?

2 A. I haven't read the paper in its entirety, but, look,
3 I think, yeah - mostly, yes. I would say that what was
4 outlined in here would still be the sorts of things that we
5 would want to consider and explore.
6

7 Q. And I might just take you to another similar aspect of
8 the options paper where a problem was identified and it
9 seems a reasonably sensible solution was proposed. If you
10 go back up to page 15 of the paper, that's at 2435, you see
11 there described as obstacles --

12 A. Yes, yes.
13

14 Q. -- which I think was language deliberately chosen --

15 A. Yes. Yes.
16

17 Q. -- but in substance issues with the current regime,
18 and one of the issues identified on this page is that an
19 unlicensed provider can engage individuals, that's
20 employees, under their supervision to provide care if that
21 particular employee has a blue card, that - what
22 I understand to be the equivalent of Queensland's working
23 with children check --

24 A. Yes.
25

26 Q. -- which can be obtained relatively easily prior to
27 applying for jobs. But, by contrast, a licensed provider
28 has to ensure their staff not only have a blue card but
29 also that they have been subject to the child safety and
30 personal history screening, what's called the CSPH
31 screening?

32 A. M'hmm.
33

34 Q. Is that right?

35 A. M'hmm.
36

37 Q. And the concern that's raised is that this delays
38 employment processes and disincentivises employees from
39 going to licensed providers because there's a longer
40 process involved in obtaining the CSPH screening; is that
41 right?

42 A. It varies at different times depending on - and also
43 based on the individual and some of their - potentially
44 their history, if they've lived interstate - you know,
45 there's other variables that might impact why a particular
46 screening outcome takes longer than others depending on,
47 you know, their individual circumstances. The department,

1 when - you know, where there has been times where providers
2 have expressed some concern about delays in those screening
3 outcomes where the department has leaned in and escalated
4 those and, you know, additional resources to process them.
5 But it does vary.
6

7 Q. So am I to understand from that that you're saying it
8 can be an impediment, but are you suggesting it's not
9 necessarily a substantial impediment for licensed providers
10 in terms of finding employees and the like?

11 A. It's probably more that when they have - for their
12 staff once they - the screening - you know, they've put in
13 to have the screening done, the screening can take some
14 time depending on that individual's circumstances, which
15 means that staff member can't commence that direct work
16 until they're cleared. So I think it has some challenges
17 there. Some of that's about the individual, and the
18 screening outcome may be negative, you know, it may not
19 support their suitability, or it may be it's just that it's
20 taken longer because of their - they might have lived in
21 different - you know, just checks - administrative burden
22 that sometimes comes with those, but - and at times it's
23 been raised. Look, again, because I haven't been in this
24 role for some time, I'm not sure what the current status of
25 some of that is. But there's been over the years where
26 delays have been identified by providers that they're
27 taking too long, and so we've leaned in to - if that's just
28 been a resource issue, to have them progressed quickly
29 where they can. It's still, you know - but, yes, I'm not
30 sure how much of an issue that is currently.
31

32 Q. And just help me understand what type of issues does
33 the CSPH screening identify? Is it kind of a criminal
34 background check and the like?

35 A. Yes, I think it - I believe it's child safety, it's
36 the child safety history, and I think it's driver, and
37 domestic and family violence.
38

39 COMMISSIONER: It says at the bottom of page 2435 "Traffic
40 and domestic violence"?

41 A. It does. There you go.
42

43 MR DIAZ: Thank you, Commissioner --
44

45 WITNESS: Yes, thank you.

46 MR DIAZ: -- for astutely observing as much.
47

1 Okay. And --
2 A. And hencewise there can be some delays depending on,
3 you know --
4
5 Q. Hence why there can be some delay --
6 A. Some delays because of those, yeah, where they have to
7 access that information from.
8
9 Q. Yes. And is there any reason why unlicensed providers
10 should not also be required to have their employees
11 undertake this check given it does seem to involve
12 screening of matters that are highly relevant for someone
13 working with children?
14 A. I believe it's to do with the - the legislation, the
15 suitability. So we can do those checks with consent of
16 those individuals in unlicensed providers, but not as a
17 matter of course.
18
19 Q. Yes, I see. The next bullet point - this is on 2436 -
20 says the Act doesn't specify that as a requirement but --
21 A. It's been our - yeah, it's the way we've implemented
22 it.
23
24 Q. But I understood that to be something different to
25 saying that the Act precludes you from doing the CSPH
26 check?
27 A. I think it's been - so it's the way that we - sorry,
28 I think it's the department's implementation of that.
29
30 Q. Yes, that's my understanding.
31 A. Yes. Sorry, yes. Yes.
32
33 Q. And so at least in theory or sitting here today you're
34 not aware of any reason why you couldn't per se do that
35 screening; it's simply that the department's current policy
36 is not to do it?
37 A. I think that would be a question probably more for
38 our - the area that is responsible for the screening and
39 that --
40
41 Q. Yes. What area is that?
42 A. -- and obviously - so the central screening unit, and
43 also our policy and legislation area.
44
45 Q. Okay. And just at a very high level if I could just
46 take you through some of the other obstacles and issues
47 picked up without dwelling on the detail, given time,

1 there's reference, obstacle 3, to issues with your
2 information and electronic systems not enabling accurate
3 reporting, recording and analysis of information around the
4 regulation of care?

5
6 COMMISSIONER: Just quickly before you move on from the
7 CSPH review I note that it's observed that there's no
8 pathway for review or appeal if a negative assessment were
9 to be made. That's a matter of some significance. We know
10 that blue cards or the availability of blue cards is a
11 significant constraint in terms of the availability of
12 carers generally, in particular family-based care and
13 kinship care. If there is - well, there is an additional
14 requirement applicable to licensed providers for a further
15 suitability assessment, the CSPH assessment. Given that it
16 has an impact on employment, at the very least one would
17 think there should be some review mechanism for an
18 aggrieved candidate who receives a negative assessment;
19 something we should consider. I'm not suggesting,
20 Ms Wilson, that's a matter for you; I just merely note it.
21 A. No, no. Yes, I'm just - yes, it's the point being
22 made in the paper, as you say, yes.

23
24 COMMISSIONER: Yes.

25
26 MR DIAZ: And your observation is astute, Commissioner,
27 because such a person could at least in theory be working
28 at an unlicensed provider but not a licensed provider. So,
29 paradoxically, you could have someone that isn't - wouldn't
30 pass the CSPH screening, so they can't work at a licensed
31 provider, but they can work at an unlicensed provider.

32
33 COMMISSIONER: Which in turn raises the question or the
34 obvious question that if the CSPH screening is a desirable
35 check, given the risks associated with the relationship
36 between a carer and children in care - and there have been
37 horrible examples of that risk manifesting itself in harm
38 to children - then there doesn't seem to be a good reason
39 of substance to distinguish between a licensed provider and
40 an unlicensed provider. Either it's a good and necessary
41 check or it isn't. Did you agree with that proposition,
42 Ms Wilson, that there's no defensible reason of substance
43 to distinguish between a check deemed to be relevant to
44 assessing the suitability of a person working with children
45 in this context between a licensed provider and an
46 unlicensed provider?

47 A. I take the point, yes.

1
2 MR DIAZ: Okay. And I won't labour in going through the
3 entire report. I think I can ask you what I need to
4 without doing so. Do you agree with me that the report -
5 the options paper - seems to raise some matters of
6 considerable importance to child safety at least as
7 concerns the licensing of providers?
8 A. Sure. Yes.
9
10 Q. And it's clear that considerable work has gone into
11 preparation of the paper; is that right?
12 A. Yes.
13
14 Q. And can you explain to the Commissioner what happened
15 following the preparation of this paper?
16 A. To my knowledge, it was progressed as a draft.
17 I think there was a briefing, and I think there may have
18 been a further briefing while I was, again, not in the
19 role. I don't know if I was on leave or not, but I believe
20 there's been some verbal briefings just in terms of some of
21 the content of the paper. But it has not progressed past
22 the draft, and its distribution has been quite limited.
23
24 Q. Okay. We'll just take that in stages. So if you
25 could go to 2419, which should just be a couple of pages
26 back, hopefully, from where you are?
27 A. 2419?
28
29 Q. It remains still behind tab 121, so the same tab we're
30 currently working on.
31 A. Oh, the - yep. Is that the briefing note?
32
33 Q. That's right. So there's a draft briefing note?
34 A. Yep.
35
36 Q. I'm sure the State will not - perhaps not immediately
37 but in due course, they will correct me if I'm wrong about
38 this. We haven't been able to locate a final version of
39 this briefing note. This seems to be a briefing note about
40 the options paper for the Director-General, and there's
41 some comment bubbles that say "Comment NW"?
42 A. Yes. Yes.
43
44 Q. I take it --
45 A. That's me.
46
47 Q. Well, those are your initials?

1 A. Yes, yes, that's me
2
3 Q. And those are your comments?
4 A. Yes.
5
6 Q. And, having now looked at this again, are you able to
7 recall whether this was ever finalised, this brief?
8 A. I don't - I don't believe so. Not this version. I'm
9 not sure if there's been subsequent briefing notes prepared
10 whilst I've - as I said, whilst I've been out of the role,
11 but I believe there was as I think - sorry, I think there
12 was a verbal briefing that we had at Deputy
13 Director-General level.
14
15 Q. And which Deputy Director-General would you have
16 verbally briefed? That be Investment and Commissioning or?
17 A. I'm trying to - I'm trying to remember the timeframe,
18 if it was - whether it was Bernadette Harvey at the time
19 or - I don't think it was Kate, but I think - yeah, sorry,
20 I can't - yeah, I think maybe it would have been Bern,
21 but --
22
23 Q. Would it assist you if I told you that - I think the
24 options paper is dated December 2024. I'm trying to locate
25 a date on this briefing note, though I'm not able to. So
26 I figure, though, that if the attachment is dated December
27 2024 it must have been at least at that point?
28 A. Yes, it's emailed --
29
30 Q. Yes, I can't go to that page --
31 A. Yes, yes.
32
33 Q. -- but you'll see there is a cover email?
34 A. Yes. So, yes, Bernadette Harvey, yep.
35
36 Q. I see. Yes. So - okay, I understand. But you're
37 not - so are you suggesting to me that you think an oral
38 briefing may have been given to the then and in fact
39 current Deputy Director-General of Investment and
40 Commissioning?
41 A. I believe so.
42
43 Q. Yes. Okay.
44
45 COMMISSIONER: So until this briefing note is finalised do
46 I assume that it isn't provided to the Director-General as
47 opposed to the Deputy Director-General, or a Deputy

1 Director-General; is that the process?
2 A. At this time when it was drafted it would have just
3 been, you know, the usual process of something's prepared
4 by the relevant area, you know, a briefing note might be
5 prepared to capture that, and then there would be some sort
6 of verbal briefing or meeting to discuss, you know, the -
7 to discuss perhaps some of the next steps. So it would
8 have, yes, got to that point. I'm not sure if this paper
9 has subsequently been progressed to the Director-General,
10 just simply because I've been in and out of the role. But
11 it remains as draft.

12
13 COMMISSIONER: But as a matter of general practice --
14 A. Yes.

15
16 COMMISSIONER: -- until the briefing note is finalised --
17 A. Generally that's - that's right, until it's finalised,
18 yes.

19
20 COMMISSIONER: -- it wouldn't sort of float upwards to the
21 Director-General?
22 A. No. That's right. Correct.

23
24 COMMISSIONER: Right.

25
26 MR DIAZ: Okay. And are you aware as to whether any of
27 the work that was involved with the preparation of the
28 options paper may have been folded into the analysis that
29 EY did on unlicensed providers in 2025?
30 A. I think they had a copy, we shared a copy with them.
31 I'm sure that it would have factored into some of their
32 consideration. And we met at length with them and - as did
33 the licensing team, to understand some of the things we've
34 talked about today.

35
36 Q. Yes.

37
38 Commissioner, in the interests of time, I think that's all
39 I have for the witness. Hopefully that allows sufficient
40 time for the other counsel to ask those questions they wish
41 to before lunch.

42
43 COMMISSIONER: Thank you, Mr Diaz.

44
45 Mr Hastie, would you prefer to go last? It's entirely a
46 matter for you.

47

1 MR HASTIE: I don't have any questions at the moment,
2 Commissioner.

3
4 COMMISSIONER: Very well.

5
6 MR HASTIE: Can I emphasise to my learned friends that our
7 preference is not to have any emails or mobile numbers on
8 the screen. So, if they wish to take the witness to a
9 document, that we avoid like my learned friend has done --

10
11 COMMISSIONER: Yes. Well, Mr Hastie, if you would remain
12 astute to that issue --

13
14 MR HASTIE: Yes.

15
16 COMMISSIONER: -- which I'm sure you would be anyway, of
17 course. If counsel was to refer to a document, they
18 identify the document first by its paginated reference, you
19 can have a quick look before it goes on the screen in case
20 there's any difficulty. We'll see how it goes, but
21 I understand.

22
23 MR HASTIE: Thank you, Commissioner.

24
25 MR CREAMER: Commissioner, I don't have any questions.

26
27 COMMISSIONER: Yes. Thank you.

28
29 MS McMILLAN: Neither do I, thank you.

30
31 COMMISSIONER: Yes.

32
33 MS GREENWOOD: Thank you, Commissioner. What I can say is
34 I don't intend to refer to anything that hasn't already
35 been referred to, and we may all be able to work off
36 working memory, and if we can't I'll rely on the assistance
37 of the Commissioner to pull up the relevant bit.

38
39 COMMISSIONER: Yes.

40
41 **<EXAMINATION BY MS GREENWOOD** **[12.01 pm]**

42
43 MS GREENWOOD: Ms Wilson, if I can just come back to
44 encapsulating all the evidence you gave at the end of
45 yesterday and this morning, can I just put a scenario to
46 you, and this is around funding different models?
47 A. M'hmm.

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Q. Can I put a scenario to you, and if you could put that in context against all the various issues around funding, if we can call it that, to just bring this into focus. So my factual scenario is to take an organisation such as - and I should explain I appear for the Aboriginal and Torres Strait Islander Legal Service --

A. Thank you.

Q. -- and my predominant focus is around meeting the Closing the Gap targets. If I can just take an organisation such as Wuchopperen up in Far North Queensland, currently funded for 90 kinship placements. This is --

COMMISSIONER: Are you - sorry to interrupt. Are you aware of the --

A. Yes.

COMMISSIONER: You are. Okay.

A. Thank you.

MS GREENWOOD: And, Commissioner, I'll just put this as the scenario so that we can just work off it as an example.

It currently supports 95 kinship placements and has 20 further kinship carers available but unfunded. Picking up earlier on all the funding constraints that you were describing, how could the system best respond in a more flexible manner to be able to pick up and fund those extra 20 kinship carers, and I guess at a most pessimistic view they can only take one each, but how could the system respond so that when there is capability in the system, especially kinship capability, that the system could make the most of that?

A. Probably a bit unclear when you say there's additional 20 carers.

COMMISSIONER: Make the assumption, Ms Wilson. I think what's being put to you is an assumed state of facts, so a worked example, which I think Ms Greenwood is saying as a matter of fact there are an additional 20 unfunded kinship carers under the aegis of Wuchopperen. But even - you don't have to accept that as a fact; just accept it as an assumption.

A. Oh, so I - my question was if there's children in their care, because which don't fund carers as such. We

1 fund - so when we fund the provider we fund them for the
2 number of places. So are you suggesting there's an
3 additional 20 children that those carers are looking after
4 that - so I guess that was my - if it's hypothetical, then
5 I guess if --

6

7 MS GREENWOOD: Yes.

8 A. If it's a hypothetical --

9

10 COMMISSIONER: No, I think the - again, you correct me if
11 I'm wrong, Ms Greenwood. I think what's being suggested is
12 there is available for placement of children, presumably as
13 needed, 20 individuals who are kinship carers. Presumably,
14 to fall within the definition of a kinship carer the child
15 must have to be related. So the child needs care - well,
16 I think there's one element missing from your scenario, or
17 at least one, which is that there are 20 children related
18 by way of kinship relationship who are presently elsewhere
19 in the system, say in resi care, who could but for a
20 shortfall of funding be placed with your 20 kinship carers;
21 is that the assumption --

22

23 MS GREENWOOD: That is partly where I'm going,
24 Commissioner, but also in terms of the availability of the
25 data that this capacity --

26

27 COMMISSIONER: But you just started with that worked
28 example --

29

30 MS GREENWOOD: Yes.

31

32 COMMISSIONER: -- so let's see if we can tease that out.
33 Is it right that you're putting to the witness that there
34 are known to you, or perhaps we could just assume this to
35 be the case, 20 children or young people who are presently
36 in, say, resi care, they have a kinship relationship of one
37 kind or another with 20 kinship carers willing to and able
38 to care for them; is that the elements of the scenario that
39 you wish to put to the witness?

