

CHILD SAFETY COMMISSION OF INQUIRY

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

On Friday, 17 April 2026 at 10.00am

Before: Mr Paul Anastassiou KC, Commissioner

Counsel Assisting: Mr Tom Diaz  
Mr Joshua Forrest

1 COMMISSIONER: Mr Hastie.

2

3 MR HASTIE: Commissioner, if I could just interrupt  
4 proceedings for a short time just to hand to the Commission  
5 and to you, Commissioner, a copy of submissions that we'd  
6 like to make with respect to publication of material that  
7 the Commission's previously ruled on. It won't be of any  
8 particular new news to you, Commissioner. It's just to  
9 emphasise that the State respectfully requests in  
10 paragraph 5 the nature of the - at the last page the nature  
11 of the request is set out and reasons are set out before  
12 that. It's to do with the way in which the documents might  
13 be used, and the reason the request is made is that the  
14 public policy interests of the various privileges wish to  
15 be maintained and not derogated from by the disclosure to  
16 the Commission.

17

18 COMMISSIONER: Yes, I understand. I mean, to a degree the  
19 material has already been published by explicit reference  
20 to the content of the material in the course of  
21 the hearings, particularly over the course of the last two  
22 weeks, and the display of the material on the screen. But  
23 that's a different degree, as it were, of publication than  
24 making explicit reference to the content of certain  
25 material in the report itself. That's the distinction you  
26 seek to make?

27

28 MR HASTIE: That's correct, Commissioner.

29

30 COMMISSIONER: Well, I will certainly consider that, and  
31 as a general proposition, to the extent that it is  
32 unnecessary to refer explicitly to what might be said to be  
33 sensitive material, I shan't do so. There may be a degree  
34 of necessity to provide contextual understanding of a  
35 discussion about a particular point that will require  
36 certain material to be disclosed, but on the whole I think  
37 your concerns can be managed in the drafting of the report,  
38 and I'm alive to the interests that you seek to protect.

39

40 MR HASTIE: Thank you, Commissioner.

41

42 COMMISSIONER: Thank you, Mr Hastie.

43

44 MR HASTIE: I might be excused?

45

46 COMMISSIONER: Yes, of course. Ms Freeman?

47

1 MS FREEMAN: Yes. Thank you, Commissioner. Commissioner,  
2 I call Bernadette Harvey.

3  
4 COMMISSIONER: Yes. Thank you.

5  
6 **<BERNADETTE MAREE HARVEY, SWORN** [10.03 am]

7  
8 COMMISSIONER: Thank you, Ms Harvey. Have a seat.  
9 A. Thank you.

10  
11 Q. You've been much mentioned in despatches, that is to  
12 say you have provided many proactive statements.

13 A. Thank you, Commissioner.

14  
15 COMMISSIONER: So it's nice to see you in person.  
16 A. Thank you.

17  
18 MS FREEMAN: Thank you, Commissioner.

19  
20 **<EXAMINATION BY MS FREEMAN** [10.03 am]

21  
22 MS FREEMAN: Could you please tell the court your full  
23 name?

24 A. Bernadette Maree Harvey.

25  
26 Q. Thank you. And you're currently the Deputy Director  
27 of Commissioning in the department of child safety?

28 A. Deputy Director-General, yes, Commissioner.

29  
30 Q. Sorry, Deputy Director-General. Sorry. I might just  
31 hand this document to you, please, Ms Harvey.

32 A. Thank you.

33  
34 Q. Is that a copy of your curriculum vitae?  
35 A. Yes, it is.

36  
37 Q. Thank you. I tender that, please, Commissioner.  
38 A. There perhaps is just one minor amendment to that.  
39 I think it still has me as acting in the role, but was  
40 appointed to the role in late December last year.

41  
42 Q. Thank you.

43  
44 COMMISSIONER: That will be exhibit CL-101.

45  
46 **EXHIBIT #CL-101 - MS BERNADETTE HARVEY'S CURRICULUM VITAE**

47

1 MS FREEMAN: Now, Ms Harvey, as we've heard from  
2 the Commissioner, you've provided a number of statements  
3 during the course of this Inquiry. For the purposes of  
4 these particular hearings, which are focused on residential  
5 care, there's been a number of statements that have been  
6 identified in the various bundles that have been tendered.  
7 I'm just going to show you a list that we've compiled of  
8 those statements, please.

9

10 So you'll see there that - it goes over two pages - some  
11 18 statements have been identified as having been provided  
12 by you. This table identifies the dates of those  
13 statements and where they're located in the various  
14 bundles. I just wanted to confirm for you, Ms Harvey, that  
15 you agree that those are the statements that you've  
16 provided that at least touch on the residential care topic  
17 in this Inquiry; is that correct?

18 A. Yes, that's correct.

19

20 Q. And you adopt and affirm the contents of those  
21 statements--

22 A. I do.

23

24 Q. -- in the witness box today?

25 A. Yes.

26

27 MS FREEMAN: Commissioner, I intend to tender this list  
28 just so that it makes it a bit easier.

29

30 COMMISSIONER: Yes.

31

32 MS FREEMAN: I do want to tender those statements, but  
33 just for --

34

35 COMMISSIONER: Haven't those statements already been  
36 tendered --

37

38 MS FREEMAN: Perhaps they have, Commissioner. I think  
39 they're in the --

40

41 COMMISSIONER: -- in the course of running?

42

43 MS FREEMAN: Perhaps they have.

44

45 MR DIAZ: Yes, they have been, because they're all in the  
46 bundles and the bundles themselves have been tendered.

47

1 COMMISSIONER: Yes.  
2  
3 MR DIAZ: So I think the list can be tendered.  
4  
5 COMMISSIONER: But the list is a useful aide memoire.  
6  
7 MS FREEMAN: Yes. It identifies where they are in those  
8 bundles.  
9  
10 COMMISSIONER: Yes. All right. Well --  
11  
12 MS FREEMAN: Yes. So perhaps if I could tender it on that  
13 basis then.  
14  
15 COMMISSIONER: Yes. That list will be exhibit CL-102.  
16  
17 **EXHIBIT #CL-102 - LIST OF MS BERNADETTE HARVEY'S 18**  
18 **SUBMISSIONS, INCLUDING THEIR DATES AND BUNDLE LOCATION**  
19  
20 MS FREEMAN: Thank you, Commissioner.  
21  
22 COMMISSIONER: Thank you.  
23  
24 MS FREEMAN: Now, Ms Harvey, the evidence that the  
25 Commission has been hearing over the last two weeks has  
26 been focused on a period from about 2020 to 2024 in terms  
27 of what was happening in the residential care space. From  
28 your perspective in terms of the roles that you were  
29 holding over that particular period of time, is it the case  
30 that you held positions as regional deputy director for a  
31 period of time during that relevant period?  
32 A. Yes, that's correct. Yes.  
33  
34 Q. You were also from November 2022 to October 2023 the  
35 Deputy Director-General for Youth Justice?  
36 A. That's correct.  
37  
38 Q. And during that period from time to time Youth Justice  
39 wasn't a part of the department with Child Safety; is that  
40 right?  
41 A. That's right.  
42  
43 Q. Okay. And then from October 2023 to December 2024 you  
44 were regional director, regional executive director of the  
45 Brisbane and Moreton Bay region; is that right?  
46 A. That's correct.  
47

1 Q. So you were really involved in service delivery as  
2 part of that role?

3 A. Yes, that's right.  
4

5 Q. All right. But then from December 2024 till now  
6 you've been in this role as Deputy Director-General of  
7 Commissioning?