40

41 MS GREENWOOD: That's the elements of the scenario,
42 Commissioner, that - and, again, the purpose of my question
43 is to pull out how capacity is measured, whether it's
44 measured in child versus carer --

45

46 COMMISSIONER: Well, can we extrapolate to those questions
47 once we have settled the worked example for the purposes of

1 your initial question?

2

3 MS GREENWOOD: Yes.

4

5 COMMISSIONER: So you asked Ms Wilson to assume that there
6 are 20 children who could but for the lack of funding of
7 the support for these kinship carers, instead of being in
8 resi care, be placed with these kinship carers; is that the
9 scenario?

10

11 MS GREENWOOD: Pretty much, Commissioner, because we have
12 been talking about capacity of the system, but that there
13 is already a funded service --

14

15 COMMISSIONER: Yes.

16

17 MS GREENWOOD: -- which I understand is funded by the
18 department, which is already providing supports to a number
19 of children, but it has additional capacity to provide
20 further kinship care in a system where there is a shortage
21 of kinship care, and, picking up on the Commissioner's
22 elaboration, too many children in out-of-home care that
23 could be placed elsewhere but for the ability to place
24 them.

25

26 COMMISSIONER: But --

27

28 MS GREENWOOD: So then that comes back to the question.

29

30 COMMISSIONER: We really need to be clear about
31 the parameters of your scenario. Are you suggesting that,
32 as I put it, there are 20 children in residential care who
33 correspond in terms of their family relationship with the
34 known availability of 20 kinship carers - that would be one
35 scenario - or are you suggesting that there are 20
36 available kinship carers to be engaged presumably either as
37 kinship carers or foster carers if they're not related by
38 whatever analysis, and the constraint is that the presently
39 funded entity, Wuchopperen, can only support 90 carers and
40 not the additional 20 who are available? Let me put it
41 another way.

42

43 MS GREENWOOD: Yes.

44

45 COMMISSIONER: Are you saying there's a known capacity
46 that Wuchopperen have that is not being engaged by funding
47 on the part of the department?

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MS GREENWOOD: Yes.

COMMISSIONER: Right.

MS GREENWOOD: It is essentially that, and, in terms of the carers and the sheer number of children, that you could fairly comfortably map those 20 carers to children who are in the out-of - who are in resi care, for example, as you raised.

COMMISSIONER: Just so we can be clear about this, are you putting a proposition that, given that there is a known capacity for a further 20 carers - kinship or presumably in the capacity of a foster carer - should the department pre-emptively fund Wuchopperen to engage those carers in advance of the placement of a child once a child is identified and suitable for care with those 20 available but not yet engaged carers; is that the question?

MS GREENWOOD: Now I see where Your Honour is going with this. So I guess my question has two aspects to it. One is for children who are about to be placed and, for lack of any other opportunity, are going to be placed in a resi care or children who are already in a resi care and capable of being placed in kinship care, what would it take for you to be able to redeploy funding on that - some sort of funding that's going to attach to that child, what would it take to redeploy the child and the funding for the child away from resi care and towards kinship care.

COMMISSIONER: I'm sorry to be bargaining about the question that you want to ask, Ms Greenwood, but maybe another way into the proposition is to ask whether the department should fund proactively effectively a level of vacancy in relation to the availability of kinship carers. So, just to transpose it to the example of OSD funding capacity, if you're going to have the ability to respond to demand via the OSD funded arrangements for resi care you need to carry - and I think Ms Wilson agreed with this - some degree of vacant capacity to deploy as needed, and perhaps the same analysis could be applied to the availability of kinship carers so that instead of trying to scramble to find a kinship carer in an area of known expected need after the event you have a resource of, if you like, spare kinship carers awaiting to be deployed; is that an idea that you're trying to get to?

1
2 MS GREENWOOD: That's certainly an issue that this
3 Commission is looking at. I would potentially expand that
4 question to look at - because we have heard about the
5 different funding models. One is very restrictive, one is
6 very flexible, and consequently it sounds like too much is
7 going into IPS simply because it's flexible and the - I'm
8 going to get the acronym wrong - OSD is limited because
9 it's too inflexible to me is a theme that has emerged.

10
11 WITNESS: It's more fixed. It's more fixed in terms of
12 its numbers that are contracted. Can I --

13
14 COMMISSIONER: Well - sorry.
15 A. No, no.

16
17 COMMISSIONER: I'm going to let you ask a question. Just
18 try and formulate the context of the question, that's all,
19 because otherwise it's unfair to the witness. She can't
20 really respond.

21
22 WITNESS: I could perhaps provide some context. I think
23 part of the challenge perhaps in the question is that
24 kinship care doesn't kind of work that way in that kin
25 carers are approved for a particular child. So generally
26 speaking, you know, the child through the caseworkers, we
27 want to try to find or connect that child to their kin, and
28 so we have some providers that we fund and will fund more
29 with the new specs to find kin for those children. So the
30 referral comes from the child first because you're looking
31 for who is the family that could potentially be a carer for
32 that specific child. Then assessment is done of that
33 carer. And then if it's determined that they are in a
34 position to and all the things and they get that approval
35 then we would look to what agency could support them if we
36 placed them there, as opposed to foster carers where
37 agencies are, you know - and the intent is to continue to
38 recruit carers so that that capacity is there when a child
39 is then referred to that agency, they have carers
40 available. But they're still funded for the number of
41 children. So it's not like we would have - in any event --

42
43 MS GREENWOOD: So maybe if we just take that --
44 A. Yes.

45
46 Q. -- because that is an assumption sitting underneath
47 your examples. And, as we have heard much earlier on in

1 evidence given at the Commission, the concepts of delegated
2 authority that we have heard have only been done child by
3 child as opposed to going to a community controlled
4 organisation saying, "We've got 10 kids here. Can you map
5 available kin for us?"

6 A. M'hmm.

7

8 Q. And there has been a level of evidence that there are
9 better ways of finding kin faster if you go through the
10 community controlled route --

11 A. Yes.

12

13 Q. -- because there are often difficulties for individual
14 caseworkers to be able to track that down.

15 A. Sure.

16

17 Q. And, while there have been improvements from the CLOs,
18 that is still a very narrow process which isn't as
19 successful as it could be. So, just flipping around that a
20 caseworker has to identify the kin carer first, that there
21 would be greater reliance on a community-controlled
22 organisation like Wuchopperen that if you've got a bunch of
23 kids here who for no other reason than they've got nowhere
24 to go to are being put into resi care, that an organisation
25 like Wuchopperen could turn around and go, "Hang on, we've
26 got 20 carers here," and let's say for the purpose of
27 argument 18 of these people map onto 18 of the kids you've
28 got in resi care, what would it - and I guess,
29 Commissioner, too, there's one more assumption I'm doing.
30 It's a bureaucrat. If you've got different pots of money
31 and you've got different kids in different pots of money,
32 what would it take to pull a kid out of the resi care
33 pot of money and land it into the Wuchopperen pot of money, but
34 obviously some level of flexibility because you've got some
35 18 extra children that you haven't taken into account to
36 start off with with funding Wuchopperen; is that a
37 satisfactory --

38

39 COMMISSIONER: Ms Greenwood, as I understand it - and you
40 can tell me if my understanding is wrong - the placement
41 decision in relation to a child is made giving priority
42 where available to kinship care and/or foster care in
43 preference to residential care. Indeed, the Aboriginal
44 child placement principles require that; certainly require
45 that.

46

47 So if there is, on your example, available suitable kinship

1 carers I don't see why the department wouldn't preference
2 in terms of placement the child with one of those carers
3 for lots of good reasons, including the Aboriginal child
4 placement principles if we're talking about Aboriginal or
5 Torres Strait Islander children, but including because it's
6 a preferable placement for a range of reasons, including
7 being significantly less expensive than resi care, as we've
8 seen from the data that Mr Diaz opened and we've heard.
9 There's a body of material that makes good that
10 proposition.

11
12 So Ms Wilson is involved at the commissioning and
13 investment level of the department. What is the question
14 that you wish to ask her about how the department might
15 improve the present state of affairs? Is it that it needs
16 to have an avenue for better communication with an entity
17 like Wuchopperen? What's the mischief that we need to
18 address?

19
20 MS GREENWOOD: I guess, Commissioner, to draw a parallel
21 example with economics - with marketplace, you have supply
22 and demand, but the marketplace does not behave well or
23 efficiently if there's a lack of information such that the
24 supply and demand can respond to each other.

25
26 COMMISSIONER: Certainly. But the information level at
27 which your scenario applies is the information available to
28 the decision-maker in the field, as it were, about where to
29 best place the child. It doesn't - it's really not a
30 matter, is it, for the central agency within the department
31 that is concerned with budgeting and funding to make the
32 placement decision.

33
34 MS GREENWOOD: No, Commissioner, except that - and I will
35 link the two - that there are information failures that
36 lead to children that otherwise could be placed with kin
37 but the department has not been able to identify that
38 because of the limitations that they operate under.

39
40 COMMISSIONER: All right. You're not suggesting that this
41 information in terms of individual decision-making about
42 the appropriate placement for the child should be conveyed
43 to the area of the department in which Ms Wilson operates,
44 are you, because as I would understand her role it's not to
45 make those sort of decisions but to make available funds
46 for the various ways in which placements are provided by
47 the department?

1
2 MS GREENWOOD: No, Commissioner, and the purpose of
3 pointing out that background problem is how a situation
4 comes about that, say, to give my example of 18 children in
5 a resi care who do in fact have kin that can look after
6 them, and the knowledge about that is residing in a
7 community-controlled organisation. The
8 community-controlled organisation taps on the door and
9 says, "We have this extra capacity for kinship care and we
10 can identify straightaway on the books."

11
12 COMMISSIONER: But there's a division within the
13 department, as I would understand it, called Finding Kin,
14 and that is - "division" is perhaps not the right
15 expression, but it is a specific focus of the department.
16 And, as I would understand it, that area of activity
17 operates at a regional office level or, you know, there are
18 different child protection officers situated throughout the
19 state of Queensland, and isn't that where that engagement
20 needs to occur rather than at the more macroeconomic level
21 that Ms Wilson is involved in?

22
23 MS GREENWOOD: It does link back. But, Commissioner, our
24 submission has always been that while this kinship care has
25 greatly improved the department's capability of finding
26 kin, it still falls a significant way short of what could
27 be achieved.

28
29 COMMISSIONER: All right. I understand. I have heard
30 those - I understand that issue, I think. I'm alert to it.

31
32 MS GREENWOOD: But what I want to explore, Commissioner,
33 is the funding bucket flexibility, which I do think this
34 witness can comment on, in terms of it appears to me - and
35 I'm happy to be corrected if I'm wrong, but once the OSD
36 funding is exceeded the remaining - the flexibility in the
37 system comes from the IPS, and I'm asking what would it
38 take if you find 18 children that could otherwise be picked
39 up and put into a different bucket of money and placed with
40 kinship carers, what it would take from the department
41 point of view to achieve that flexibility in funding.

42
43 COMMISSIONER: Well, we'll treat that exchange with me as
44 a question to Ms Wilson --

45
46 MS GREENWOOD: Yes, we will.
47

1 COMMISSIONER: -- and see if Ms Wilson can answer it.

2

3 WITNESS: Yes. So I think, all things being equal in
4 terms of particularly in the context, as I was saying, with
5 kinship care that those - you know, it starts from
6 the child, obviously, like, you know, that's the - and,
7 yes, there are teams, as you say, within the department
8 that will do some of that work and may or may not be
9 successful, depending on a whole range of factors. But
10 also through the new specs we will be able to fund and we
11 do fund some in some regions some connecting kin services,
12 that is their role, and primarily they are
13 community-controlled organisations doing that work. So if
14 there was an instance where particular children, it was
15 identified they were in residential care, so I'm probably
16 not going to specifically include Wuchopperen in this
17 example, I'm just going to speak more generally --

18

19 MS GREENWOOD: Just an agency; yes.

20 A. Yep. Generally speaking, if there were children who
21 were in an out-of-home - in a residential care placement
22 for which that work was done and a kinship carer was
23 identified or someone was identified that could, you know,
24 be considered and assessed as a kinship carer and that
25 process occurred, then I would anticipate that there would
26 be support for funding to be identified, even if it had to
27 come out of the CRC-PaS or IPS bucket, to transition to OSD
28 to enable to whether top up that organisation or find a
29 provider that was able to support that carer. So I think
30 because if - yeah, that would be ideal if that was able to
31 transition a child out of residential care into
32 family-based care and with kin that we would find a way to
33 support that financially; yes.

34

35 Q. Are there any particular recommendations that the
36 Commissioner could make to facilitate that?

37 A. Well, I'm sure; yes. I suspect, you know, like as
38 we've been talking, part of that is about the funding
39 envelope and the budget that's available, and some of what
40 the Commissioner has spoken about is kind of, I guess, that
41 additional capacity being there. But I think it's also
42 some of the work that we're doing to increase through those
43 new specifications and investment different pathways for
44 how we can grow family-based care and kinship care, which
45 includes either recruiting carers or finding kin associated
46 for children. So --

47

1 COMMISSIONER: And wrapped up in that would be funding
2 arrangements with, where appropriate, Aboriginal
3 community-controlled organisations --
4 A. Yes.

5
6 COMMISSIONER: -- particularly those with an established
7 track record of effectively providing services, including
8 located kin.
9 A. Yes. Yes.

10
11 MS GREENWOOD: So I guess the next layer on top of that
12 question is, just to take we'll call it the W agency, that
13 it has this capacity for kinship carers, and I appreciate
14 that's a different measure than additional children, but
15 whatever measure gets used how do you or how does the
16 department have line of sight on, "There's this extra
17 capacity which we are not using right now"?
18 A. Generally providers would inform us of that, and that
19 is the case where we will have providers that through their
20 activity as part of, you know, their core work where they
21 are either recruiting carers constantly or have some
22 relationship or engagement with individuals who then
23 identify that they may have a relationship with a child --
24

25 COMMISSIONER: Ms Wilson, when you say "inform us" you
26 mean the department?
27 A. The department, yes. We would expect they would go to
28 their regional office and say, "I've got - you know, I'm
29 either over-delivering or I've got capacity to do more,"
30 and they would negotiate at that level; yes.

31
32 COMMISSIONER: And it's at that level of frontline service
33 provision that these matters are considered?
34 A. Certainly initiated, yes. And then it would be that
35 the regions would engage us centrally just to talk about
36 what might be the mechanism for that for, you know, is
37 there unallocated funding, is there some - you know, all
38 those sorts of things that we would explore within our
39 existing envelope and then, you know, whether that be both
40 OSD and IPS. But certainly for a goal of a child to exit
41 resi and go to a family would be absolutely something that
42 we would be committed to making happen; yes.

43
44 MS GREENWOOD: In your review of the resi care model and
45 how that could have been changed or improved, are you aware
46 of how many Aboriginal and Torres Strait Islander children
47 are in the resi care system when you were doing that

1 review?

2 A. I can't remember the numbers, I'm sorry. But, yes, we
3 would have had that data. We did source that data.

4

5 COMMISSIONER: There will be other evidence about that,
6 Ms Greenwood.

7

8 WITNESS: From when we were doing the residential care
9 review a few years ago you're specifically speaking to?

10 Yep. But, no, I can't recall. My apologies, I can't
11 recall the data off the top of my head. But there was some
12 dedicated work that was occurring; yes.

13

14 MS GREENWOOD: But is it fair to say it's a significant
15 number?

16 A. Yes.

17

18 Q. And, not necessarily solving it one by one, it's going
19 to be the most efficient way to solve what is a big number
20 of children in the resi care system. Just moving to a
21 different topic or in fact springboarding off the review of
22 the resi care models, are you aware that from the
23 community-controlled organisation point of view there is a
24 criticism of the resi care model because of its commercial
25 focus and the nature of the way that those models operate?

26 A. Yes.

27

28 Q. Are you aware that there has been proposals for a
29 different type of resi care, one that involves very
30 short-term placements focused on stabilising the children
31 and returning them to kin?