8 A. Yes.  
9

10 Q. So as part of that role you've had some involvement in  
11 the contracting of providers of residential care; is that  
12 right?

13 A. That's correct.  
14

15 Q. All right. Can you just explain to the Commissioner  
16 about your role in the commissioning section of  
17 the department, because that's a new role, isn't it?

18 A. It is a new role.  
19

20 Q. Yes.

21 A. So my role as Deputy Director-General, Commissioning,  
22 I look after and have oversight of all of the department's  
23 external funding to non-government providers and some  
24 government service delivery, and that extends across the  
25 department's portfolio, including domestic and family  
26 violence, community services portfolio, and the child and  
27 family portfolio. So all of the department's commissioning  
28 activity except for in the disability space.  
29

30 Q. All right. And that's new for the department in the  
31 fact that there is now this centralised part of  
32 the department that's managing those contract negotiations;  
33 is that right?

34 A. Yeah, it is. So, as a result of machinery of  
35 government changes, functions that sat across the  
36 Department of Justice and all sat in a department of  
37 communities came into the new department of families, and  
38 so the Director-General made a decision to establish a  
39 commissioning division that had oversight of all of those  
40 outsourced funding arrangements, which goes to both  
41 non-family-based and family-based care as well as the broad  
42 range of other funding programs the department delivers.  
43

44 Q. Okay. So in your role you're currently providing  
45 oversight of contract negotiations with providers that are  
46 transitioning from IPS agreements to OSD contracts; is that  
47 right?

1 A. That's correct, yes, yes.

2

3 Q. And also as part of this new commissioning section of  
4 the department there's been a strategic contract team  
5 that's been established, which is to uplift the contract  
6 capability to a systems level within the department rather  
7 than it being dealt with by CSOs in the regions, for  
8 example?

9 A. Yeah. Initially that role has been oversight through  
10 the Reform Implementation Office but more recently has  
11 moved to sit under my line of responsibility.

12

13 Q. Okay. Great. Now, can I take you to, please, one of  
14 your statements. It is a statement that's dated  
15 25 November 2025. It's in the master bundle at tab 9 on  
16 page 159, and I was just wondering whether that might be  
17 able to be brought up on the screen, please; tab 159,  
18 hopefully, and in particular paragraph 15. Sorry, tab 9,  
19 page 159. Paragraph 15, please. Thank you, Mr Operator.

20

21 We can see there you refer to the department having  
22 recently finalised the residential care reform plan. Can  
23 you just explain to the Commissioner what that is?

24 A. Yes. So in about the middle of last year with  
25 the establishment of the Reform Implementation Office the  
26 department initiated at an operational level a residential  
27 care reform plan, and there was a variety of activity  
28 included in that plan. As I said, the primary  
29 responsibility for that plan at a sort of whole of  
30 enterprise level sat with the Reform Implementation Office.  
31 But, given it touches on the work that I directly have  
32 oversight of, I've been involved in the elements of that  
33 plan.

34

35 Q. Sure. I might just hand you a document, please,  
36 Ms Harvey, and I've got one for the Commissioner, and the  
37 parties have received a copy of this as well. So,  
38 Ms Harvey, is this in effect a summary of what has happened  
39 to date underneath this residential care reform plan?

40 A. Yeah, that is correct.

41

42 MS FREEMAN: I'll tender that, please, Commissioner.

43

44 COMMISSIONER: Yes. That will be exhibit CL-103.

45

46 **EXHIBIT #CL-103 - SUMMARY TO DATE RE RESIDENTIAL CARE**  
47 **REFORM PLAN**

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MS FREEMAN: Thank you.

We might just talk through some of the things that are set out on the right-hand side of that page?

A. Yes.

Q. So the first part of phase 1 of this reform plan involved a thorough analysis of current state cohorts of children and pressure points. Can you just talk us through what that's involved?

A. So that was really about doing some deep analysis of the characteristics and needs of children that are currently in residential care to really understand who those children are, what individual needs they have, and to really then enable us to think through in a planned way what might be the type of care arrangements we need to buy for those children, and I guess that analysis has helped us sort of better understand the cohort rather than just a number.

So what that has really helped us do is, as I said, understand the particular needs of those young people, and that analysis has really helped us identify things such as that 50 per cent, for example, of those young people in residential care arrangements have some type of disability. About 35 per cent of young people have an NDIS, current NDIS, plan in place. We know there's a percentage of young people that are Aboriginal and Torres Strait Islander, so about 46 per cent of those young people in residential care are Aboriginal and Torres Strait Islander.

We know we have quite a young cohort of young people in residential care arrangements, so around 3 per cent are under five in those arrangements. We know for those young people under five about 75 per cent of them are living with their siblings. We know based on analysis of that data that about 3 per cent of young people in residential care are currently subject to a youth justice order at the same time.

So that deep analysis has really helped us to identify at a statewide level but also at a local level what the cohort of young people look like, and then help us think through and design what are the best models of care to meet their need, because, as you can see, there is such a broad cross-section of young people in residential care. To

1 think that they're a homogenous group is flawed. They are  
2 quite unique and have different needs.

3  
4 Q. Yes. I might just show you another document, please,  
5 Ms Harvey, and I've got a copy for the Commissioner, and  
6 the parties have a copy.

7 A. Thank you.

8  
9 Q. Now, Ms Harvey, in terms of this document we can see  
10 at the top there there is what's headed the current care  
11 continuum, and the Commissioner might recall Mr Twyford,  
12 the QFCC Commissioner, gave some evidence about that care  
13 continuum when we were in Toowoomba.

14  
15 COMMISSIONER: Yes. Do you want to tender this document?

16  
17 MS FREEMAN: Yes, I do, Commissioner.

18  
19 COMMISSIONER: That will be CL-104.

20  
21 **EXHIBIT #CL-104 - CURRENT CARE CONTINUUM**

22  
23 MS FREEMAN: Thank you.

24  
25 Mr Twyford's evidence was that up until now there has been  
26 sort of more of a one-size-fits-all response to residential  
27 care and, really, there ought to be consideration of other  
28 types of models that might fit under that heading. Can you  
29 just talk us through this document that you've got in front  
30 of you and what that represents in terms of what's trying  
31 to be achieved now?

32 A. Yeah. So that document represents, as the sort of top  
33 line indicates, that the contemporary care system really  
34 has been limited to having foster and kinship care,  
35 residential care, and then a small component of supported  
36 independent living. I think what it then goes down into  
37 really identifying is through that analysis, particularly  
38 of the residential care cohort, we can see that, as I said,  
39 there are really disparate needs of those young people, and  
40 so really that, as Mr Twyford indicated, means that we need  
41 a system that can be responsive to the needs of young  
42 people, that it's not just a you're either in this  
43 arrangement because that's what we have or you're in this  
44 arrangement, that actually there's a broad suite of care  
45 arrangements that are tailored to meet the needs of  
46 individual young people.

1 So the future care continuum at the bottom of the document  
2 is to map that in terms of what a future could look like,  
3 and this has really been about the operational work the  
4 department's been doing, you know, over the last, you know,  
5 nine months or so to work through it. This document was  
6 also an opportunity to place in the care continuum the  
7 government election commitment - so the GEC star relates to  
8 government election commitments - and so to place it then  
9 along a continuum of care.

10  
11 Now, when we call it a continuum, it doesn't necessarily  
12 mean it's a linear pathway that children might follow, and  
13 in fact it suggests that children might move through  
14 different care arrangements at different points. But it is  
15 an attempt to try and map in a coherent way the work  
16 around, as I said, the election commitments about how we  
17 think a future suite of care arrangements can look like.

18  
19 Q. Yes. And one of the matters that's the third one  
20 along in the future care continuum is professional foster  
21 care --

22 A. Correct.

23  
24 Q. -- and we saw yesterday the minister made an  
25 announcement about that program being implemented. Can you  
26 just tell the Commissioner a little bit more about that?

27 A. Yes. So the department, through a procurement  
28 process, has awarded contracts to three providers across  
29 the state, so a south-east corner trial for South East  
30 region and Brisbane-Moreton Bay region, and a trial in  
31 North Queensland, and it is a pilot to look at how we may  
32 be able to recruit professional foster carers to care for  
33 children, particularly children that have a disability that  
34 are currently in residential care, and how they can be  
35 supported to care for those children.

36  
37 So the model that three components to it. It has a  
38 component whereby the provider makes a payment to the  
39 carer, and that is designed to meet the care needs of the  
40 young person but also to support the carer, who may  
41 otherwise have been engaged in external employment. There  
42 is a component of the funding that goes to the carer agency  
43 to provide quite intense support to that carer, and I know  
44 there's been some conversation throughout the hearings  
45 about the amount of funds traditionally allocated to  
46 support foster carers and I think there's been a range of  
47 numbers quoted. My understanding is at the moment we fund

1 an agency in around \$40 a day to support a carer. So it's  
2 about fourteen to sixteen thousand dollars a year to  
3 support a carer. Through the professional foster care  
4 model those agencies will have around \$100,000 to provide  
5 really intense practical support to those carers. These  
6 are challenging and complex cohorts of young people. So  
7 the support they will provide to carers will be a mix of  
8 practical and training and other supports.

9  
10 There's then a third component to the model that  
11 traditionally young people with a disability might have an  
12 NDIS plan but the utilisation of that plan might not be to  
13 the full extent of what's possible under that plan. So the  
14 third component is a support internally from the department  
15 through the Office of the Chief Practitioner to really try  
16 and leverage the NDIS component of the plan for that young  
17 person, and I guess then design that those three  
18 components, you know, provide really tailored support to  
19 that young person.

20  
21 COMMISSIONER: Ms Harvey, do these pilot programs in  
22 effect provide for the foster carer to be given a full-time  
23 wage?

24 A. Commissioner --

25  
26 COMMISSIONER: So \$100,000 a year, some of which would go  
27 to the agency, presumably?

28 A. Correct. No, so the 100,000 is to the carer.

29  
30 COMMISSIONER: Right.

31 A. So that will be a mix of meeting the care needs of the  
32 young person. So there won't be an additional foster care  
33 allowance payment. So there will be that amount.

34 I hesitate, Commissioner, because in saying "a wage", it  
35 then does raise tax implications. We are --

36  
37 COMMISSIONER: Well, I was going to ask you about that.

38 A. We are - you know, they are still volunteers. So they  
39 will still be volunteer carers --

40  
41 COMMISSIONER: Have you had a discussion with  
42 the Commonwealth Treasury about that?

43 A. There has been some communication with the ATO in that  
44 regard.

45  
46 COMMISSIONER: Do you have a tax ruling that --

47 A. There is a general tax ruling from 2006 that ruled in

1 relation to foster care allowances and complex and high  
2 needs allowances. Commissioner, the approach we've taken  
3 and the approach we took in the initial engagement of  
4 Treatment Foster Care Oregon was for the individual agency  
5 to seek tax advice. They are the ones that will make the  
6 payment. So for them to seek a declaration or otherwise  
7 from the ATO.

8  
9 COMMISSIONER: Because it will make a material difference  
10 to the attractiveness of the package?

11 A. Yes. Yes

12  
13 COMMISSIONER: But at the moment it's - is it the  
14 expectation that the professional foster carer will not  
15 generally be engaged in full-time employment elsewhere?

16 A. That is - that is - that is generally the suggestion,  
17 that they are available as required throughout the day to  
18 meet the needs of the young person.

19  
20 COMMISSIONER: Have you given consideration to the sort of  
21 lateral impact of engaging full-time carers on let's call  
22 it a wage without deciding what the tax implications  
23 are --

24 A. Sure. Yes.

25  
26 COMMISSIONER: -- upon the preparedness of volunteer  
27 foster carers to continue in a voluntary capacity? I mean,  
28 what I'm getting to, is there not a likelihood that this  
29 model might lead to in effect creating an entirely  
30 professional-based foster care network on the assumption  
31 that present volunteers may come to the view that they're  
32 better off themselves converting to that model than  
33 persisting as volunteers?

34 A. I think during the pilot they will be things we will  
35 have to keep track of, Commissioner, and, yes, that could  
36 be a possibility. There will be carers who will, you know,  
37 I guess have the view that they may already be providing  
38 care to highly complex young people and will see there's  
39 some disparity. I think they're things we'll have to work  
40 through and consider as the pilot progresses.

41  
42 COMMISSIONER: Well, I've heard evidence in the course of  
43 this Inquiry from foster carers who are indeed taking care  
44 of very high-needs children of needs of one kind or  
45 another. So there is, one would have thought, a likelihood  
46 that an impact of this new approach will be to - for it to  
47 spread in a sense virally if it's rolled out on a permanent

1 basis?

2 A. That is possible, yes, I agree.

3

4 COMMISSIONER: Yes. But that's - I'm not suggesting  
5 that's a reason not to do what you're doing --

6 A. No, no, no.

7

8 COMMISSIONER: -- but that is a likely consequence  
9 potentially to this change in model?

10 A. Yes. Yes, agree, agree. And I know, Commissioner,  
11 you've heard evidence around, you know, the decline in  
12 foster carers generally and, you know, the volunteer basis  
13 of that, so, you know, particularly, you know, what other  
14 jurisdictions have seen. So it is an attempt to, you know,  
15 try something different and new. So, yes.