32 A. Yes.

33

34 Q. And are you aware of the Jarjums home which is run by
35 REFOCUS?

36 A. Yes. Not of late, but I am aware, yes, of it and
37 I have - yes.

38

39 Q. Just generally of the model?

40 A. Yes.

41

42 Q. And that model involves the kids remaining connected
43 with family; there's a multi-disciplinary team that works
44 intensively with the family; and the placement is treated
45 as a bridge not an end point.

46 A. Yes.

47

1 Q. What are the obstacles to achieving that kind of resi
2 care as more of the default than the current type of resi
3 care that we have at the moment in terms of - and you've
4 been speaking about funding. And, Commissioner, I'd be
5 arguing incentivisation via the funding. What would it
6 take to move away from the current model of resi care to
7 these other models?

8 A. Look, I think, obstacles, I suppose, it has been, and
9 as you've outlined there's a couple of different models
10 that providers have proposed and presented and regions and
11 us in central office supporting the implementation of some
12 of those models. So I think there's an absolute appetite
13 to do that and the work is there to do that co-design
14 piece, and it continues. I think some of the obstacle is
15 of course the availability of the funding. But that again
16 has been something that has been worked through as those
17 sort of instances have come up.

18
19 But I think, yeah, it's certainly supported and the
20 appetite is there and the work is being done to do some of
21 that work. But probably, you know, the scale of it is
22 probably limited at this point by some of the budget
23 available because so much of it is tied up already in OSD.
24 But, yeah, there is plans to continue to diversify and to
25 particularly do that work with community-controlled orgs
26 and deliver those different types of models that they've
27 brought forward.

28
29 Q. Just so I understand one of your comments you said "so
30 much is tied up in OSD". Does that prevent development of
31 these other alternative models or --

32 A. It doesn't prevent the development of them but, in
33 terms of the contracting of them, again it's, you know,
34 what we have available to enter into longer term contracts
35 in the OSD space. So if there's existing investment that's
36 already contracted and there's children there - so, you
37 know, it's not just that they're contracted; it's there's
38 actually children living in those arrangements. So some of
39 it is about the availability of funding to enter into those
40 sorts of agreements and those trials. But, you know, again
41 we work with organisations to do that.

42
43 Q. Here is our chance. If there are recommendations that
44 the Commissioner could make to improve the ability to move
45 to this less expensive, less - I will be rude about resi
46 cares, they're not great - to move to a better model of
47 resi care, what changes could be put in place to facilitate

1 that and to cease incentivising the current model of resi
2 care?

3 A. I think, you know, building on that work that's
4 already happening, that co-design piece and those programs
5 that are being implemented, and we're hearing some good
6 results. I think, you know there's the piece of work
7 that's happening currently to convert or transition a
8 significant amount of investment, but that goes with again
9 mostly children in some - you know, there's some process
10 happening there to get into the OSD space.

11
12 But I think it is about the availability of funding more
13 broadly in our budget to be able to do more trials and to
14 do more - you know, to expand the options available. And
15 I think for some of those it's not necessarily that they
16 will be cheaper but they will be more - they will be more
17 aligned with the outcomes that what is trying to be
18 achieved as you describe in some of those models and having
19 more of a family-stay kind of reunification focus and
20 outcome as opposed to, like, care arrangement sort of more
21 pure outcome. And I'm not saying that that's a problem.
22 They still cost money, you know; that they will be more
23 expensive than family-based care arrangement because of
24 course they are, or having children at home, but it is
25 about having those different models available that are more
26 aligned with some of those outcomes that you're speaking to
27 and those sorts of, yeah, model designs.

28
29 Q. You just referred a little bit earlier to existing
30 initiatives to achieve this. Can you just describe one or
31 two by name?

32 A. Sorry, what I mean - sorry, which bit?

33
34 Q. The existing initiatives to try and create these
35 different models of resi care or to --

36 A. Well, the same ones that you were referring to, some
37 of those that are under contract now that are operational
38 or where providers or, you know, peak bodies have in fact
39 presented some proposals around some of those things are
40 being - you know, the co-design work and just considering
41 what that could look like if it was to be something that we
42 could contract.

43
44 Q. So for the co-design work are we referring to the Our
45 Ways strategies and some of the work coming out of that?

46 A. Probably more operational than that. So certainly in
47 terms of that local level I know regions are speaking often

1 with providers around different models that they could
2 bring to the table that we could consider to fund and what
3 that could look like for particular children; yes.
4

5 Q. So that operational level you mean things like
6 I mentioned Jarjums house earlier --

7 A. Or other proposals that, yeah, contact houses or
8 family reunification, those sorts of things that aren't the
9 kinds of service types that are in our specifications
10 currently, and so what would it look like to trial
11 something like that or implement something like that.
12

13 Q. So what would it look like to add that within your
14 specifications to bring about those other better models?

15 A. It's the work, just the work to do that, to
16 understand, you know, to develop again that sort of program
17 logic, program design, what that would look like in terms
18 of deliverables and measures and those sorts of things
19 that's in specs. And if we were - you know, got to a point
20 where there was something like that we could develop or
21 jointly design that we would build those into our specs.
22 So they're the sorts of things that we can trial. It
23 doesn't mean that there's always money that follows but,
24 again, you know, that's some of that conversation how we
25 could source that.
26

27 Q. So to an outsider it looks very slow and very
28 constrained by the money.

29 A. Yes.
30

31 Q. Is there any recommendation that the Commissioner
32 could make which would for the programs that are kicking
33 goals to be able to free up --

34 A. To grow and expand those?
35

36 Q. -- and maybe take from IPS and put into --

37 A. Sure.
38

39 Q. -- these other models?

40 A. I would anticipate that's probably something likely to
41 be recommended, yes, or that there's a broader budget
42 overall regardless of where it sat, you know.
43

44 MS GREENWOOD: All right. Thank you, Commissioner.
45

46 COMMISSIONER: Thank you, Ms Greenwood. We'll adjourn
47 until 2 o'clock. The next witness is scheduled for

1 2 o'clock, Mr Diaz?

2

3 MR DIAZ: Very happy with that, and that's Michelle
4 McNamara.

5

6 COMMISSIONER: Yes. Thank you. Before we rise, I'm
7 sorry, Ms Wilson, I meant to thank you for coming along and
8 participating in this process and --

9 A. You're very welcome.

10

11 COMMISSIONER: -- offering your insight.

12

13 A. Thank you. Thank you.

13

14

15 COMMISSIONER: Thank you very much.

15

16

16 **LUNCHEON ADJOURNMENT**

17

18

19 MR DIAZ: ... hand over to Mr Hastie to do the witness's
20 evidence-in-chief, just to mention the next witness will be
21 Ms McNamara. Her evidence and that is the focus of my
22 cross-examination will be in relation to the following
23 topics: her experience working in regional and remote areas
24 of Queensland; the changing state of the residential care
25 market, including why there has been increased use of IPS
26 agreements and unlicensed providers; the creation and
27 function of RIO, the Reform Implementation Office, which is
28 charged with coordinating (indistinct) programs across the
29 department and (indistinct) presently under way within the
30 department to lead the conversion of IPS agreements to OSD
31 agreements. And I should just mention at this stage
32 I understand Ms McNamara has flown in from the regions. So
33 I will endeavour as best as possible to conclude her
34 evidence today if we can.

34

35

36 COMMISSIONER: We will conclude her evidence today.

36

37

38 MR DIAZ: Thank you.

38

39

40 COMMISSIONER: I'm sure she'll be pleased to know that.

40

41

42 MR HASTIE: I call Michelle McNamara.

42

43

44 **<MICHELLE McNAMARA, AFFIRMED** [2.00 pm]

44

45

46 COMMISSIONER: Welcome, Ms McNamara.

46

47

47 **<EXAMINATION BY MR HASTIE**

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MR HASTIE: Your name is Michelle McNamara?

A. Yes.

Q. And you're presently, as my learned friend said, the Acting Director in the Reform Implementation Office in the department?

A. Yes.

Q. And you're from the regions; Mackay?

A. Yes, I live in Mackay.

Q. And have you prepared a resume of your experience and professional development?

A. Yes.

MR HASTIE: I tender that, Commissioner.

COMMISSIONER: Thank you. Ms McNamara's resume may will be exhibit CL-96.

EXHIBIT #CL-96 - MS MCNAMARA'S RESUME

MR HASTIE: Thank you, Commissioner. And you've done a statement dated 25 March 2026?

A. Yes.

MR HASTIE: That's the evidence-in-chief, Commissioner.

COMMISSIONER: Thank you, Mr Hastie. Mr Diaz.

<EXAMINATION BY MR DIAZ

[2.02 pm]

MR DIAZ: Ms McNamara, I understand from your witness statement that you have extensive experience working across regional and remote Queensland; is that right?

A. Yes, most of my career has been in the Mackay (indistinct) but also across Central Queensland and (indistinct).

Q. Yes. And which child safety regions do those areas fall within?

A. Across my career I've been both in North Queensland and Sunshine Coast and central regions.

Q. Yes. And you've already mentioned some of these things, but your career has spanned across regions

1 including (indistinct) and in particular I note for
2 instance in 2020 and 2021 - this is at paragraph 6 of your
3 witness statement, just for the Commission is behind tab 25
4 - explains that during that 2020/2021 period you were
5 working across regions from (indistinct) to Gympie
6 supporting teams responsible for licensing and contract
7 management across Bowen, Mackay, Rockhampton and Wide Bay?
8 A. Yes.

9
10 Q. And also worked in areas you mentioned a moment ago.
11 At paragraph 14(d) of your witness statement you helpfully
12 identify some of the challenges that are felt more acutely
13 working across regional and remote areas of Queensland. If
14 I can just precis those, you mention the difficulty posed
15 by geographical isolation which means distances between
16 communities (indistinct) times, unpredictable weather
17 conditions and the like, and that many regional and remote
18 areas are also home to large Aboriginal or Torres Strait
19 Islander communities.

20
21 In the subsequent section of your witness statement we had
22 asked you to address the ways that the department meets
23 some of those challenges that are more acute in regional
24 and remote areas. I wasn't able to discern from paragraphs
25 15 to 18 if there are any specific ways that are unique to
26 regional or remote areas that the department meets those
27 challenges. Are you able to address that for me today?

28 A. In terms of my witness statement, often we look at how
29 do we use the Queensland procurement policy to buy in the
30 right way and what is the right method of contracting, what
31 is the right method of funding or procuring services in
32 those locations. So for some communities which are more
33 based on - for some communities they might not have larger
34 providers in those communities and they're very much
35 reliant on smaller local providers that it may be a
36 different procurement approach that's used that's still in
37 accordance with QPP. So we might use a direct approach to
38 market or a select tender based on that local market rather
39 than a broader open tender process.

40
41 Sometimes, though, where we might be wanting to kind of
42 grow or reshape the market we might use a different
43 approach. So, again, leaning into some of the local
44 requirements under the QPP, recognising that sometimes
45 where you've got a provider that's local to community,
46 committed to community and is able to give back to
47 community we might get more sustainability of service

1 delivery through those methods as opposed to a broader
2 statewide open tender process.

3
4 Q. Yes. And does the department use anything like
5 financial incentives or other types of incentives to
6 encourage supply in these more regional and remote areas?

7 A. We do consider, I guess, for want of a better word,
8 like, locality provisions. So we know that sometimes to
9 hold staff in those communities it does cost more. We know
10 sometimes for regional support and training it costs more
11 for those services to access, you know, the training that
12 they need beyond what's in their local community.

13
14 Q. Yes. And, again just at a reasonably high level of
15 generality in your experience working in those particular
16 regions but also in your current role, have you observed
17 measurable price differences across the different regions?

18 A. Through the work we're doing now through the reform
19 implementation we do see variation of price. Sometimes
20 it's not clear on what's driving or justifying that price.
21 So we have been doing a lot of work to try to understand
22 what those price drivers are. And some of that is not just
23 related to the actual delivery of the direct care for
24 children but sometimes price drivers might be related to is
25 there sufficient other support services within the
26 community for those children to be able to access to
27 support their care and experience.

28
29 Q. And is that because if those services are missing the
30 packages tend to be more expensive?

31 A. Yes, because it normally requires bringing in some
32 additional supports.

33
34 Q. Yes.

35
36 COMMISSIONER: Just pardon me a moment.

37
38 MR DIAZ: I'm told, Commissioner, there's some issue with
39 the audio on the livestream.

40
41 COMMISSIONER: Yes, that's what I'm being told about.

42
43 MR DIAZ: Sorry, Ms McNamara, we might just pause while we
44 see if that can be resolved.

45
46 COMMISSIONER: Mr Diaz, we might have to break just for a
47 short time. There's a problem with the audio. That's a

1 problem for those on the webstream, but it's also
2 apparently a problem with the recording of it. So we can't
3 sort of retrospectively fix it by uploading the recording
4 later. We might just stand down just for a short time and
5 see if it can be fixed. If not, we'll have to proceed
6 anyway.

7
8 MR DIAZ: I think that's sensible.

9
10 **SHORT ADJOURNMENT**

[2.09 pm]

11
12 COMMISSIONER: ... and though it's unfortunate, we're
13 under a tight time schedule. So we'll carry on and hope
14 that the audio problem can be sorted out in running.

15
16 MR DIAZ: Thank you, Commissioner.

17
18 COMMISSIONER: Thank you.

19
20 MR DIAZ: Ms McNamara, we were talking about the
21 variability in prices between different regions; that is,
22 the price at which they're able to procure residential care
23 services in particular. I just wanted very briefly if
24 I could ask you to take up volume 3 of the master tender
25 bundle, it will be one of the larger bundles in front of
26 you, and in particular tab 79 commencing at page 1895.
27 A. Okay.

28
29 Q. I'll give you a moment to find that. So it's volume 3
30 of 3 of the master tender bundle, and it's tab 79 of that
31 volume. Do you have that?

32 A. Yes.

33
34 Q. Yes. And it's only a brief point, but if you go in
35 particular to page 1918 this is a report prepared by KPMG
36 to assist the Commission, and you'll see on 1918 a graph
37 that was discussed with Mr Jefferson. So tab 79, page
38 1918. And what the graph shows at figure A.14 is pricing
39 in the six different Child Safety regions; do you see that?

40 A. Yes.

41
42 Q. And I know that you're only digesting it on the fly,
43 as it were, but if you see in that graph something that
44 struck me in particular is if you take the base, which is
45 2021/22 financial year, North Queensland is one of the
46 lowest cost regions and today it's the highest cost region,
47 that's on a per day placement basis; do you see that, at

1 least for me I would call that a dark blue line?

2 A. Yes.

3

4 Q. I was simply wondering given your experience, I think
5 you mentioned at the outset that you had some experience in
6 North Queensland, whether you had any idea why that had
7 been such a sharp increase in that region in particular?

8 A. I think in the last little while we've seen quite a
9 significant increase in the need for fly-in fly-out
10 workforce, and that is partly because of local workforce
11 constraints and needing to stabilise market. So definitely
12 in some of those more regional communities that may not
13 have the population footprint to sustain large work forces
14 then they do bring them in through fly-in and fly-out would
15 be one part of that - would be contributing to that.

16

17 Q. Yes. Are you aware of any --

18

19 COMMISSIONER: Other factors? Other factors?

20 A. Other factors are things like tyranny of distance and
21 in terms of transport access to services. If children, for
22 example, need to come in from outlying areas to major
23 centres for medical treatment and things like that there's
24 the transport costs associated with those things.

25

26 COMMISSIONER: In terms of the geographic challenges do
27 you have a policy or does the department have a policy
28 about how far from the location from which the child was
29 taken into care - so if the family lived in Cairns or
30 perhaps further north of Cairns - what you regard for
31 planning purposes as a sufficient geographical distance at
32 which it would be appropriate to establish residential care
33 services?

34

35 My question is directed to this, what I perceive to be a
36 practical problem. It's probably impossible to have a
37 residential care home in every hamlet around the state from
38 which the child is removed. Now, desirably, family based,
39 kinship based, foster care based care would be available in
40 the community from which the child has been taken into
41 care. But where that is not possible a decision has to be
42 made about where to locate residential care services, that
43 being the only other alternative, and that includes
44 presumably a decision about the location of those services
45 or the residence relative to the family from whom the child
46 has been removed. How do you factor that practical
47 consideration into decision-making about the funding of

1 residential care?

2 A. There's probably a couple of elements to your question
3 there, and what I would say is that we already have
4 residential care services across a number of smaller
5 communities in North Queensland in particular, so
6 communities like Charters Towers, Bowen and those types of
7 locations. We also --

8

9 COMMISSIONER: Cairns?

10 A. Cairns and some of the areas around the broader
11 communities around Cairns. So there's already resi
12 services within those locations. It does require some
13 really good planning of what is going to be sustainable in
14 a market. So sometimes we know for a new provider to come
15 into a new area there's, I guess, a minimal sized footprint
16 of the number of properties and the number of placements
17 they would need to be viable at place.