16

17 COMMISSIONER: Yes. And should I understand that this new  
18 approach to more professionalised care of children will be  
19 available also to kinship carers?

20 A. It is at this stage targeted towards recruitment of  
21 new foster carers, so not particularly to kinship carers at  
22 this point in time.

23

24 COMMISSIONER: Well, kinship carers - I know that -  
25 I don't want to - well, kinship carers, do you agree, are a  
26 species, if you like, of foster carers? Their connection -  
27 they perform essentially the same role from the perspective  
28 of the child?

29 A. Yes.

30

31 COMMISSIONER: But they have a connection, a family  
32 connection, but essentially their function is to stand in  
33 the shoes of a natural parent?

34 A. Yes, agree.

35

36 COMMISSIONER: So if there were suitably qualified - and  
37 by qualified I mean having regard to the needs of the  
38 child - kinship carers there'd be no reason to distinguish  
39 as a matter of principle between kinship carers and other  
40 potential carers, would there?

41 A. The difference, Commissioner, obviously is that foster  
42 carers - so the recruitment activity to seek the  
43 professional foster carers won't necessarily have a  
44 particular child in mind. So it will be a general  
45 recruitment. There is obviously some difference in  
46 relation to kinship carers because the targeting of a kin  
47 carer is specific and relevant to that young person and

1 their family. So it's somewhat of a different approach in  
2 terms of one's a broad general recruitment approach.  
3  
4 COMMISSIONER: Yes.  
5 A. The other is a targeted approach based on the  
6 individual needs of that young person.  
7  
8 COMMISSIONER: But let's suppose there's an Indigenous  
9 child with a particular range of needs which you have  
10 determined to be high needs. I assume that this pilot  
11 program is based in part on an assessment of the degree of  
12 need of the child?  
13 A. Yes. So young people with a disability, yes.  
14  
15 COMMISSIONER: Yes.  
16 A. And/or, you know, significant behavioural, you know,  
17 issues that will require intense support of a carer to  
18 meet.  
19  
20 COMMISSIONER: And that's a range, isn't it?  
21 A. Yes.  
22  
23 COMMISSIONER: I mean, disability isn't a static point of  
24 assessment?  
25 A. Correct, correct.  
26  
27 COMMISSIONER: It's a range?  
28 A. Yes.  
29  
30 COMMISSIONER: And let's suppose that there is, as it  
31 happens, a kinship carer connected by family connections,  
32 including extended family connections, to that particular  
33 child available to care for the child. There's no reason  
34 in principle, is there, why that kinship carer shouldn't be  
35 recruited?  
36 A. No, there's no reason why that kinship carer couldn't  
37 go through that process. Yes.  
38  
39 COMMISSIONER: No. And so I understand you to say that  
40 the approach is to sort of interrogate the market to see  
41 what's available --  
42 A. Yes.  
43  
44 COMMISSIONER: -- on a general basis, but that could  
45 capture kinship carers in the net that you're seeking to  
46 spread?  
47 A. Yes, it - yes. I mean, potentially it could capture a

1 kin who knows, for example, there is a young person in  
2 residential care that has those characteristics who might  
3 express interest in becoming a professional carer for that  
4 young person.

5  
6 COMMISSIONER: And thus far in the process has there been  
7 engagement with Aboriginal community-controlled  
8 organisations in respect of this pilot program?

9 A. The - so we've just finalised the procurement process,  
10 and successful providers were announced yesterday by the  
11 minister, so very much still in the design phase, then in  
12 partnership with those providers, which will include  
13 particularly in Townsville the successful provider is in a  
14 partnership with the local community-controlled agency in  
15 the child and family space, to work in partnership with  
16 them around the identification of Aboriginal and Torres  
17 Strait Islander carers or people in the community who might  
18 be suitable to go into the program, so engaged all the way  
19 through that process.

20  
21 COMMISSIONER: So there might be identified by ACCOs or  
22 through other enquiries Indigenous persons who are engaged  
23 as a professional foster carer not necessarily having a  
24 family or kinship relationship with the child?

25 A. That is correct. That is correct.

26  
27 COMMISSIONER: Yes, I see.

28 A. Yes. Yes.

29  
30 COMMISSIONER: Thank you.

31  
32 MS FREEMAN: Thank you, Commissioner.

33  
34 Ms Harvey, if we could go back to the first document we  
35 were looking at, which is the residential care reform plan?

36 A. Sure. Yes, yes.

37  
38 Q. And just to cover off on the first activity there of  
39 doing the thorough analysis, in terms of some of  
40 the reviews that have been undertaken there is also a  
41 review currently being done of every child in residential  
42 care that's under five years of age; is that right?

43 A. That's correct. Yes, that's correct.

44  
45 Q. Can you just explain to the Commissioner what that  
46 involves?

47 A. Although not directly involved in it, Commissioner,

1 I understand that has involved the development of an  
2 individual profile for each of those children that are in  
3 that arrangement and - I mean I guess that really has then  
4 provided the basis for some coordinated planning about what  
5 might be transition pathways for those children.  
6 Seventy-five per cent of the children that are under five  
7 in residential care are in that arrangement living with  
8 their siblings. So I guess the other thing we know is that  
9 there is - what the data tells us is that it is  
10 disproportionate across different locations in the state as  
11 well. So the analysis is then really looking at what might  
12 be some place-based arrangements that might see the  
13 transition of those young people.

14  
15 There is also a, you know, small cohort of young people in  
16 that under-five cohort that, for example, may have  
17 significant and extreme medical needs, for example, and -  
18 I mean, this might include children, for example, that  
19 might have significant disabilities that see they need  
20 24-hour nursing care. So the provision of that type of  
21 care is unlikely to be provided by a family-based carer,  
22 and so there will be some children where, based on their  
23 need, that rostered care arrangement that sees them, you  
24 know, monitored and PEG fed and a whole variety of things  
25 is the model of care required for them.

26  
27 COMMISSIONER: Are you saying that in relation to children  
28 with extremely high needs, the kind that you've just  
29 described, say a child requiring 24-hour nursing  
30 attention --

31 A. Yes.

32  
33 COMMISSIONER: Do you see that as outside the scope of the  
34 professional foster care model?

35 A. I do think so, Commissioner. I think the needs of  
36 those children and young people might be that it is nursing  
37 care, it might be a variety of things that you couldn't  
38 necessarily rule out from a professional carer but the  
39 extent of the care they require may well be beyond what an  
40 individual carer could provide.

41  
42 COMMISSIONER: And presently they're cared for in the  
43 non-family-based residential care model?