18

19 COMMISSIONER: Are you familiar with the Burdekin, which
20 is nearer to Townsville, the area known as the Burdekin?

21 A. Yes.

22

23 COMMISSIONER: I understood from consultations that I had
24 in Townsville that that is a small town for which it is
25 difficult to service. It's I can't recall precisely how
26 far from Townsville but it's probably, I think from memory,
27 perhaps an hour to an hour and a half drive from
28 Townsville. Taking that as an example, though not ideal,
29 would it not be rational to concentrate the provision of
30 residential care services in Townsville, which I'm assuming
31 being a larger place is more likely to have the resources,
32 including manpower, to service a residential care facility
33 than, say, the Burdekin, being smaller? I mean, are those
34 sorts of factors necessary for you to consider in
35 determining how to fund residential care and where to place
36 the resources?

37

38 A. Yes, and that's part of a lot of the market sounding
39 we do for any procurement activity is to consider where,
40 you know, the needs are of children and their families and
41 then looking at that in the context of what is the market
42 that we have, do we have a sufficient market, what would it
43 take to build a market in those locations. So that is part
44 of the planning we do for any of our procurement
45 activities.

46

47 I think for where we have had success in those smaller
communities is where a supplier's had a reasonable

1 footprint of placements to be able to sustain that service
2 delivery. And I think even in larger communities like
3 Mackay and Rockhampton there are workforce constraints in
4 those local communities that do require some careful
5 planning then on what is the strategy to maintain workforce
6 into those communities.

7
8 COMMISSIONER: So just, if you wouldn't mind, explain to
9 me the circumstances in which a fly-in fly-out workforce
10 would be required, and I'm assuming that may not be
11 necessary for all roles but for certain roles. Could you
12 just expand on the sorts of factors that would require a
13 fly-in fly-out workforce at least in relation to certain
14 roles?

15 A. We have had experience with direct care workers also
16 being fly-in fly-out, so not just leadership or management
17 positions but actual direct care workforce. The agencies
18 tend to roster in different ways to enable stability for
19 the period of time that workforce is in community and then
20 a new shift comes in. It is generally where there is
21 significant workforce constraints at play, either competing
22 markets or other social services sourcing the same
23 workforce.

24
25 COMMISSIONER: Can you give me an example of some areas
26 where those constraints are significant?

27 A. Mackay. Mount Isa. Rockhampton.

28
29 COMMISSIONER: They're relatively large communities,
30 though, aren't they?

31 A. Yep. It's the context of the community and the
32 broader - you think about the broader demographic profiles
33 of those communities and you think about what are the major
34 industry drivers in those communities and what attracts
35 that workforce.

36
37 COMMISSIONER: And am I right in thinking mining is quite
38 a significant driver or significant industry in those areas
39 that you've mentioned?

40 A. Yes.

41
42 COMMISSIONER: But is it simply more difficult to get
43 carers to live in those locations rather than be flown in
44 and flown out?

45 A. I think a couple of things. Where we've got local
46 providers delivering local services who have that
47 connection to community - and this is a generalisation -

1 but generally they're able to attract more local workforce.
2 Where we have bigger providers that are drawing on broader
3 infrastructure they might need for a period of time to
4 bring in workforce to supplement their local workforce.

5
6 What we have found through the work that we have been doing
7 through the residential care reform plan at the moment and
8 the work we're doing to transition investment from IPS to
9 OSD, the shift of workforce from a casualised model through
10 a longer term contracting brings stability. And so
11 suppliers are indicating that through that change alone
12 they'll be able to have greater ability to stable workforce
13 at place.

14
15 COMMISSIONER: And in areas that we've been talking about
16 are they areas that are perhaps ideally suited to
17 engagement with Aboriginal-controlled organisations who
18 have contacts with the community and potentially at least
19 have an available workforce in those areas? Is that being
20 examined in the course of what you're presently doing?

21 A. Yes, there are a number of Aboriginal
22 community-controlled organisations as well as smaller local
23 Indigenous businesses that have been working - that we've
24 been engaging with through the transition work that we're
25 doing at the moment.

26
27 COMMISSIONER: And presumably they wouldn't require
28 employees to be flown in and flown out for the very reason
29 that they're part of that community and they live there?

30 A. They have more --

31
32 COMMISSIONER: Or is that an assumption I shouldn't make?

33 A. I think that's an assumption; yes. I think local
34 organisation, whether it be an Aboriginal
35 community-controlled organisation or a local not-for-profit
36 or smaller local business who have those connections to
37 community and who are respected as part of their civic
38 responsibility in their local community, have the ability
39 to draw on local workforce.

40
41 COMMISSIONER: Well, then my assumption's a good one, is
42 it not? If they can do that, if they can draw on resources
43 rather than it becoming necessary to fly a workforce in on
44 a roster, that would seem to be a good reason to engage
45 with those organisations?

46 A. Yes.

47

1 COMMISSIONER: And is that occurring?
2 A. Yes, it is; yes. And our procurement processes plan
3 and consider not just smaller local organisations, but some
4 communities need a mixed approach to market just because of
5 the demand in communities. So it is about getting that
6 balance and some really solid planning around how do we
7 shape a market that's needed to be a sustainable market now
8 and into the future.

9

10 COMMISSIONER: And does that include investing in capacity
11 so that there's training and capacity in terms of
12 capability - I suppose I should really say - on the part of
13 those smaller organisations and Aboriginal-controlled
14 organisations to have the capability to provide the
15 workforce that is necessary and qualified to undertake the
16 work?

17 A. Sometimes in our procurement activities we include
18 set-up costs or one-off costs to support an organisation
19 with that capacity piece. There's also a lot of work that
20 regions do which I would refer to as more about that
21 sector's stewardship. So that's about bringing networks of
22 providers together, working with them as they move into
23 human services quality standards, doing that walk alongside
24 those organisations as they, you know, develop a place,
25 sharing of resources, so that broader part about how do
26 those suppliers fit within that broader market at place.

27

28 COMMISSIONER: And what about direct investment by the
29 department in infrastructure? So as I understand the
30 residential care marketplace, as a generality, as a general
31 proposition, providers lease homes, ordinary residential
32 homes, and then set up a business effectively operating a
33 residential care service from a domestic home; that's how
34 it works generally, isn't it?

35 A. Generally it's leased. A number of agencies have and
36 maintain their own property portfolios that our lease
37 contributes to the operating costs of those properties.

38

39 COMMISSIONER: Well, they don't lease the property unless
40 they expect to be able to recover that cost by --

41 A. Their funding, yes.

42

43 COMMISSIONER: -- having an engagement, either IPS or OSD,
44 with the department?

45 A. Yes. So through the funding there's provision with
46 the funding for rental lease of a property. As I said,
47 some agencies have a property portfolio that they draw on

1 as part of that. Others lease commercially through the
2 market.

3

4 COMMISSIONER: And in these smaller communities in remote
5 areas is one of the constraints the availability of
6 premises from which to operate a residential care facility?

7 A. I think in the housing market at the moment properties
8 are a pressure point, and --

9

10 COMMISSIONER: Well, for an intent (indistinct) in the
11 areas.

12 A. The reasons why (indistinct) lease rather than
13 purchase properties is because sometimes those demands
14 change, (indistinct) the future, or there might be a change
15 in circumstance where that location is no longer a suitable
16 location and needs to be moved to another location. So
17 leasing was giving (indistinct) flexibility.

18

19 COMMISSIONER: Certainly. But if you have a tight rental
20 market in any area (indistinct) constraint in terms of
21 available houses is going to apply to an operator of a
22 residential care facility in the same way that it would
23 apply to any tenant; that's the case, isn't it?

24

A. Yes.

25

26 COMMISSIONER: And so are there instances where the
27 department in order to have access or to enable access to a
28 residence acquires a residence and makes it available to a
29 provider on some financial arrangement of course?

30

A. We do have some existing departmental assets that are
31 leased to or are part of the contractual arrangement with
32 some of our suppliers.

33

34 COMMISSIONER: So you have a head lease and sublease it or
35 something like that?

36

A. Yes.

37

38 COMMISSIONER: Is that how it works?

39

A. Yes. We own the property or the government owns the
40 property, and they are then - we do have a number that are
41 then leased to providers.

42

43 COMMISSIONER: So the department or the government owns
44 the property and leases it for the purpose of making it
45 available to a provider of the residential care service?

46

A. Yes.

47

1 COMMISSIONER: And as part of what your presently doing is
2 there an analysis under way of where in particular
3 communities or remote parts of the state it may be
4 desirable to acquire further properties or perhaps enter
5 into head leases, longer term head leases and sublease to
6 the provider?

7 A. We've been looking at whether we've been utilising to
8 the full extent we can the existing properties we've got,
9 and we have been looking at where we've got communities or
10 properties more in remote areas how do we maximise that
11 asset in those local areas. But, in terms of a broader
12 piece, not at this stage.

13
14 COMMISSIONER: What about other potential models in, for
15 example, having perhaps larger physical facilities in
16 targeted regional areas that could provide a different
17 model or a variation on the model of residential care being
18 provided via the lease of, as I understand it, ordinary
19 domestic residences? Is that being considered?

20 A. I'm not sure, sorry.

21
22 COMMISSIONER: You're not sure?

23 A. I'm not sure if that's being considered at this point.

24
25 COMMISSIONER: But you're involved in the group that is
26 considering changes --

27 A. If you're referring to secure care, is that what
28 you're referring to?

29
30 COMMISSIONER: No, not necessarily; not any particular
31 label; just in looking at what's available. One of the
32 constraints is housing. And one way of addressing the
33 constraint is potentially for the department to build
34 facilities that might be larger or might form part of a
35 sort of village of facilities or homes to relieve the
36 supply pressures associated with housing availability. I'm
37 wondering whether your current work is looking at that
38 aspect of, let me call it, the supply chain.

39 A. The work that I'm doing, not specifically. There is
40 consideration within the work that's occurring around the
41 secure care initiative as one of the government election
42 commitments.

43
44 COMMISSIONER: Yes.

45 A. However, in terms of the broader work that's not the
46 work that my team or I'm doing at this point.

47

1 COMMISSIONER: Yes. Thank you. Mr Diaz.

2

3 MR DIAZ: Thank you, Ms McNamara. In due course we'll
4 come back to the work that the RIO is presently doing and
5 has been doing, and also questions of government direct
6 service delivery and the like that are addressed in your
7 statement. Before we get there I just want to - if I can
8 orient you by taking you to paragraph 40 of your witness
9 statement. And just a reminder, Commissioner, this is
10 behind tab 25.

11

12 COMMISSIONER: Yes, thank you.

13

14 MR DIAZ: Now, in the question that the Commission asked
15 you to consider, which was whether there has been an
16 over-reliance on IPS agreements, you note there has been an
17 increase in the use and you say the trend has been driven
18 by growing demand for care placements for children with
19 complex needs; is that right?

20 A. Yes.

21

22 Q. And you also go on to mention at paragraph 41 that
23 approximately half of the children in residential care have
24 a disability and that's created the need for tailored
25 individualised arrangements that are not always feasible
26 within existing OSD funded care options?

27 A. Yes.

28

29 Q. Now, some of the other evidence we've heard already
30 throughout the course of the Commission and as is suggested
31 by the documents is that perhaps that is a cause but not
32 the primary driving cause for increasing use of IPS
33 placements. And could I put it to you that a much more
34 significant cause of the increase in IPS agreements is
35 actually just a shortfall in having another OSD placements
36 which has meant children that are otherwise suitable for
37 OSD are being funded under IPS packages; do you agree with
38 that?

39 A. There's the two drivers I think, and that is around
40 the tailored needs and also that demand has continued to
41 grow beyond what is funded within our OSD footprint.

42

43 Q. Within your?

44 A. OSD footprint.

45

46 Q. OSD footprint, yes. And would you agree with me if
47 I said that the failure to fund the packages under the OSD

1 footprint has been a more significant driver of the
2 increasing use in IPS placements than the need for tailored
3 packages?

4 A. I think both still stand true as drivers. There is a
5 tendency for our existing OSD providers to manage matching
6 a lot closer where there aren't children with - that might
7 have greater specialists support needs or might need a
8 model of care that is beyond the staffing structures within
9 their OSD contracts. So where there might be models that
10 require two workers to one child or models that require
11 some additional supports wrapped around that model, whether
12 it be some mental health or disability support in addition
13 to what is part of that resi model.

14
15 There are some models, particularly for children with a
16 disability, where NDIS may pay for a worker as well as
17 Child Safety to meet those disability support needs. Those
18 arrangements in particular which are really bespoke are
19 generally easier to manage within an IPS space in terms of
20 the way that you would structure the investment spec.

21
22 The work we've been doing through the transition of
23 investment has allowed us to buy some more nuance in our
24 OSD footprint. So a number of children that we would have
25 traditionally thought would have stayed in IPS we've been
26 able to successfully transition into an OSD landscape
27 through the transition work we've been doing over the last
28 six months, and we've been able to hold those placements
29 stable, and regions are giving us feedback that there are
30 evidence of some really good outcomes through the
31 stabilising of those arrangements in OSD.

32
33 Q. Yes.

34
35 COMMISSIONER: Ms McNamara, can I ask you this. If you
36 were to generally elevate the specification of an OSD
37 service provider focusing on elevating the therapeutic
38 characteristics of care, then isn't it more likely that the
39 services provided within the ambit of my hypothetically
40 elevated therapeutic care as a standard feature of an OSD
41 specification in terms of service delivery would capture a
42 larger proportion of children's needs such that they could
43 be accommodated more readily within the OSD funded envelope
44 and not require bespoke individual care plans or placement
45 arrangements, allowing of course for the likelihood that
46 there will always be more extreme needs that will have to
47 be more tailored or the meeting of them would need to be

1 more tailored; as a general proposition do you agree with
2 that?

3 A. Yes, and I believe the work that we've been doing for
4 a couple of years with the introduction of Hope and Healing
5 and some of the broader work around what does therapeutic
6 care look like, it was a theme that came out of the review
7 a couple of years ago. There's other elements beyond the
8 therapeutic nature that are important within a resi care
9 environment, and that includes broader outcomes around is
10 the child connected to community and kin, is the child
11 accessing extracurricular activities that any other child
12 in the community would be accessing, are they getting that
13 normal life experience within a therapeutic --

14

15 COMMISSIONER: I don't want to have a semantic argument
16 with you --

17 A. Yeah.

18

19 COMMISSIONER: -- but wouldn't all of those
20 characteristics fall broadly under the rubric of
21 therapeutic care?

22 A. Yes, yes.

23

24 COMMISSIONER: Mr Diaz.

25

26 MR DIAZ: And just before the Commissioner asked you the
27 question about uplifting the standards of care generally
28 within residential care you had mentioned that in the past
29 six months you have been able to transition a number of
30 these IPS arrangements quite successfully to OSD
31 arrangements, including, as I understood it, for kids with
32 higher needs; is that right?

33 A. Yes.

34

35 Q. And doesn't that itself demonstrate that those were
36 packages that could have since at least 2020 been procured
37 under OSD agreements?

38 A. Yes.

39

40 Q. Yes. And so what meant that they weren't able to be
41 procured under OSD agreements from that earlier point in
42 time?

43 A. The way in which our budget's been structured and the
44 way in which the budget was allocated to OSD and IPS. So
45 OSD funding is considered recurrent funding because it is a
46 longer contract term, where IPS has been treated more as
47 one-off funding. So in order to transition more funding

1 into a recurrent budget what's allowed it to happen this
2 time is the approval from Cabinet all the way through to
3 our executives to support that volume of transition, noting
4 that we're building that into our OSD budget longer term.

5
6 COMMISSIONER: When did that approval come about?

7 A. Part of our budget process last year, June 2025.

8
9 COMMISSIONER: So it's a recent improvement in relation to
10 the scope of funds available for OSD contracts?

11 A. Yes.

12
13 COMMISSIONER: Yes. And I'm right in understanding, I
14 think, that under the arrangements, the budgetary
15 arrangements, if you reach the limit set by a particular
16 budget for OSD recurrent funding that's it; you're then
17 left only with IPS funding to meet demand as it arises;
18 that's right, isn't it?

19 A. If you fill all the places that have been purchased
20 through OSD funding --

21
22 COMMISSIONER: Yes.