44 A. Correct, correct.

45  
46 COMMISSIONER: Where those children are provided with, in  
47 effect, hospital-like care; is that --

1 A. Correct, correct.  
2  
3 COMMISSIONER: On a one-by-one basis generally?  
4 A. Could be. Could be, Commissioner, yeah. So the care  
5 is provided on a rostered basis.  
6  
7 COMMISSIONER: Yes. All right.  
8 A. And it may well be that there is no other option, care  
9 option, for those children  
10  
11 COMMISSIONER: Yes. Very challenging to meet that  
12 particular cohort's needs?  
13 A. Yes. Correct.  
14  
15 COMMISSIONER: You mentioned the sibling groups?  
16 A. Yeah.  
17  
18 COMMISSIONER: It's desirable, is it not - I mean, I think  
19 it would be broadly accepted that, if possible, sibling  
20 groups should be kept together?  
21 A. Yes.  
22  
23 COMMISSIONER: And if there's a sibling group of, let's  
24 say, four children it can be difficult, as I understand it,  
25 to find a family-based carer for a group of four. It's  
26 easier to take care of one child than four, of course?  
27 A. Correct, correct.  
28  
29 COMMISSIONER: Do you perceive that this model will  
30 accommodate potentially a sibling group of, let's say, up  
31 to four being cared for by a professional foster carer?  
32 A. I don't think we could rule that out, Commissioner.  
33 I mean, obviously there's a variety of things to work  
34 through in terms of what that means and what that looks  
35 like. I think our initial focus is on one young person out  
36 of residential care, not necessarily the whole group of  
37 siblings. It might not be that all four have such extreme  
38 needs.  
39  
40 I guess the associated piece of work we have been doing is  
41 really thinking about what are models of care that really  
42 can meet the needs of siblings together, large family  
43 groups, and I think through the use of IPS funding there  
44 are examples where, you know, regions are standing up  
45 arrangements that might be a mix of young people living in  
46 a house with support workers, that parents might come in  
47 and out of that house to spend time with the children, they

1 might spend some time back in the care of their children,  
2 they might - of their parents, sorry. It might be they  
3 spend time in the care of other family members. So my  
4 sense is across the state regions have got on with trying  
5 to think through what are some innovative models and  
6 arrangements that meet the needs of children based on the  
7 case plan.

8  
9 We haven't always and don't necessarily have the settings  
10 and the systems centrally to support those types of  
11 arrangements and, I think as you've heard, we buy in a  
12 quite generic way residential care services, and so the  
13 work we're doing and teams are currently - so a central  
14 team is doing some engagement across all of the regions  
15 about what are those innovative models of sibling care -  
16 that might be a mix of in-home, in-family, in-kin  
17 arrangements - and how do we support those arrangements.

18  
19 COMMISSIONER: And just focusing for the moment on  
20 residential care --

21 A. Sure.

22  
23 COMMISSIONER: -- in its generic sort of dimension --

24 A. Yes.

25  
26 COMMISSIONER: -- is the department presently looking at  
27 ways in which residential care can be more therapeutic and  
28 nurturing of the children who are not placed in  
29 family-based care arrangements?

30 A. So I think, Commissioner, through the work about what  
31 a future continuum looks like that it is thinking through  
32 then what might be the therapeutic components of each of  
33 those types of care arrangements, because it might be  
34 different, and I think, as you talked about, it may be that  
35 four children are in a residential care placement. It  
36 might not be - and, as I know you've heard over the last  
37 couple of weeks, that is not necessarily because they are  
38 not suitable to be placed in a family-based arrangement;  
39 it's just that there isn't one for them at that point in  
40 time. So it might not be they need to be in residential  
41 care due to the behaviour or the support they require;  
42 they're in that arrangement because there was an inability  
43 to find another placement option for them.

44  
45 COMMISSIONER: Indeed. And that is, I'm assuming, the  
46 principal driver of the pilot program in relation to  
47 professional foster carers predicated on what seems to be a

1 widely held view that a family-based model of care is  
2 preferable as a general proposition --  
3 A. Yes.  
4  
5 COMMISSIONER: -- to non-family-based care?  
6 A. Yes, absolutely.  
7  
8 COMMISSIONER: And in the course of looking at the sort of  
9 needs spectrum of children in non-family-based care have  
10 you done an analysis of the proportion of children  
11 presently in residential care who would be suitable for  
12 family-based care if that care was available?  
13 A. So, Commissioner, I understand that subject to a  
14 notice there was some information that was prepared.  
15 I didn't see that information prior to it coming to the  
16 Commission, but I have now seen that information, and  
17 I think it suggests there's probably around 50 per cent of  
18 young people that are in residential care that - that would  
19 be suitable for some type of family-based care arrangement.  
20  
21 COMMISSIONER: Yes. And so it's conceivable that at or  
22 around 50 per cent of children presently in residential  
23 care could be moved to family-based care. It won't be  
24 precisely that --  
25 A. No.  
26  
27 COMMISSIONER: -- because there will be other  
28 considerations, won't there, like, for example, keeping a  
29 sibling group together?  
30 A. Yes. Yes.  
31  
32 COMMISSIONER: And there might be geographic constraints  
33 also?  
34 A. Yes. Yes. Correct.  
35  
36 MR DIAZ: Commissioner, I'm sorry to interrupt the  
37 exchange. There is a very useful document precisely on  
38 this point that I had intended to take the witness to.  
39  
40 COMMISSIONER: Yes. That's fine.  
41  
42 MR DIAZ: If you like, it can be --  
43  
44 COMMISSIONER: I was jumping ahead. But that --  
45  
46 MR DIAZ: I can either deal with it in due course or bring  
47 it up now, as you prefer.

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COMMISSIONER: In due course, Mr Diaz.

MR DIAZ: Quite.

COMMISSIONER: Thank you. Ms Freeman.

MS FREEMAN: Thank you, Commissioner.

And just to tie off that point about the review of the under five-year-olds, the Director-General is coordinating that review and I think is related to that review, isn't she?

A. That's correct, yes.

Q. All right. And perhaps we've jumped ahead a little bit on this list of phase 1 activities that have occurred under this residential reform plan, but maybe it's best to deal with this now. At the bottom of that list it talks about professional foster care trial, which we've just dealt with. It also talks about the secure care project and dual care staffing inside the residential care system. Can you just explain to His Honour what those two things relate to and what work's been done?

A. Yes, I can. So the department has been also doing some work in relation to secure care. So it is a government election commitment for the delivery of a secure care model in Queensland. It hasn't been work I've been leading, so it has been sitting in other parts of the agency. But it is a piece of work to do some design work about what that could look like and, you know, seek some clarification from government around the policy settings for that piece of work.

COMMISSIONER: Are you able to say at least broadly what the parameters or criteria for the placement of a child in secure care are or are being considered?

A. I don't - I don't feel I'm in a position to do that. I can talk generally about what I understand, but, Commissioner, it hasn't been a piece of work I've been leading. As I understand it - if that is helpful?

COMMISSIONER: Please.

A. Yeah. As I understand it, it is designed to target a high-risk cohort of young people that display behaviours that put them and/or the public at extreme risk. So it's not young people who would otherwise be dealt with through

1 a criminal justice system due to offending and the  
2 commission of offences - so it's not to replace that  
3 system - and nor, as I understand it, is it to replace what  
4 might be the responsibility of a health system in meeting  
5 the mental health needs of children.

6  
7 But it is really focused on those high and complex needs  
8 young people who may need to be in a secure environment,  
9 secure therapeutic environment, which would see that they  
10 are unable to leave that place. Now, the settings around,  
11 Commissioner, whether that is via Supreme Court order or  
12 whether that's via some other legislative provision I think  
13 is still a matter for government to make some decisions on.

14  
15 COMMISSIONER: So is that subject of reform being  
16 considered by - is it the implementation of reform  
17 implementation body? I'm sorry, I've just forgotten  
18 the --

19 A. The Reform Implementation Office?

20  
21 COMMISSIONER: Yes.

22 A. That is correct.

23  
24 COMMISSIONER: Yes.

25 A. That is correct, Commissioner. Yes.

26  
27 COMMISSIONER: So if I wanted to know more about what's  
28 planned in relation to secure care, whom would I address  
29 any enquiries to?

30 A. The Director-General.

31  
32 COMMISSIONER: Yes.

33 A. Yes.

34  
35 COMMISSIONER: All right. Thank you.

36  
37 MS FREEMAN: Thank you, Commissioner.

38  
39 And if we could just tie off the dual care staffing model  
40 as well, please, and explain what that means?

41 A. Sure. Sure. Yeah, sure. So there was also an  
42 election commitment for dual care in residential care  
43 settings, and we've been doing some work over the last  
44 12 months about what that looks like, what are the cohort  
45 of young people currently in residential care that have or  
46 may require a two worker model. So essentially it was  
47 about being two workers in that arrangement.

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COMMISSIONER: So is that what's meant by dual care?

A. Yes, correct. Yes, correct

MS FREEMAN: So two workers allocated to one child at any one time; is that what you're talking about?

A. To the house perhaps. So there might be more than one child in the house. And so the election commitment is over I think, from memory, a scaled increase until 2030.

I guess as we've been doing the analysis work, you know, it becomes apparent that there are particular cohorts of young people where relevant to their need it might be that two workers are required. However, it is also apparent that there might be young people who do not require two workers, you know, all of the time. So there's really some continued work to do in that space.

There's also some further work to do in relation to - as I said, 35 per cent of young people in residential care have a current NDIS package. So for some of those young people that might also fund a support worker who is in that residential house as well. So it's really just thinking through about what is the support required and how is that met, and that might be met from a variety of funding sources.

COMMISSIONER: Mightn't the children who would be - who require dual care in the sense you've described --

A. Yes.

COMMISSIONER: -- also be suitable for care by a professional foster carer?

A. Potentially, yes. Potentially, yes.

COMMISSIONER: Yes.

MS FREEMAN: Thank you, Commissioner.

Ms Harvey, I want to move onto the transition of IPS arrangements to OSD contracts. There's been quite a lot of evidence that the Commissioner has heard over the last couple of weeks about these arrangements. Some of that evidence has been to this effect: that there has been an inability for the department to enter into these longer-term OSD contracts because there hasn't been funding allocated to allow --

A. Yep.

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Q. -- the financial delegates to enter into those contracts. What has happened recently that has changed that for the department?

A. So as an outcome of the budget - last year's budget decision there was approval for the department to engage in a piece of work to transition IPS arrangements into OSD-funded arrangements. IPS arrangements are generally - the IPS contracts that are entered into are entered into for specific periods of time within the financial year, generally, whereas OSD arrangements are committed in a contract over three to five years. So an authorising environment, as I understand it, was to overspend our OSD budget and transition care arrangements from IPS into OSD funding.

At that point in September we had I think it's about 890 funded OSD non-family-based care arrangements, so residential care arrangements, funded, and I think at that time it was something close to 1,100 IPS-funded arrangements. So an authorising environment to engage in the transition of IPS arrangements into OSD in a wholesale way is a different authorising environment to what we've had previously. The --

Q. Can I just interrupt you there for a moment, sorry, Ms Harvey --

A. Yes.

Q. -- just because the Commissioner has heard some evidence about there being some form of wording that's been given to financial delegates to sort of get around some of the constraints in the Financial Services Act, as I understand it - the Financial Accountability Act. There's a little bit more - there's more substance to it than just a rewriting of the wording, isn't it? It's that the government has committed to underwrite this overspend on OSD. So the funding is provided for you to enter into these contracts over a three- to five-year period, and then that funding will be rolled forward into the estimates as well for the department going forward?

A. Yeah. That is my understanding, yes.

COMMISSIONER: So the form of words is backed by an indemnity?

MS FREEMAN: Correct.

1  
2 COMMISSIONER: And that means that the decision-maker  
3 needn't be troubled by offending the Financial Services  
4 Accountability Act by entering into a contract that extends  
5 beyond the appropriated revenue for that purpose?

6  
7 MS FREEMAN: Correct.

8  
9 WITNESS: That's correct.

10  
11 COMMISSIONER: Well, that's a very innovative approach,  
12 isn't it?

13 A. And the Director-General has been the delegate, the  
14 financial delegate.

15  
16 COMMISSIONER: Yes. Yes, I see. Thank you for that.  
17 That's clarified things for me.

18  
19 MS FREEMAN: Seems to make a bit more sense.

20  
21 COMMISSIONER: It does.

22  
23 MS FREEMAN: Yes. Okay.

24  
25 So, knowing now that you have this authorising environment  
26 to be able to then enter into these longer-term contracts,  
27 you've been involved in those contract negotiations; is  
28 that right?

29 A. I have, yes.

30  
31 Q. All right. So can you just then explain to His Honour  
32 how that's worked and what has been happening in that  
33 space?

34 A. I can. Yes, I can. So the deep analysis work that  
35 then has occurred around the cohort, and particularly the  
36 cohort of young people that have been then in IPS-funded  
37 arrangements, has enabled us to go region by region to look  
38 at those current arrangements. What, Commissioner, I know  
39 you've heard is that the current process for the  
40 establishment of an IPS arrangement sits at an individual  
41 level undertaken by an individual officer in a region for  
42 an individual young person, that that process timesed by  
43 1,100 across the state is inefficient, that the staff that  
44 are procuring those arrangements aren't contract officers,  
45 they are generally child safety officers or administration  
46 officers in our regions. So the exponential growth and the  
47 lack of OSD-funded placements has then seen that growth in

1           IPS arrangements over that period of time.

2

3           So what we've been able to do then is take a centralised  
4           procuring approach to that. So we've done it in a couple  
5           of phases. The first phase was some analysis around the  
6           providers. Large providers generally have OSD funding and  
7           generally in the first tranche were also licensed  
8           providers. So they're OSD funded but also providing a  
9           range of IPS placements right across the state. So we had  
10          good visibility of who those young people are that they're  
11          currently caring for, what the care arrangements in the  
12          houses are for those young people. We considered all of  
13          that information.