23 A. -- then you would need to consider what - well, before
24 you get to that point you'd need to consider what is your
25 strategy so that you don't go back into that process of
26 growing IPS beyond --

27
28 COMMISSIONER: I think I asked the question badly. As
29 I understand the process there's recurrent funding
30 designated for OSD service provision; is that right?

31 A. Yes.

32
33 COMMISSIONER: If you reach the limits of that funding, if
34 you exhaust it, and you have not met all of the demand for
35 residential care you have no alternative, until presumably
36 the next budget cycle, but to use IPS funding for the
37 purposes of engaging service providers to provide the care?

38 A. Yes.

39
40 COMMISSIONER: Right. So at that point there's no choice
41 to be made between IPS or OSD because the choice no longer
42 exists; isn't that right?

43 A. Yes. And I think the goal is really intended - in
44 terms of the work we're doing is to work in a way that
45 resets IPS to be shorter term arrangements so that wherever
46 we've got placements that are needed longer term that we
47 actually do work to build them into our OSD wherever

1 possible within our budget.

2

3 COMMISSIONER: And to do that effectively and prospectively
4 you have to have (indistinct) analyses of forecast demand
5 at least?

6 A. Yes.

7

8 COMMISSIONER: So the matters about which we're presently
9 inquiring (indistinct) really looking backwards to about
10 2020, acknowledging - and we'll come to it - that things
11 are now being done to improve the situation, which is what
12 you're presently engaged in. But some of the questions
13 you'll be asked are backward-looking for the purposes of
14 understanding, as I'm required to, what has occurred to
15 reach a position where the system has become overly reliant
16 upon the IPS funding which is demonstrably more expensive
17 than OSD funding; do you follow?

18 A. Yes.

19

20 COMMISSIONER: Mr Diaz.

21

22 MR DIAZ: And just picking up where we were in your
23 witness statement, so this is now at paragraph 41, I know
24 that the figures are put in approximate terms but is there
25 any data that corroborates the suggestion that 50 per cent
26 of children and young people in residential care have a
27 disability, at least any data that you're aware of?

28 A. That was part of our corporate data analysis as we
29 were working to build - working on what is our out-of-home
30 care care continuum. So when we started to look at
31 children within the care system and what their needs were
32 within the care system, where they were best met within
33 that care system, we did look at that data in particular
34 around children with a disability.

35

36 Q. Yes. And are you able to tell us whether that's a
37 diagnosed disability or how is that quantified or measured?

38 A. It includes children who are going through assessments
39 at this point in time, and I believe - and I don't have the
40 exact percentage, but it was just over 30 per cent of
41 children were on an existing NDIS plan within that dataset.

42

43 Q. 30 per cent, did you say?

44 A. Just over 30 per cent.

45

46 COMMISSIONER: Ms McNamara, disability is not an absolute
47 value, is it? It's not a single static conclusion you can

1 reach about the state of the child. It's a continuum,
2 isn't it, or a matter of degree?

3 A. And that would include children with psychosocial
4 disability as well as physical and intellectual disability,
5 and children who have medical disability support needs as
6 well.

7
8 COMMISSIONER: So if disability in this context should be
9 understood as a matter of degree, whatever the
10 characteristic of the disability might be, before deciding
11 that you need a sort of specialised individualised care
12 arrangement for that child you need to really understand
13 the degree of the disability, don't you? So to simply say
14 that 50 per cent of children in residential care have a
15 disability is to tell you everything and perhaps nothing at
16 the same time; do you agree?

17 A. I think there's complexity in children that have - in
18 particular that would be also capturing children with
19 psychosocial disabilities.

20
21 COMMISSIONER: Whatever the disability is - mental,
22 emotional, physical - it's not an absolute definition that
23 you can give one single value to, is it?

24 A. No, and different children within that category might
25 need different levels of support; so, for example, children
26 with significant physical disability that might need PEG
27 feeding, special hoists for lifting, they might need a
28 house that's established differently to a child that might
29 have more of a psychosocial disability.

30
31 COMMISSIONER: Yes, I understand that. All I'm asking you
32 to accept is that disability is - if one is to use that
33 word and apply it to any human being, including children,
34 you have to make an evaluation of the degree of disability
35 and match the meeting of the need as assessed. To simply
36 put a label on the child concerned of disabled doesn't tell
37 you a lot about how you need to go about meeting the need
38 of that child.

39 A. No, no.

40
41 COMMISSIONER: Yes.

42
43 MR DIAZ: And, precisely on the point you've just left in
44 your discussion with the Commissioner, you would accept,
45 wouldn't you, that at least a proportion of those kids
46 considered to have a disability, whatever that disability
47 may be, would nevertheless be suitable for either

1 family-based care or OSD funded residential care, wouldn't
2 you?

3 A. Yes.

4

5 Q. Yes. So it's only some proportion of that 50 per cent
6 that really needs a tailored IPS package, and would it be
7 fair to say that's a small proportion?

8 A. I wouldn't know the level of detail without reviewing
9 individual case plans.

10

11 Q. Yes. Now, another reason you identify that we haven't
12 discussed at great length as to why there's been increasing
13 demand on IPS packages is at paragraph 42 you mention that
14 not-for-profit providers have struggled to meet demand or
15 have exited the market; is that right?

16 A. Yes, in some communities; yes.

17

18 Q. And are you aware, firstly, of the reasons why those
19 not-for-profit providers have exited the market?

20 A. Probably in terms of when I wrote this statement I was
21 thinking of some particular regional areas and it related
22 to, I think, presence in that community - and I'm talking
23 smaller rural areas - presence in that community without
24 their own local infrastructure, without the connection to
25 community for workforce. So some organisations have made a
26 business decision to move out of certain locations, and
27 that we've had success in stabilising the market through
28 IPS through smaller local businesses that are connected to
29 community.

30

31 Q. Yes, but just I'm trying to understand was there a
32 particular reason why not-for-profit providers as distinct
33 from - I mean, the factors you identify might apply equally
34 to a for-profit or not-for-profit.

35 A. Yes.

36

37 Q. So I'm trying to understand whether there's anything
38 that has particularly led to not-for-profit providers
39 exiting the market?

40 A. In the particular community I was thinking of when
41 I wrote that statement it was about their business
42 decisions, and some organisations had other funding streams
43 that they were pursuing, and they had made some decisions
44 for themselves that this was - they wanted to refocus back
45 on what their constitutions was originally set up to. So
46 it might have been more related to disability services for
47 adults as opposed to residential care for children. So a

1 number of organisations - one organisation in particular
2 was a mental health specialist. They wanted to go back and
3 refocus on them as a mental health specialist provider as
4 opposed to stretching their breadth beyond what their
5 expertise was with the group, the client group, they were
6 originally working through with --

7
8 COMMISSIONER: Have you been informed by any provider,
9 not-for-profit or for-profit, that they have exited or
10 decided to exit the market because it no longer remains
11 financially viable or attractive to them based on the
12 arrangements with the department that are presently
13 available? In other words, "We're not doing this anymore
14 because we can't afford to, we're not making a return, it's
15 not viable," all of those reasons?

16 A. Not me, specifically. The ones that I've been
17 involved in have been more about business decisions of the
18 organisation to refocus --

19
20 COMMISSIONER: All right. Not you directly?

21 A. Yes.

22
23 COMMISSIONER: Has the kind of reason that I've identified
24 been communicated to you in the course of discussions
25 within the department connected to your work? I mean, is
26 that a reported problem or not, is my question.

27 A. I've not heard where suppliers have said it's a direct
28 result of the way in which we fund in resi. Suppliers have
29 indicated it's been because of broader funding provisions
30 of - broader funding arrangements.

31
32 COMMISSIONER: What does that mean?

33 A. So, for example, suppliers might have overcapitalised
34 in another industry area, whether it be aged care or
35 disability, and that's impacted on their overall
36 organisational viability.

37
38 COMMISSIONER: All right. Do you agree that at least in
39 particular geographic areas within the state of Queensland
40 that there are constraints on the supply side in terms of
41 the provision of services, residential care services?

42 A. I'm not sure what you mean by that, sorry.

43
44 COMMISSIONER: That there are not enough providers in
45 places, you having difficulty attracting providers.

46 A. Yes, but through changing our methods of contracting
47 or purchasing we have been able to build a market.

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COMMISSIONER: Why, according to your understanding, have there been - has there been historically, let's say since roughly 2020, supply side constraints; that is to say, not enough participants in the market for the supply of these services? Do you have - presumably that issue has been thought about and discussed and considered within the department?

A. Yes, and I wouldn't believe that it is a supply constraint.

COMMISSIONER: You don't think you've got a problem with not having enough suppliers?

A. I thought you meant was there enough demand for the suppliers in the market; no.

COMMISSIONER: No, no, no, there's enough demand, it would seem. Is there enough supply?

A. Okay. Is there enough supply? There are still some markets that are slim on the ground in certain locations.

COMMISSIONER: And what do you regard as the principal reasons for there being supply side constraints; that is, not sufficient participants in the market?

A. It really does depend on the community in which - some communities are harder to engage and break even in because of the nature of those communities, particularly where communities have strong existing collaborative networks. Sometimes new suppliers coming in find it harder to break into those markets and build those connections locally.

Others are that it's easier to deliver services potentially in the south-east corner where there's broader networks of infrastructure around you, whether that be the resources that are privately delivered in terms of all of those additional supports for our clients, access to the infrastructure they need to deliver. So there's definitely - easier to attract a market in your larger centres than what it is through the broader parts of Queensland.

COMMISSIONER: Sure. And the volume of supply to meet demand might be concentrated - and I think it is in this market, according to the KPMG report - by a small number of providers providing the sort of bulk of the service, and then a number of smaller providers. So that's about the market participation on the supply side. But overall, it would seem, that at least in relation to OSD arrangements

1 there is not supply - whether it's aggregated with a large
2 supplier or the supply is via a number of smaller suppliers
3 doesn't seem to meet the demand. Is that because of an
4 unwillingness on the part of providers to enter into OSD
5 contracts because they prefer IPS funding, it being more
6 attractive financially from their perspective, or is it
7 because there was no funding available, the department
8 having reached the budget ceilings and therefore could not
9 offer further OSD contracts, or a combination of both?

10 A. I think probably the latter in that (indistinct) we
11 were at capacity in OSD and we had data and environment
12 (indistinct) because of the current budget (indistinct).
13 It meant that that market has (indistinct) very stable, and
14 where we've had growth where money has been spent
15 (indistinct).

16
17 COMMISSIONER: And that (indistinct) propped up, as it
18 were, via IPS (indistinct).

19 A. So definitely the transition work done over the last
20 six months is that first stage (indistinct) suppliers of
21 both OSD and (indistinct).

22
23 COMMISSIONER: Because there's (indistinct)?

24 A. (Indistinct).

25
26 COMMISSIONER: All right. Thank you.

27
28 MR DIAZ: And just moving on to part 7 of your witness
29 statement we had also asked you to consider whether or not
30 you considered that IPS was serving its original purpose or
31 intent. Now, as I understood your answer in your witness
32 statement, which is at paragraph 44, it seems to be that
33 you were suggesting you thought IPS had served its original
34 purpose or intent. But I also heard you give evidence
35 about half an hour or so ago that you thought you should be
36 resetting IPS to more of a short-term arrangement. Having
37 had some more time to reflect on it, do you think that the
38 way that IPS has been used as, by and large, an overflow
39 capacity has departed from that original intent?

40 A. The original business rules did speak about where
41 capacity did not exist in an OSD footprint. So my
42 statement was based on that - my understanding of those
43 business rules, that it was for where there was a
44 specialised need or where that need could not be met
45 through an OSD contracted placement.

46
47 COMMISSIONER: But, Ms McNamara, that's a little bit of a

1 literal answer, isn't it, because if you reach the budget
2 limit in OSD it follows you don't have a choice, it ceases
3 to be a binary decision, and you simply have to use IPS.
4 And the question you've been asked is whether the use of
5 IPS funding has departed from its original purpose, which
6 was to provide specialist - can I call it specialist care,
7 on the one hand, and, on the other hand, to meet unforecast
8 demand and provide a sort of residual flexibility in the
9 funding of these services.

10
11 MR HASTIE: Commissioner, you'll see paragraph 45 mentions
12 something along those lines.

13
14 COMMISSIONER: Yes, thank you, Mr Hastie. But all I'm
15 pointing out, Ms McNamara, is, strictly speaking, IPS is
16 available where OSD isn't.

17 A. Yes.

18
19 COMMISSIONER: And if that's what you mean that's
20 understood. But the question that you were asked was
21 directed to what was the original purpose of IPS funding,
22 and I think I can precis it accurately to say it was to
23 meet specialist needs, on the one hand, and to meet
24 unforecast demand so you had a residual of flexibility.

25 A. Yes.

26
27 COMMISSIONER: Do you agree that that was the original
28 purpose?

29 A. Yes.

30
31 COMMISSIONER: But if the second of those purposes has in
32 effect been to simply make up the shortfall between demand
33 and the available OSD funding because of budgetary limits
34 on the OSD funding then it's taken on a different
35 character, hasn't it?

36 A. And I think that's been evidenced in the fact that the
37 short-term arrangements we used to have have rolled to be
38 more longer term. So we're using a fee for service method
39 of funding that is where there might be a number of
40 approvals to continue that beyond what was originally
41 intended at the time for that placement to emerge. So
42 that's where the IPS has diverted from its original intent,
43 is the length of time children are held within those - or
44 held or placed in those arrangements.

45
46 COMMISSIONER: Yes. Thank you. Mr Diaz.

47

1 MR DIAZ: Thank you, Ms McNamara. If I could go to a more
2 contemporary topic. One that will be hopefully fresh to
3 your mind is the establishment of RIO. Is that the
4 accepted name that people use, RIO?

5 A. Yes.

6
7 Q. Yes. I shall adopt that language then. Now, in your
8 witness statement you explain that RIO was established in
9 February 2025 to lead and coordinate multiple reforms
10 within the department. This's at paragraph 23 and
11 thereabouts. And in particular at 23 you explain that RIO
12 adopts a hub and spoke model, as it's described, and
13 applies expert evidence based methods. Can you just
14 explain what that means in practice and unpack a little bit
15 for us in layman's terms what hub and spoke approach means?

16 A. Yes. So probably what I meant by hub and spoke is
17 that - if you think about just the residential care reform
18 program of work, that not all of the work is being led by
19 RIO. There might be a different division taking carriage
20 of a particular part. And so part of RIO's role, though,
21 is about bringing all of the efforts across all of the
22 divisions together so that we've got a really strong
23 consolidated enterprise level approach to reform.

24
25 So, for example, I'm not sure if Natalie talked about it
26 but the work that is happening around professional foster
27 care is being led by the Investment and Commissioning team.
28 RIO's role in that part has been to make sure that what's
29 happening in that space is joining up with the broader
30 reform agenda. So it's kind of stitching together all of
31 the effort across the department at that system and
32 strategy level.

33
34 COMMISSIONER: What about inter-department? What about
35 the coordination necessary with, say, the Health
36 Department, the Education Department, the department which
37 is responsible for housing at a state level, the Treasury?

38 A. Yes.

39
40 COMMISSIONER: Does RIO have a cross-departmental
41 function?

42 A. We do. We also lean into our strategic policy and
43 legislation unit to support those relationships with our
44 counterparts in other government departments.

45
46 COMMISSIONER: You'll have to explain that expression
47 "lean in" to me?

1 A. Sorry.

2

3 COMMISSIONER: What does "lean in" mean?

4 A. "Lean in"?

5

6 COMMISSIONER: Yes.

7 A. Just walking alongside each other, actually working
8 together, collaborating.

9

10 COMMISSIONER: Now I'm clear.

11 A. Yes.

12

13 COMMISSIONER: In practical terms what does that mean in
14 relation to engaging with different government departments?

15 A. Yes. So, for example, strategic policy and
16 legislation at the moment for us is doing some work to - in
17 connecting with other jurisdictions across Australia, and
18 we are part of - they're doing the coordination, they're
19 maintaining the relationships, but we're actually part of
20 those conversations so that we can explore how does that
21 look more at that broader picture level. So we work
22 together. We collaborate.

23

24 COMMISSIONER: Is there some coordination of what might be
25 required from the department involved in providing public
26 housing and the Health Department in relation to the
27 variety of services that need to be provided to children
28 who are in care and the Education Department? How does
29 that coordination work?

30 A. Yes, so definitely in the secure care space at the
31 moment there is work occurring with Queensland Health and
32 Education in terms of the design of the secure care
33 approach for Queensland. And similarly there are different
34 relationships in different parts of the department that
35 again lead that engagement piece, and then we're
36 collaborating with them to ensure that information is
37 connected within our space.