14

15          We have over the last nine months - 12 to nine months been  
16          developing a pricing tool that sets benchmarks. So based  
17          on our information about a pricing tool and the deep cohort  
18          information that those providers are currently providing  
19          for us we engaged in a procurement process and invited  
20          procurement process.

21

22          COMMISSIONER: Has that pricing tool - and I'm not asking  
23          you to say anything about the content of it because it's  
24          obviously price sensitive by definition. Has that been  
25          developed in conjunction with Treasury?

26          A. QTC, yes, Commissioner.

27

28          COMMISSIONER: Yes.

29          A. Yes. Yep, QTC and Treasury. Yes. So that process  
30          has then involved us approaching those providers through a  
31          request for quote where we have offered a price to those  
32          providers, which again has been a change in approach to  
33          what we've done previously. As, Commissioner, I know  
34          you've heard, the price we've often paid at a regional  
35          level has been the price the providers come to us with. So  
36          this has been us trying to set the price. So we have gone  
37          to the provider to say, "These are the kids we know you're  
38          caring for. Here's the price, and here's what we're  
39          prepared to pay for that."

40

41          COMMISSIONER: And has that - the price at which you've  
42          offered to contract with these providers on the new model,  
43          which is an OSD model --

44          A. Correct.

45

46          COMMISSIONER: -- has that been met, generally speaking,  
47          with agreement by the provider?

1 A. It has been the subject of negotiation.

2

3 COMMISSIONER: Certainly

4 A. So by using what we call an agile process those  
5 providers have come back with a counteroffer. We've then  
6 come together in a live negotiation to work through that.  
7 It's enabled us to better understand pricing and costing.  
8 And the variation, Commissioner, is generally in relation  
9 to management and administration costs, and so it's enabled  
10 us to have, you know, some depth of analysis around  
11 different providers and costing structures.

12

13 COMMISSIONER: How does it work when in a particular  
14 region, maybe even in a particular town, there's only one  
15 provider? So one of the issues that has emerged in the  
16 course of discussion at least about this subject is how to  
17 address the supply side of the market --

18 A. Yes.

19

20 COMMISSIONER: -- where there's very thin participation.  
21 What's your experience in relation to this new model in  
22 markets of that nature?

23 A. So we haven't got there yet, would be a shorthand  
24 answer to that. So the first phase has been these larger  
25 providers delivering right across the state, so already  
26 have young people in their care and it has been then about  
27 transitioning that arrangement for those providers. So  
28 that's been sort of phase 1 of the piece of work.

29

30 Those negotiations have been led by Danny Short as the  
31 Chief Finance Officer, myself as the Deputy  
32 Director-General of Commissioning, and Matthew Lupi as the  
33 Acting Deputy Director-General, Service Delivery. So we've  
34 formed the negotiation panel. We've kept to a consistent  
35 and disciplined approach in relation to that. There has  
36 been some robust conversation with providers about the  
37 price we're prepared to pay that have seen providers work  
38 through their pricing schedule.

39

40 COMMISSIONER: Have you lost any providers in particular  
41 geographic areas?

42 A. There have been - so not at this stage. There have  
43 been some providers who have said, "We don't want to enter  
44 into an OSD contract at this point in time." We have said  
45 to those providers, "We understand that and you might have  
46 a variety of reasons for that. However, the direction is  
47 that we will be moving to OSD-funded arrangements." So the

1 intent, Commissioner, is to get to at least 90 to  
2 95 per cent of our residential care arrangements being  
3 funded through OSD funding.  
4

5 COMMISSIONER: One of the difficult challenges, as  
6 I understand it, for the department is you have this  
7 inelastic demand. The ability to control that demand is  
8 limited, you would agree?

9 A. Correct, yes. Yes.

10

11 COMMISSIONER: Diminishing demand requires programs at the  
12 early intervention stage --

13 A. Yes.

14

15 COMMISSIONER: -- that are well targeted and, however  
16 excellent they might be, will take some years to bear  
17 fruit; do you agree with that?

18 A. Yes, I do.

19

20 COMMISSIONER: So in the meantime this often  
21 difficult-to-predict demand in particular locations --

22 A. Yes.

23

24 COMMISSIONER: -- will continue to be a challenge that the  
25 department can't avoid because of the government's duty,  
26 effectively, to care for children in need of protection?

27 A. Yes. Correct, correct.

28

29 COMMISSIONER: So that's the landscape of the environment  
30 in which you operate?

31 A. Yes, that is correct.

32

33 COMMISSIONER: Can I ask you - I've raised this issue with  
34 a number of department witnesses - in a very thinly - where  
35 there's very thin participation on the supply side, does  
36 the government or does the department consider that one  
37 option is for the department itself to operate residential  
38 services itself as a means of addressing the tight  
39 supply-side constraints? Is that something that's been  
40 given consideration to?

41 A. It hasn't - so I think it would be considered.

42 Whether it's - it hasn't formed a policy today. But  
43 I think it is something we have to think about going  
44 forward and I think as we think about what might be  
45 opportunities to better meet the disability care needs of  
46 children in the system. We are, as an agency, a disability  
47 provider. So we are an NDIS accredited provider, and we

1 provide disability care to adults across our agency. So it  
2 may be that we consider going forward some in-house  
3 delivery of that service. It may be - for example, as we  
4 consider the secure care election commitment it may be that  
5 government makes a decision that that is best delivered by  
6 government. So I don't think we could rule that out as a  
7 future option.

8

9 COMMISSIONER: And it wouldn't be rational to rule it out,  
10 would it, because --

11 A. No.

12

13 COMMISSIONER: It wouldn't be a rational decision to rule  
14 it out?

15 A. No, no. No, I don't think we could rule it out, and  
16 we know that some other jurisdictions in Australia do  
17 deliver residential care in-house. We know also, and as  
18 I understand, they at times struggle to provide a workforce  
19 for that and do rely on a supplemented non-government  
20 workforce for that. So I think there's challenges --

21

22 COMMISSIONER: So the department could contract with a  
23 provider to provide staff?

24 A. Correct. Correct.

25

26 COMMISSIONER: But operate at a management level the  
27 facility --

28 A. Yes, yes.

29

30 COMMISSIONER: -- directly?

31 A. Yes, yes. So I don't think we could rule that out of  
32 the future, Commissioner, no.

33

34 COMMISSIONER: It does seem that the preference over time  
35 has been to contract for the provision of the services, as  
36 demonstrated by the fact that there is not presently, as  
37 I understand it, any directly operated residential care  
38 facility by the department?

39 A. No, there isn't. No.

40

41 COMMISSIONER: What's the reason, as you would understand  
42 it, for a preference for residential care being provided by  
43 a third party provider rather than directly by the  
44 department?