38

39 COMMISSIONER: So I think you will accept the proposition,
40 but tell me if you don't, that when one looks at the
41 tertiary system, that is the child protection system when,
42 in a sense, all else has failed and the child needs to be
43 cared for by the State, that calls into action other organs
44 of the State, the Health Department, the Education
45 Department, Youth Justice, and others that I've probably
46 forgotten. It's not a problem that can be tackled only
47 intra-department, is it?

1 A. No, we need our partners.

2

3 COMMISSIONER: Yes. Albeit that the department is the
4 specific agency with direct responsibility, it needs to
5 engage these other entities, doesn't it?

6 A. Yes.

7

8 COMMISSIONER: Yes. Thank you, Mr Diaz.

9

10 MR DIAZ: And, Ms McNamara, could you just explain to the
11 Commissioner how the RIO is structured and how it's
12 staffed? In particular I understand that you are one of
13 two co-directors within the RIO. So if you could perhaps
14 explain to the Commissioner how that works?

15 A. Yes. So there's three directors. We have a director
16 that is tasked with some government reform pieces around
17 domestic and family violence. And in my area under the
18 residential care reform program there are two directors: my
19 colleague who is leading the broader reform work around the
20 care continuum and looking at how do we describe that in a
21 better way, the work and the engagement pieces around,
22 I guess, redeveloping some of our investment specs to
23 better reflect, I guess, the different models for different
24 cohorts of children within the care environment; and then
25 the work that my team or teams are doing is I have two
26 teams. One is a team of staff that are supporting with the
27 specific procurement activity to transition from IPS fee
28 for service into long-term OSD contracts, and that team
29 support the negotiation panels, the preparation of all of
30 the procurement material. And then my second team are
31 working to establish contracts with the suppliers that we
32 have successfully negotiated with, and then working to
33 ensure that we're establishing the contract management
34 framework in accordance with - the contract management
35 monitoring of those contracts more in line with our
36 contract management framework managing them as a strategic
37 contract.

38

39 So I have two teams that the work joins up, and the work
40 that my colleague is doing around the broader reform agenda
41 pieces, our work is very much joined at the hip. And the
42 part that I'm doing is very much that operational piece of
43 moving funding - or, not moving funding, moving contracts
44 from the IPS to OSD.

45

46 COMMISSIONER: And it's right, isn't it, Ms McNamara, that
47 when you embarked on this activity to transition or

1 recalibrate the weight of funding to OSD there was no
2 shortage of analysis available to you about the need to do
3 so?

4 A. No.

5

6 COMMISSIONER: No. And that analysis had been available
7 to the department since no later than about 2020? I think
8 we can establish that. Just assume that. Do you say
9 that's not the case?

10 A. I think the data that's been shared is evidencing that
11 there has been need to do this work.

12

13 COMMISSIONER: Was it not a notorious problem, to your
14 knowledge, widely known within the department from no later
15 than about 2020 that there were projections indicating that
16 residential care and the cost of it was forecast to
17 increase exponentially? Do you accept that was widely
18 known within the department and you knew that?

19 A. Yes.

20

21 COMMISSIONER: Yes. And so what explanation are you able
22 to offer as to the apparent inactivity, inaction, on the
23 part of the department for the period of in excess of five
24 years in addressing known problems?

25 A. I think there had been attempts to move funding from
26 IPS to OSD through previous what was referred back then as
27 conversions within the budget that we had available.
28 What's different is that we have approval from the highest
29 level down to actually change where our budgets are
30 sitting.

31

32 COMMISSIONER: So all roads lead back to the budget, not
33 unsurprisingly; you agree with that?

34 A. Yes

35

36 COMMISSIONER: And the budget constraint that you're
37 referring to is the level at which recurrent funding was
38 available as a matter of government decision-making for OSD
39 funded residential care?

40 A. Yes.

41

42 COMMISSIONER: And because that limit was inadequate the
43 IPS funding became greater and greater?

44 A. Yes

45

46 COMMISSIONER: Yes. So that's the really material reason,
47 isn't it, for the over-reliance upon IPS funding?

1 A. Yes.

2

3 COMMISSIONER: To put it another way, there was simply
4 inadequate funding for OSD provided services?

5 A. Yes.

6

7 COMMISSIONER: Yes.

8

9 MR DIAZ: Thank you, Commissioner. I'm instructed that we
10 have two options in terms of the livestream. Apparently
11 I'm told that if we took a 10-minute adjournment it could
12 probably be fixed. I'm mindful that it's 3.30 and I'm very
13 keen to get the witness --

14

15 COMMISSIONER: I think we'll just carry on.

16

17 MR DIAZ: That was my impression also.

18

19 COMMISSIONER: We have a transcript?

20

21 MR DIAZ: My understanding is the transcript is being
22 recorded without difficulty, and so --

23

24 COMMISSIONER: It's unfortunate but it's the lesser of the
25 evils in terms of the pressures that we are under.

26

27 MR DIAZ: Quite. Ms McNamara, we were talking about
28 the structure and staffing of the RIO and you had talked me
29 through the two teams you lead. The staff within those two
30 teams, do they wear a dual hat, as it were, that is to say
31 they have some other substantive role, or are they solely
32 dedicated to the work of the RIO?

33 A. The work we're doing is very much dedicated and
34 focused on the transition of investment and creating the
35 new contracts that are approved through the transition of
36 investment work.

37

38 Q. Yes, I think I asked my question poorly. What I was
39 trying to understand was whether it might be the case that
40 some of those employees also do other work within the
41 department or sit within other teams or whether their sole
42 function is to do the work of the RIO?

43 A. My team, their sole function at the moment is to do
44 the work of RIO.

45

46 Q. Yes, thank you. And you mention at paragraph 30 of
47 your witness statement that the RIO has coordinated reform

1 through a governance body chaired by the Deputy
2 Director-Generals from Service Delivery, Commissioning and
3 Corporate Services. Do you know how long that arrangement
4 has been in place?

5 A. I can't give an exact date, but I have a feeling it
6 would have been around August 25 or just before that. And
7 it was deliberately stood up to support the reform work of
8 the residential care reform program.

9

10 Q. Yes. And do you know - does that governance body have
11 regular meetings or some sort of committee that meets
12 consistently?

13 A. Yes, yes. I think initially it was set up it was more
14 frequent meetings, but currently it meets on a monthly
15 basis.

16

17 Q. Yes. And at paragraph 33 you say that in the
18 long-term you think a functional team like the RIO could
19 play a key role in supporting other major reforms. Do you
20 know whether there's any current plans for the RIO itself
21 to continue?

22 A. I think the work we're doing will continue. Some of
23 the work that my team - so think about the contract
24 management work - that work will eventually - once we do
25 the reform piece, we test new measures, we test the way
26 these new contracts are flowing, some of that will reset
27 into more of our business as usual processes. But it may
28 open the door for other reform work where we're looking at
29 the way we contract and how we contract into the future.

30

31 Q. Yes. All right. I just want to ask you about your
32 familiarity with a couple of what seem to be significant
33 reform pieces within the department over the last
34 12 months. And in particular, to help reorient you, you
35 explain at paragraph 54 of your witness statement that you
36 are aware of the first report I'm going to take you to -
37 that's a report done by EY - and you provided some
38 information and feedback regarding the activities of the
39 RIO for the residential care reform program to EY.

40 A. M'hmm.

41

42 Q. So if you go to the third volume, in particular at
43 tab 76, which commences at page 1763 --

44 A. What number did you say? 1763?

45

46 Q. That's right. And, for expediency, you might just go
47 directly to 1769, which is the page I wanted to ask you

1 about. Now, at 1769 you'll see the recommendations that EY
2 made divided into - and this is on the pages that follow -
3 four different phases; do you see those?

4 A. Yes.

5
6 Q. And are you generally familiar with
7 the recommendations in this report?

8 A. Generally, yes. I will need to read them to
9 familiarise myself again.

10
11 Q. Yes. Before we sort of take them seriatim and go one
12 by one on the state of each recommendation, are you able to
13 say at a high level whether you know if any of the
14 recommendations have been implemented?

15 A. Yes. So do you want me to talk about them?

16
17 Q. I would be delighted.

18 A. Okay. So in terms of phase 1, which speaks to
19 identification, what I can talk about is the work that
20 we've done with RIO and the way that we approach the
21 procurement activity generally. So you'll note that the
22 recommendation speaks about understanding different
23 categories of providers that are available compared to
24 those required to meet with specialised needs of different
25 cohorts of children.

26
27 So one of the things that we were very deliberate about in
28 the way in which we approached this procurement activity
29 was by inviting suppliers to talk to us about the specific
30 cohort of children that they're working with, whether they
31 were a sibling group, whether they're a child of Aboriginal
32 and Torres Strait Islander background, or whether they were
33 children with mental health support needs, or children with
34 very specialised disability support needs. And so what we
35 did through that activity was ask them to describe what was
36 their model of delivery based on those particular cohorts
37 they're working with.

38
39 We've then brought that information over into their
40 contract as a way of starting to think about what might a
41 new care continuum look like into the future. So it's work
42 that we're continuing as we're moving through the various
43 stages, and so we're getting a lot of really rich
44 information about which suppliers are better placed to work
45 with which cohort of children and what's unique or
46 different about those models of care that they're
47 delivering.

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COMMISSIONER: But these are the existing suppliers?
A. These are the current IPS suppliers that we're working with.

COMMISSIONER: So you're not looking at, for this purpose, the OSD suppliers?

A. We will as part of the stages of the work that we've got planned ahead. So we've started the journey with the IPS providers, and we're continuing to do that work. There's been very much some mapping and modelling around, as I said, those different cohorts of children within our care system, and there's work occurring to describe - work occurring to define how we described those services different for those different cohorts of children.

COMMISSIONER: And as a general proposition the IPS providers are unlicensed?

A. No.

COMMISSIONER: Not all?

A. Not all. Not all. So for our current stage that we're in there's a mix of suppliers that are licensed, in scope of licence, NDIS registered, or suppliers that are working towards becoming certified.

COMMISSIONER: So you're not engaging presently at least with unlicensed IPS providers?

A. Potentially if they're NDIS registered and specialist disability services.

COMMISSIONER: Is it your aspiration to convert in a process of increasing the number of OSD suppliers in lieu of IPS providers that all such providers should become licensed?

A. I think that there's an automatic trigger in our service agreement in the suite of documents. So the funding service detail indicates that when a supplier is OSD funding they have 18 months to achieve certification and then they're invited to apply for licence. For those suppliers that are unlicensed, who are generally our NDIS registered suppliers, they have already been through a certification process, and our human services quality framework in Queensland recognises other certifications, and there may be some bridging elements that those suppliers do.

1 COMMISSIONER: That may be so. But if the department is
2 to have available to it the contractual rights to
3 supervise, audit, review and terminate where necessary
4 suppliers who may be qualified on whatever terms, say, the
5 NDIS qualifies them will it not be necessary for the
6 department to require that the suppliers become licensed so
7 that it can have available to it the contractual rights
8 necessary to supervise and audit the delivery of service by
9 those providers?

10 A. I think licensing is one regulatory instrument that's
11 available to us. So there's also the requirements that are
12 in the service agreement, more broadly.

13
14 COMMISSIONER: Which service agreement?

15 A. The OSD service agreement.

16
17 COMMISSIONER: But I think that service agreement picks up
18 elements of the licensing regime?

19 A. Yes, it does. The thing I would say is that for some
20 providers, very specialised providers, what we find is that
21 our licensing process has meant what businesses have done
22 is create a child safety arm and an NDIS arm that are
23 separate and we don't get the benefit of that supplier
24 being - remain in a specialist disability --

25
26 COMMISSIONER: Is that because of the section 126
27 requirement under the Child Protection Act that their
28 principal business must be in caring for children? Is
29 that --

30 A. Potentially. So I think there is an avenue to
31 consider what is the regulatory environment for a child
32 safety disability specialist provider to be operating in,
33 and there's work potentially to consider what does that
34 look like into the future. And when you think about the
35 full regulatory environment of the Community Services Act,
36 the Child Protection Act, the working with children act and
37 all of those other regulatory instruments there - it is
38 about how do all of those pieces join up and where is there
39 duplication of effort.

40
41 COMMISSIONER: But if you're the Department of Child
42 Safety and knew the Chief Executive of it has directly
43 particular obligations, serious obligations, in relation to
44 the care of children, I'm assuming that, having regard to
45 those obligations, the department would want to have
46 available to it direct contractual rights to ensure that it
47 can supervise and regulate and audit compliance by the

1 provider irrespective of what some other entity like the
2 NDIS might have vis-à-vis its obligations?

3 A. Yes. Yes, absolutely.
4

5 COMMISSIONER: Yes. So is there resistance, and if so on
6 what basis, on the part of suppliers who presently provide
7 services under the IPS model to becoming providers via the
8 OSD longer-term contracts and all that that transition
9 would entail in terms of obligations that they thereby
10 undertake, assuming the same general regime of regulation
11 would apply to them were they to transition to becoming OSD
12 providers?

13 A. We've not seen the resistance through the suppliers
14 that we've been engaging with in this current environment,
15 and a number have welcomed the opportunity.
16

17 COMMISSIONER: Which presumably one could infer from that
18 that they would have welcomed the opportunity earlier had
19 they been given it?

20 A. And that's why quite a number of our providers in IPS
21 are already licensed providers.
22

23 COMMISSIONER: In terms of the transition from IPS to OSD,
24 without disclosing any particular values in answering this
25 question, is a significant factor the profit margin or rate
26 of return that the provider might require in order to
27 engage in the supply of the services? Let me contextualise
28 that. As I understand it, IPS funding being effectively
29 on-the-spot market, so to speak, compared to OSD funding,
30 comes at a higher price because providing a service on that
31 basis can potentially involve greater risk to the supplier,
32 doesn't have the long-term certainty, et cetera. If you
33 want to attract providers who enjoy the higher profit
34 associated with being an IPS provider to transition to
35 becoming an OSD provider, don't you have to have a
36 discussion and a negotiation within some set boundaries
37 from the department's perspective of what constitutes a
38 reasonable profit return, even for a not-for-profit
39 organisation, and isn't that a significant factor that
40 needs to be addressed in the transitioning from IPS to OSD?

41 A. There's been significant discussions with suppliers
42 around their budget and how they construct their budget,
43 and we have gone into that budget process with our own
44 reasonable and realistic costs, and we have a range of
45 costs in which we are exploring and negotiating and testing
46 as we do those conversations with those suppliers.
47

1 So we - our principles for the transition - and we name the
2 principles upfront for every supplier that we are working
3 with, and that is that we want to see better outcomes for
4 children now and into the future, we want to have greater
5 transparency and oversight of what's being delivered for
6 the care and the funding that's being provided, and that
7 what we're aiming for is financial sustainability of the
8 system and for score repair. So they're the principles
9 that we hold in all of those negotiations when we're
10 working with the suppliers and --

11
12 COMMISSIONER: You're the sole buyer?

13 A. Yes.

14
15 COMMISSIONER: The department's the sole buyer. You have
16 an - if you look at it just at that sort of level of
17 commercial interest, you've got the buyer has an interest
18 in acquiring the service generally speaking for the lowest
19 price possible to meet a defined specification in terms of
20 the quality and attributes of the service. The supplier
21 has an interest in obtaining the best possible margin of
22 return or profit that can be achieved from the provision of
23 those services. Therein lies what will be the essential
24 negotiation as to price. Do you agree with that?

25 A. Yes.

26
27 COMMISSIONER: And, as I understand the OSD arrangements,
28 there's an arrangement for recovery of a surplus that's
29 funded but not spent. That's right, isn't it?

30 A. Yes.

31
32 COMMISSIONER: But that can't - one would think - include
33 recovering entirely the profit margin of the provider?

34 A. There's normally ability for - when we look at unspent
35 funds, to look at a percentage that's retained by the
36 supplier to maintain their profitability and maintain their
37 forward commitments of work.

38
39 COMMISSIONER: Because if you want to encourage suppliers,
40 if you want to make the market more robust and build a
41 competitive tension in the market on the supply side, you
42 have to provide a reasonable economic incentive for that to
43 happen, don't you?

44 A. Yes. Part of what is contributing to the success and
45 negotiation on price has been that suppliers have been very
46 open with us that the administrative burden of managing
47 regular and repeated invoices, pricing schedules, RFQs is

1 exorbitant. So they themselves have identified that
2 through moving to a long-term contract there are going to
3 be some cost benefit for them as a supplier because of the
4 volume of work that comes with that regular and frequent
5 processing of a fee-for-service model at the scale and
6 volume in which they're delivering.

7
8 COMMISSIONER: The KPMG report concluded that the
9 department, notwithstanding that it is the sole buyer in
10 the market, is a price taker, not a price maker. Do you
11 understand what that means?

12 A. Yes.

13
14 COMMISSIONER: Is it not important to create in principle
15 at least some competitive tension that will allow the
16 department to put itself in a better bargaining position
17 than it seems presently to be in, and, if you agree with
18 that, has consideration been given, particularly in areas
19 where there is constrained supply, to the department itself
20 entering the market, that is to the department directly
21 providing the service of residential care running the
22 business itself where needed?

23 A. Yes, there has been, and what I would say --

24
25 COMMISSIONER: Was that rejected or embraced?

26 A. I think it's probably more recent conversations. It's
27 definitely occurred in other programs that we fund as a
28 state government and we have a history of where we've
29 needed to enter the market, whether that be for a short
30 term or long term, we have. There would need to be some
31 careful consideration of how and what the market is that
32 we're entering. So different jurisdictions across
33 Australia - and I believe KPMG spoke about some of this -
34 have a slightly different approach. But generally other
35 jurisdictions will enter and deliver services directly
36 themselves when it is more of that extreme specialist care,
37 whether it be in that secure care environment or whether it
38 be more at that higher level therapeutic models that are
39 needed at certain times. Other jurisdictions, the space
40 are in is more in that short-term assessment models. So it
41 really does - there would need to be some careful
42 consideration about where and how, and then consideration
43 about the things that you talked about earlier, the
44 infrastructure, the industrial instruments that we're
45 using, the workforce development, the actual other pieces
46 of the work that would come with that.

1 So it is something that could be considered. It would need
2 some careful planning, and it would need some cost-benefit
3 analysis to support that. But definitely there is avenue
4 to consider and explore where or what might state
5 government need to lean into.
6

7 COMMISSIONER: Because the government faces the position
8 that it has inelastic demand. If there's a child in need
9 of care, it's not a choice. It has to care for the child.
10 A. Yes.
11

12 COMMISSIONER: And if hypothetically in a particular small
13 community or remote community there's only one supplier or
14 potentially not even one supplier, so you've got to move
15 the child to some regional location and that's undesirable
16 for various reasons - well, let's just assume for the sake
17 of the discussion that there's only one supplier, you then
18 have a monopoly on the supply side, don't you, and that's
19 not good as a matter of basic economic - the basic economic
20 laws in terms of producing a price outcome which reflects
21 good value. It's more likely to lead to the taking of
22 what's called monopoly profits. That needs to be
23 addressed, doesn't it, that circumstance, and that might
24 include where necessary for market-driven reasons that the
25 government consider entering the market directly?

26 A. Yes, and I think to add to that is my point earlier, a
27 mixed market approach is critical for some communities in
28 that you need that balance between your small, medium and
29 larger sized providers of place.
30

31 COMMISSIONER: Rather than to be dependent on a very small
32 number of large participants?

33 A. Yes.
34

35 COMMISSIONER: So it's the market spread, as it were?

36 A. Yes.
37

38 COMMISSIONER: On the supplier side?

39 A. Yes. You need a mixed market approach.
40

41 COMMISSIONER: We're very clear on the demand side it's
42 just the department, isn't it?

43 A. Yep. Yes. Yep.
44

45 COMMISSIONER: All right. Thank you. Mr Diaz.
46

47 MR DIAZ: Just if I can return you back to the EY report.

1 I won't go through every recommendation, but if I can just
2 pick a couple out of the procurement stage, and I'll just
3 try and summarise them and then ask you to speak to them.
4 The first is the development - this is at recommendation 2.
5 Just to reorient everyone else, we're at page 1769, which
6 is in tab 76. This is in broad terms the development of a
7 preferred supplier list based on a series of what are
8 described as provider level, employee level and site level
9 considerations. Do you know whether work is underway in
10 respect of that or perhaps even completed?

11 A. Yes, and our Chief Procurement Officer will be able to
12 speak in more detail on that and the approach that's being
13 taken with that work.

14

15 Q. And does the same answer then perhaps follow for
16 recommendation 3 around the development of a
17 prequalification process?

18 A. Yes. The two are linked together.

19

20 Q. And what about recommendation 4, which concerns
21 development of benchmark pricing structures for the
22 provision of care in unlicensed residential care markets?
23 Is that something you're able to speak to, or should that
24 also be directed to the Chief Procurement Officer?

25 A. And probably just to comment that the department has
26 been working on a costing tool, and we're actually testing
27 that costing tool as part of the work that we are doing in
28 the transition of investment. The intent is that that work
29 will lead to and informs a pricing framework into the
30 future.

31

32 Q. Yes. And I know that there's sensitivity about
33 talking about that, but that's what we - I understand to be
34 called the residential care costing model; is that right?

35 A. Yes.

36

37 Q. And I think it's fair to say you were centrally
38 involved in the development of that model?

39 A. Yes.

40

41 Q. That's right?

42 A. Yep.

43

44 Q. And could you just maybe explain to the Commissioner
45 in brief terms, with whatever sensitivities you need to
46 around the information in there, how it came to be that you
47 thought it should be developed and then practically how it

1 was in fact developed?

2 A. Yes. So I think it came about as a result of us
3 grappling with price both in IPS and OSD, and trying to
4 understand what those cost drivers were for residential
5 care across a number of different locations, and what we
6 did was do quite some detailed analysis of what we were
7 seeing coming through existing pricing schedules, but we
8 also did some mapping and modelling of things against
9 electricity costs, travel, training, all of those sorts of
10 costs. Some of the work did start with the social services
11 category as part of some work that they were doing, and we
12 leveraged off that piece, and what we did was structure it
13 around some work that the department had done many years
14 ago now but around what we refer to as a standard chart of
15 accounts. So we actually structured the costing tool on
16 what was deemed a standard chart of accounts, where there
17 was clear definition what salary was, what on-costs were,
18 what your penalties and so forth were. So it was built
19 around those frameworks.

20

21 COMMISSIONER: And was that adjustable to a specific
22 region? I mean, one can well imagine that costs in remote
23 regions are going --

24 A. Yes.

25

26 COMMISSIONER: -- to be higher, so you would put in a
27 higher figure for whatever the relevant variable is?

28 A. Yes. So it leaned into the - and I forget the name of
29 the document, but basically the - remote index of - that
30 the Australian government releases in terms of locations,
31 whether it's considered a regional, rural or remote
32 setting.

33

34 COMMISSIONER: Yes. Can I ask you incidentally on the
35 unlicensed providers, if the government were to decide
36 hypothetically tomorrow we're not having any more of these
37 unlicensed providers, over what timeframe could you absorb
38 the demand that is presently being provided by - or
39 supplied or met by unlicensed providers with licensed
40 providers?

41 A. I'm not sure I could answer that without having a look
42 at detailed data.

43

44 COMMISSIONER: Let me see if I can ask you it in a
45 different way. There is a pretty large proportion of
46 providers of residential care who are unlicensed and
47 thereby funded by IPS under the IPS model. How significant

1 is that proportion and how readily, if it were decided to
2 do so, could those providers be substituted with licensed
3 providers? It may be - and in that I would include the
4 licensing of those unlicensed providers who may be
5 prepared/who are prepared to become licensed providers.
6 How difficult a task is it, is what I'm trying to
7 understand, to transition from unlicensed to licensed and
8 from IPS to largely OSD, allowing for a reasonable but
9 probably small margin of IPS funding as a residual buffer?
10 A. It's a really hard question to answer. Probably what
11 I would say --

12
13 COMMISSIONER: That's what I thought when I thought of it.
14 A. Yes, a very hard question to answer. What I would say
15 is that there's - that would create significant disruption
16 to children that potentially have been in relatively
17 long-term stable arrangements, for a start, and we'd need
18 to consider and plan very carefully around those individual
19 needs of children to do that scale of transition.
20 Potentially we'd end up stacking a market with very large
21 suppliers that could potentially leave us, as we talked
22 about earlier, monopoly and vulnerable in certain
23 communities. It would require careful, careful planning
24 and consideration. There may be better avenues by bringing
25 suppliers into an OSD contract where the trigger to move
26 towards licensing is embedded in that contract.

27
28 COMMISSIONER: You see, at the moment as I understand it
29 there is no time limit on remaining unlicensed. You're an
30 unlicensed provider. You get rolling IPS funding on a per
31 placement basis. And there is nothing in the sort of
32 operational regulations that the department imposes which
33 encourages transition to OSD if you want to remain in the
34 business. You can simply keep doing it. And if it suited
35 you for whatever business reason, and there's no doubt many
36 that I don't know about - one might be, for example, they
37 just don't want the bother of all this regulation, say -
38 you could just carry on doing it. So where's the incentive
39 for that transition coming from?

40 A. It's coming from us talking to suppliers about the
41 intent to move away from buying long-term placements in
42 OSD - in IPS to move them to OSD which automatically brings
43 them into scope of licensing --

44
45 COMMISSIONER: Would it be feasible to announce to the
46 market that, "Listen all you unlicensed providers out
47 there, you've got two years, say, and if you're not doing -

1 if you're not transitioning in a satisfactory way getting
2 within spec and doing what's necessary to become licensed
3 providers so that we can contract with you on OSD terms,
4 you're going to be out of business"? How long would that
5 period need to be?

6 A. We're hoping we'll have the bulk of our funding in OSD
7 by the end of this year. So we've managed to successfully
8 transition over 600 placements in the last six months.

9

10 COMMISSIONER: So does that mean that by the end of this
11 year the bulk will be licensed?

12 A. They won't be licensed but they'll be working towards
13 licensing and they have --

14

15 COMMISSIONER: All right.

16 A. -- 18 months to achieve certification, and then once
17 they have achieved certification they're invited to apply
18 for the licence.

19

20 COMMISSIONER: Can that process of licensing be
21 streamlined or accelerated and, if so, in what way?

22 A. So exactly that point that I mentioned earlier where a
23 supplier is NDIS registered, because the time it takes to
24 become licensed is mostly in the quality standard part, the
25 certification piece with the independent auditing body.

26

27 COMMISSIONER: So you might decide to accept the
28 certification which is sort of comparable and relevant that
29 they already have as NDIS suppliers and treat that as
30 sufficient for the purposes of granting a licence by the
31 department?

32 A. Yes. There's potentially some bridging elements
33 between our legislation and the NDIS registration. HSQF
34 currently does recognise other certification schemes. So
35 if it is a supplier that's not regi, for example, that
36 might be delivering youth support, they can already get
37 their NDIS registration recognised under HSQF. But there's
38 a couple of bridging elements that would need to be
39 considered for Child Safety. But that could be - bring
40 that 18 months forward.

41

42 A number of orgs through this process have talked to us
43 about when their audit, their recertification processes are
44 due and are already starting to think about when might they
45 need to do those bridging elements and when they need to
46 talk to their auditor about bringing that on line earlier.

47

1 COMMISSIONER: So if you were to announce to the market
2 that unlicensed providers won't be welcome after December
3 that would be possible, would it?

4 A. You'd need to consider where we might need new
5 providers in the market and what the trigger for new
6 providers who are not licensed at that point in time would
7 be.

8

9 COMMISSIONER: I'm not suggesting you should do that, but
10 I am trying to tease out what timeframe would practically
11 be involved in having a transition to a licensed provider
12 and, allied to that, transition from IPS funded provider to
13 OSD funded provider. Now, it's plain you're going in that
14 direction already and it seems to be happening quite
15 quickly from what you say.

16 A. Yes.

17

18 COMMISSIONER: Which again, as I've said, suggests it
19 could have happened quite quickly much earlier, but it now
20 is?

21 A. Yes.

22

23 COMMISSIONER: All right.

24

25 MR DIAZ: You've already started touching upon,
26 Commissioner, the final topic I wish to deal with this
27 particular witness, and I see that it's --

28

29 COMMISSIONER: I was conscious of the time, Mr Diaz.

30

31 MR DIAZ: You had pre-empted perhaps that I was going
32 there. That's the conversion of these IPS to OSD
33 contracts. I need not cover territory you've already dealt
34 with the Commissioner. I just want to introduce this by
35 referring to your witness statement. So at paragraphs 61
36 and 62 of that statement you say that you're leading this
37 procurement activity to transition the agreements which has
38 been commenced in July 2025. You've just told us that
39 you've already converted 600 placements, and in your
40 witness statement you explained that the scale of the work
41 was influenced by a clear direction from the government
42 that has set an authorising environment that enables you to
43 do this. And I might just for completeness - I think
44 that's also tied in with what you say in paragraph 80 of
45 your witness statement where you explain that the
46 authorising environment for the transition of investment
47 was crucial in ensuring the success and legitimacy of the

1 reform process. You've already touched upon this to some
2 extent in your evidence, but can you just explain what was
3 the change in authorising environment?

4 A. It was the Cabinet approval to shift funding to that
5 long-term recurrent and it was about getting better balance
6 between our obligations as Child Safety to ensure children
7 have a safe place and a safe and nurturing care environment
8 with that of our financial obligations.
9

10 Q. Yes. And I think if you go to volume 3 of the bundle,
11 tab 96 in particular - I think you may already have that
12 one from the EY report we were just on, and that's at page
13 2125. I mention this document - I know that you're still
14 scrambling to get it, but we won't spend a great deal of
15 time on it anyway. I mention it only because here you
16 endorsed in your substantive role, I think already by that
17 point, as a Director of the Reform Implementation Office
18 you endorsed a brief to the minister in relation to the IPS
19 to OSD conversion; is that right?

20 A. Yes.
21

22 Q. And my understanding is if you can go further through
23 the bundle to tab 142 - and just pausing there,
24 Commissioner, I understand that my learned friend's
25 instructors have identified that there needed to be some
26 further redactions in this document. We've agreed to those
27 redactions, and my understanding is you will already have a
28 redacted copy in your bundle which was placed over
29 lunchtime, and I think the witness --
30

31 COMMISSIONER: That was magic, Mr Diaz.
32

33 MR DIAZ: The magic behind the scenes courtesy of our very
34 diligent instructors in the Commission.
35

36 COMMISSIONER: Yes.
37

38 MR DIAZ: I'll allow Ms McNamara to find tab 142.
39

40 COMMISSIONER: What you're going to ask about, is that
41 covered by the redaction?
42

43 MR DIAZ: No, it's not.
44

45 COMMISSIONER: All right.
46

47 MR DIAZ: I had thought we may have this up on the screen.

1 So the redactions would have been particularly important in
2 that context. Do you have 142? It's a document entitled
3 "Residential care reform".

4 A. Yes.

5

6 Q. Now, you'll see on there that there's an overview of
7 IPS and OSD expenditure in the top right-hand of
8 the document; do you see that, Ms McNamara?

9 A. Yes.

10

11 Q. And you see that at the time that this was authored
12 essentially there was twice as much IPS expenditure as
13 there was OSD expenditure? Yes. And I know there's some
14 sensitivity around this so if you're unable to answer my
15 questions that's quite all right, but are you able to
16 comment on the total amount of the investment that you
17 sought approval of and I understand obtained in relation to
18 this reform project?

19

20 COMMISSIONER: Well, that's a bit of a - are you asking
21 this witness to indicate the sum of money?

22

23 MR DIAZ: Yes. I don't know whether or not that's a
24 matter --

25

26 COMMISSIONER: I'm not sure. Mr Hastie, is that --

27

28 MR DIAZ: I didn't understand it to be a matter of
29 confidence, but I ask it with hesitation nonetheless.

30

31 COMMISSIONER: It may or may not be. We might just get
32 some feedback --

33

34 MR DIAZ: I'm told they're seeking instructions. I can
35 perhaps ask a separate question in the interim.

36

37 COMMISSIONER: Well, there is an elegant solution
38 potentially which is it could be written down on a piece of
39 paper and handed to me. Perhaps the Commission is the only
40 necessary - if it is necessary - recipient of that
41 information.

42

43 MR DIAZ: I mean, I don't need - it's not essential and
44 I don't mean to cause a stir about it, particularly given
45 the time. I think it's relevant --

46

47 COMMISSIONER: Well, it might be sufficient to ask this:

1 has the department received approval for a significant
2 increase in the sum of money available for OSD funding as a
3 result of the recent activities of your team and your
4 efforts - or perhaps not as a result of, which has allowed
5 you to undertake what you're doing?

6 A. Yes, so we have shifted a substantial amount of money
7 to OSD. It's the equivalent for stage 1, which this
8 document refers to, it was 467 placements that transitioned
9 for stage 1, which resulted in that little diagram up the
10 top where we are now - and we're a bit over this now
11 because we're midway through a second stage, where we have
12 now just over 54 per cent of our funding in OSD. So we've
13 been able to through stage 1 alone manage to swing the
14 curve the other way

15
16 COMMISSIONER: As opposed to 32 per cent previously?

17 A. Yes, yes.

18
19 COMMISSIONER: So that's a significant increase?

20 A. Yes. And that was just stage 1.

21
22 COMMISSIONER: And that's over what timeframe --

23
24 MR DIAZ: I just want to make sure I understood that.

25
26 COMMISSIONER: Sorry. Since when?

27 A. We started - I started with the team in August, and
28 that was achieved between September and December.

29
30 COMMISSIONER: It's a very rapid transition from IPS to
31 OSD funding, both rapid and material in percentage terms?

32 A. I have an exceptional skilled team, can I just say.

33
34 COMMISSIONER: Well, plainly.

35 A. Not just that. I think it was the mandate to do it
36 that really helped get that level of momentum. And we
37 approached it with the suppliers as an invitation to
38 partner with us as a strategic partner. So we went in to
39 it valuing what they bring to the table as a supplier that
40 we've already been working with. We recognised that there
41 was efficiency for both us and the supplier through the
42 change in the administrative instrument of the contract,
43 and that we were very open on what was the benefit for us
44 and what was the benefit for them.

45
46 And, as I said earlier, those three principles have been
47 held throughout all of the conversations with the

1 suppliers, and there was a really strong appetite of
2 suppliers to come on this journey with them. So we talked
3 to them about we want to test some new ways of reporting,
4 we wanted to get more balance between inputs, outputs and
5 outcomes. It was about building some greater transparency
6 in how services were delivering under contracts. And by
7 that what we have explored is contracts - to have a
8 flexible - suppliers are wanting flexibility in the way in
9 which they deliver in OSD. The challenge with flexibility
10 is it often comes with additional reporting that is -
11 creates a lot of red tape.

12
13 So what we were doing with these suppliers is working with
14 them in a way of how do we get that visibility and
15 transparency that allows them to flex across the placement.
16 So, for example, a child might go into a residential care
17 placement. It's a new placement. For a period of time
18 they might need additional staffing. But then over time
19 that could reset, and then those hours could be used in
20 another way.

21
22 Where we funded house by house organisations haven't had
23 that flexibility to be able to move their resources more
24 fluidly across their entire contract. So the approach
25 we've taken is what could we return on in reporting that
26 gave the suppliers the flexibility they needed to make good
27 decisions around the care of the children on a day-to-day
28 basis in accordance with the care plans and the work
29 they're doing with the child safety and broader care team
30 and then what did we need in order to monitor that
31 contract. So we have turned on other - an additional
32 output which is around reporting on hours which we're
33 testing with these suppliers.

34
35 We also invited them to come on a journey with us as a
36 reform contract to test some new measures that are really
37 focused on better reporting on outcomes. And one of those
38 things is we've turned on some case studies that they will
39 submit to us that talks about the part that they have
40 played as a residential care provider that has contributed
41 to outcomes for children, and that's things like outcomes
42 that relate to - and I think some of them are written into
43 the agreement - that, you know, what has been their role in
44 supporting and improving a nurturing environment, that
45 connection to kin and community, that young people and
46 children are achieving their goals, that they're attending
47 education. So we've invited suppliers to test some new

1 measures with us as part of this.

2

3 COMMISSIONER: Does that testing include asking the views
4 of the children?

5 A. As part of that where we're saying achieving - I think
6 achieving young people's personal goals, yes, they should
7 be working with the child about what is it that they want
8 as part of their care environment and how they're working
9 to achieve that.

10

11 COMMISSIONER: But if the supplier is reporting on
12 improved outcomes for children, without wishing to be
13 cynical, they're hardly likely to say, "Well, there really
14 wasn't much improvement," especially where it's a sort of
15 evaluation anyway. Have you thought about how you, as it
16 were, verify that there have - when claimed there's
17 improvements that has actually occurred, and one way
18 obviously is to ask the real consumer of the service,
19 namely the child?

20 A. Yes. So our team haven't gone to do that level of
21 work. What we do - our strategic contract team works very
22 closely with placement services units and with the regional
23 contract management team to triangulate the information
24 that's coming through the reports. So, these new
25 contracts, their first period of reporting is due this
26 quarter, so this month, sorry. So they've been under
27 contract for the last three months. And --

28

29 COMMISSIONER: These are new contracts?

30 A. These are brand new contracts. So we didn't
31 consolidate if they had an existing contract because we
32 wanted to test some new things with them.

33

34 COMMISSIONER: Yes. And are you able to say or have you
35 done an analysis of the cost savings that have been
36 achieved as a result of this transition of the body of
37 those that you've presently transitioned?

38 A. Yes, we have.

39

40 COMMISSIONER: And are you able to disclose what those
41 cost savings in aggregate terms or approximate aggregate
42 terms have been thus far?

43 A. About 10 per cent.

44

45 COMMISSIONER: 10 per cent improvement?

46 A. Yep.

47

1 COMMISSIONER: Yes. Thank you.
2
3 MR DIAZ: The only other matter to mention is perhaps just
4 to close out on this point about the total investment being
5 made. It's in the document tender bundle multiple places.
6 You'll see it on the page we're currently on, Commissioner,
7 at 2584 under "Key decision points". There's the amount
8 that was committed to convert all of these contracts. It's
9 also in the document at tab 96, which is the memorandum by
10 which approval was sought. I won't read that out because
11 of sensitivities raised with me.
12
13 COMMISSIONER: Yes.
14
15 MR DIAZ: But it does appear in multiple places throughout
16 documents.
17
18 COMMISSIONER: Yes.
19
20 MR DIAZ: And it's not said to be subject to any
21 commercial-in-confidence claim.
22
23 COMMISSIONER: But this is an ongoing project. So I could
24 well understand the sensitivity around figures that are
25 current.
26
27 MR DIAZ: Those are the questions I have for Ms McNamara.
28
29 COMMISSIONER: Thank you, Mr Diaz. Mr Hastie?
30
31 MR HASTIE: No questions, Commissioner.
32
33 COMMISSIONER: Thank you.
34
35 MS McMILLAN: No questions.
36
37 MS GREENWOOD: A very truncated one, Commissioner.
38
39 COMMISSIONER: Yes.
40
41 MS GREENWOOD: If I may.
42
43 COMMISSIONER: It will need to be.
44
45 **<EXAMINATION BY MS GREENWOOD [4.20 pm]**
46
47 MS GREENWOOD: So that's a very impressive outline of

1 procurement innovation. Can I just take you to tab 79,
2 page 1929. This is part of the KPMG report that we were
3 referring to earlier on in your evidence.

4 A. Repeat what page?

5
6 Q. 1929. So I'll, just to shorten time, just read it out
7 to you. This is above those blue boxes:

8
9 *Residential care is significantly more*
10 *expensive than foster and kinship care,*
11 *costing the Queensland Government around*
12 *500,000 per child per year compared to*
13 *50,000 for foster care and 20,000 for*
14 *kinship care.*

15
16 I'll just start with that. Do those figures sound
17 approximately right to you?

18 A. It's probably an averaging.

19
20 Q. Yes.

21 A. Yes.

22
23 Q. It's going to be a rough back of the envelope figure.
24 I'll put to you a scenario I put to an earlier witness.
25 There is an agency; we're going to call it W agency. It's
26 funded for 90 kinship placements; currently supporting 95.
27 Says it's got - this is in Far North Queensland. Says it's
28 got a capacity to do 20 - well, it has 20 further kinship
29 carers. On my back of the envelope figures if we were to
30 take those 20 extra kinship carers just say for the moment
31 one child each and just say for the moment 18 have been
32 identified as mapping for kids that are in resi care, on my
33 back of the envelope figures if those 18 could be
34 successfully transferred out of resi care into kinship
35 those figures would look something like \$360,000 for the 18
36 off in kinship, 1 million for the two kids left behind in
37 resi because they couldn't be mapped, and if that were
38 possible compared to all of the kids staying in resi for
39 the year which would cost for 20 10 million, shifting that
40 many kids across for 18 care arrangements would amount to a
41 saving of about \$8.6 million; again back of the envelope
42 rough. You've been speaking about the flexibility of
43 moving payments and moving pots of money. What sort of
44 changes would need to happen that an agency like that could
45 put up their hand and say, "We can take this many extra,"
46 and the funding could be shifted with those sorts of
47 savings?

1 A. From a resi care setting or from --
2
3 Q. From a resi care setting to an existing provider.
4
5 COMMISSIONER: Ms Creamer --
6
7 MS GREENWOOD: Greenwood.
8
9 COMMISSIONER: Sorry.
10
11 MR CREAMER: My wife might have something to say about
12 that, Commissioner.
13
14 MS GREENWOOD: More than surprised.
15
16 COMMISSIONER: I apologise to Ms Greenwood for that slip.
17 You recall that yesterday Mr Diaz gave some data about the
18 sensitivity of variations as between kinship and foster
19 caring, so family-based care, and resi care. Mr Diaz, do
20 you have that data - can you restate that data if there's a
21 1 per cent shift?
22
23 MR DIAZ: That's right. It's in Danny Short's statement.
24
25 COMMISSIONER: Could you just restate that, because
26 I think that might be the point that you're making to this
27 witness in terms of the cost savings and the magnitude of
28 cost savings that can arise when you compare the cost of
29 residential care with kinship or foster care.
30
31 MS GREENWOOD: Yes, Commissioner, and I think everyone's
32 on the same page, but --
33
34 COMMISSIONER: Could we just remind this witness of that
35 data, because it might help in giving an answer?
36
37 MR DIAZ: Yes. The indication is approximate, but is from
38 your chief finance officer, Danny Short, is that a
39 1 per cent variance in the supply mix, that is to say a mix
40 in family-based care and non-family-based care, represents
41 a cost saving or a cost impost of \$50 million per
42 1 per cent shift.
43
44 COMMISSIONER: That makes your point, does it,
45 Ms Greenwood?
46
47 MS GREENWOOD: It does, Commissioner. But also I'm

1 obviously representing a peak organisation and I am posing
2 a conundrum --

3

4 COMMISSIONER: I understand that, but those savings would
5 apply equally to those who you represent.

6

7 MS GREENWOOD: Yes. But I'm posing a conundrum from
8 another peak organisation about what are the structural
9 changes - and you've obviously been doing a lot of
10 structural changes - but what are the structural changes
11 that are needed for an organisation such as this to go,
12 "Hey, we can take an extra 20" or an extra 18 as it turns
13 out. It's happening slowly. But what's needed to make it
14 happen faster? Do you get that data? Does anyone have any
15 line of sight over unused capacity in these supplier
16 organisations?

17 A. In terms of unused capacity, and I think the KPMG
18 report did talk about the actual - want of a better word -
19 vacancy in OSD is very small as it stands now. So I think
20 it's about there needs to be visibility and attention paid
21 to resi. Often the conversation about there needs to be
22 focus on early intervention, family based and kin care
23 takes away from the work that needs to be done on resi. So
24 both pieces need to happen parallel with each other. If
25 we're really going to turn the ship around we need to keep
26 swimming the lane of making improvements to resi, but we
27 can't take our eye of what needs to happen within that
28 family, family-based care and kin care space.

29

30 So work that's happening, and that's why - and I'm probably
31 not answering your question, I've just realised. But
32 that's why when we have funded these new suppliers through
33 these new contract arrangements one of the measures that
34 we're after - we used to always ask suppliers to tell us,
35 "Tell us when there's been a placement breakdown." It's
36 not really helpful. We want to know where there has been
37 the deliberate and intentional work to support children
38 return to family, return to kin, or to return to
39 family-based care, or for young people that are reaching
40 adulthood that they're actually successfully transitioning
41 with the right supports around them into adulthood. So
42 we've turned on some additional measures about that. There
43 is a role for our resi care services to be supporting that
44 transition piece beyond that resi care setting.

45

46 Now, that doesn't answer your question around the dollars.
47 I'm aware that there are some work happening in another

1 area around the family-based care at the moment and some
2 commissioning work around that space. They are perhaps
3 best to ask what's happening to mobilise that piece.
4

5 But definitely what we tried to do through the work of the
6 reform work for residential care was recognise that
7 children returning to home to family is a critical element,
8 and that services can be supporting us to do that work
9 collaboratively. And that's why we've been talking to them
10 about what is the part they're doing to support that, how
11 are they supporting family contact.
12

13 There's potentially design work that we need to do because
14 there are models that kind of sit in between a resi setting
15 and a family-based care setting that may be a hybrid of
16 both that leans into the family to support at the same time
17 as a professional care team around it so that we're
18 bringing the two parts together. And that's definitely
19 some work that we're thinking about as part of that broader
20 care continuum piece which will pick up further reform in
21 family based and kin care moving forward.
22

23 Q. So earlier I was referring - you're probably aware of
24 Jarjums home that's run by REFOCUS?

25 A. Yes.
26

27 Q. And that very different approach to what a resi would
28 look like under the Our Way strategies, and I think you
29 mentioned some aspects of this earlier, the kids remain
30 connected with family, it's multi-disciplinary teams
31 working intensively with family, and placement as a bridge,
32 not - in resi as a bridge, not an end point.
33

34 A. Yes.
35

36 Q. We have heard there's about 2,388 children currently
37 in resi, and those figures you mentioned earlier were quite
38 impressive, the shift of 400 in the funding and then a
39 larger - not the large number, I think it was about 600 you
40 mentioned earlier. How long is it going to take to shift
41 away from this current model of resi to get to the more
42 intense as a bridge not an end point model of resi?

43 A. The care continuum work is advancing fairly quickly as
44 well, and there's lots of research and learnings to draw
45 on. So all of the feedback that came out through the
46 previous residential care reviews, around those models, the
47 testing that we've done with there's a number of different
orgs that have delivered models or have attempted to change

1 resi setting, and what we're working on at the moment is
2 how do we capture those and describe those to inform the
3 redevelopment of the non-family-based care investment
4 specifications in a way that allows us to buy differently
5 for those cohorts. So that work is well under way.

6
7 And I know that some of the - it would be good to gather
8 those learnings from those other models, such as the model
9 that REFOCUS - and they've got a couple of different
10 models, not just Jarjums house but there's another one that
11 they're doing as well, that that information and that
12 co-design work into the future is going to be really
13 important.

14
15 Q. But just returning to my earlier question because you
16 were saying, if I get it right, that you're focusing on the
17 reform of the resi care and there's another area which is
18 looking at increasing the kinship care component. At what
19 level does it need to be that there is that shift in focus,
20 if there's more capability in the kinship care, how we
21 start to move the kids out of one pot of money into another
22 pot of money and get them off into kinship care?

23 A. And that's linked to that care continuum piece. So
24 part of better describing our care continuum across
25 children staying at home all the way through to secure
26 care, therapeutic care, once that care continuum work and
27 we've got the investment settings right it will allow us
28 then to do some of that reshaping. That work around family
29 based and kinship care is work being led by our
30 commissioning team at the moment.

31
32 MS GREENWOOD: Thank you, Commissioner. No further
33 questions.

34
35 COMMISSIONER: Thank you. Mr Creamer.

36
37 MR CREAMER: Commissioner, just one very brief question.

38
39 COMMISSIONER: Yes.

40
41 MR CREAMER: I think it will save Mr Hastie some work.

42
43 **<EXAMINATION BY MR CREAMER** **[4.34 pm]**

44
45 MR CREAMER: I just want to understand, Ms McNamara, when
46 the residential care reform operational oversight group was
47 established. You're the co-chair of that? What year or

1 date?
2 A. That would have been - it would have been after August
3 2025.

4
5 MR CREAMER: Okay. Thank you. That's all, Commissioner.
6

7 COMMISSIONER: Thank you, Mr Creamer. Ms McNamara, thank
8 you very much for --
9 A. Thank you.

10
11 COMMISSIONER: -- participating in this interrogation.
12 I hope it wasn't too unpleasant for you. We're certainly
13 greatly assisted by your knowledge of the area and your
14 contemporary involvement in the processes currently under
15 way to improve things. So thank you very much for coming
16 along.

17 A. Thank you.

18
19 COMMISSIONER: Appreciate it. All right. We'll adjourn
20 until 10 o'clock tomorrow.

21
22 **THE HEARING WAS ADJOURNED AT 4.35PM UNTIL FRIDAY, 10 APRIL**
23 **2026**

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