45 A. I think at some point, Commissioner - I think a couple  
46 of things - that it may well have been that those decisions  
47 were based on cost, that it would be - a view that it may

1 have been cheaper for a non-government organisation to  
2 provide that care. There is a challenge --

3

4 COMMISSIONER: And that may still be right?

5 A. It may still be right. It may still be right. There  
6 is a challenge, a real challenge, about growth in the  
7 public sector and a view that if that was to be in-house  
8 that that would be a considerable growth in public servants  
9 as well, so --

10

11 COMMISSIONER: But you don't really solve that problem by  
12 simply buying in the service externally, do you?

13

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21

22

COMMISSIONER: Yes. Thank you. Ms Freeman.

23

24

25

MS FREEMAN: Thank you, Commissioner.  
Ms Harvey, I might just take you to a document that's in  
the master bundle. So it's at tab 142, page 2583.

26

27

28

29

30

Q. Volume 3.

31

A. Volume 3; sorry.

32

33

Q. It is up on the screen there, but if you want to pull  
it out as well, Ms Harvey, feel free.

34

35

36

COMMISSIONER: It's a bit hard to see the screen from  
where you're sitting, I'm afraid.

37

38

A. It is a little hard, Commissioner.

39

40

MS FREEMAN: Page 2583, tab 142.

41

A. Sorry, Ms Freeman, what was --

42

43

Q. 142, tab.

44

A. 142.

45

46

Q. It should be a document that sets out some of the  
evidence you've just been giving, Ms Harvey, about the

47

1 procurement approach. So we can see there under the  
2 heading "Stage 1 procurement approach" it sets out the  
3 steps that you've just been talking about in terms of the  
4 approach to --  
5 A. Yes.  
6  
7 Q. -- the transition of these IPS agreements to OSD.  
8 Have you got that in front of you?  
9 A. I'm just still getting through to tab 14 --  
10  
11 Q. No, you're right. Take your time. I'll wait until  
12 you've got it out, Ms Harvey.  
13 A. It is a very large binder.  
14  
15 Q. Yes.  
16 A. Thank you, yes.  
17  
18 Q. That's all right. So on the left-hand side under the  
19 heading "Stage 1 procurement approach" there are a number  
20 of steps set out there, and the third one there - so the  
21 second one talks about needing an RFQ and draft contract be  
22 sent to the supplier. What's RFQ?  
23 A. Request for quote.  
24  
25 Q. Okay. And the draft contract that's referred to  
26 there, we're talking about a statewide contract; is that  
27 right?  
28 A. That's correct, yes.  
29  
30 Q. So it's not the case that there are individual regions  
31 entering into contracts that might differ across different  
32 regions; it's a centralised approach?  
33 A. Yes. So this was to move away from purchasing an  
34 individual arrangement, for example, to say to a provider,  
35 "We'd like to purchase 50 arrangements from you. You're  
36 already providing care to these 50 young people. Here's  
37 what we understand is the care arrangements for those 50  
38 young people. Here's the price we think is reasonable for  
39 the care of those young people."  
40  
41 Q. Yep.  
42 A. Yep.  
43  
44 Q. And those contracts that you're entering into are  
45 under the Community Services Act; is that right?  
46 A. Yes. They're social services contracts, correct.  
47

1 Q. All right. And what that means then is that, for  
2 example, under section 22 of that Act the government is  
3 able to recoup any unspent funds under that contract; is  
4 that right?

5 A. That's correct, yes, yes.

6

7 Q. And also these contracts involve the providers having  
8 to meet certain financial criteria; is that right?

9 A. That's correct.

10

11 Q. Can you just explain to His Honour about that, please?

12 A. So as part of a provision of an OSD contract that does  
13 require the providers for the provision of audited  
14 financial statements on an annual basis to the department.  
15 I guess in forming an OSD contract it does mean, as you  
16 said, all of those provisions under the Community Services  
17 Act apply. It also compels providers to then seek HSQF  
18 accreditation and progress into a licensing process.

19

20 Q. All right. So under these OSD contracts the providers  
21 are required to be licensed?

22 A. Progress through licensing, yes, yes.

23

24 Q. And they're also required to deliver services in  
25 compliance with the quality standards?

26 A. Correct. Yes, yes.

27

28 Q. So His Honour's heard some evidence about a large  
29 amount of unlicensed providers in the industry providing  
30 these IPS agreements. With this transition, that will  
31 reduce significantly, won't it?

32 A. Yes, it will. Yes, it will. Yes.

33

34 COMMISSIONER: And you regard that, I assume, as a  
35 desirable outcome?

36 A. Yes, yes.

37

38 MS FREEMAN: And these types of contractual arrangements  
39 will also hopefully avoid the problems that have been  
40 outlined in the KPMG report regarding perhaps mismanagement  
41 of funds by certain providers?

42 A. Yeah, it gives increased scrutiny. It gives the  
43 department levers to compel, for example, the provisions of  
44 certain information and documents. It allows I think under  
45 the provisions of the Community Services Act for us to  
46 appoint a - undertake a financial audit if that was  
47 required. So it really just enlivens all of those powers

1 under the Community Services Act that, one, give us some  
2 levers and, secondly, enables sort of a safeguarding  
3 through a licensing framework.  
4

5 Q. Just on that document we've got on the screen there's  
6 a little graph in the top right-hand corner there. Now,  
7 that graph represents a particular percentage of IPS  
8 agreements versus OSD agreements. That would have been as  
9 at September last year; is that right?

10 A. Yeah, that's my understanding, yes.  
11

12 Q. All right. So since you've been undertaking these  
13 phases of transitioning from IPS to OSD agreements what has  
14 been the result of those negotiations and contractual  
15 arrangements in terms of the numbers?

16 A. So at that point in September we had around 890 funded  
17 OSD placements. I think we had around - I think it's  
18 around eleven hundred and something, sorry, IPS-funded  
19 arrangements.  
20

21 Q. Yes.

22 A. As of today, we've transitioned 715 IPS-funded  
23 arrangements into OSD contracts through the process.  
24

25 Q. Okay. So that --  
26

27 COMMISSIONER: So that - sorry, just to be clear, this  
28 graph was the before?

29 A. Correct  
30

31 MS FREEMAN: Yes  
32

33 WITNESS: That is correct. So if we were to replicate  
34 that now obviously it looks completely different,  
35 Commissioner. So it's inverted.  
36

37 MS FREEMAN: It would be the inverse of what we're seeing  
38 there?

39 A. Yes.  
40

41 COMMISSIONER: This is represented in terms of dollars  
42 spent rather than number of providers?

43 A. It is. Yes. Yes. Yes.  
44

45 COMMISSIONER: Are you able to say what the position is  
46 presently in proportionate terms as depicted in this graph?

47 A. Probably not in that same way, Commissioner, but

1 I could - I could offer that - so the first phase of  
2 transition, which was the larger statewide providers, that  
3 saw a cost reduction by about 10 per cent to what we were  
4 paying through an IPS arrangement. So a reduction around  
5 that. So that was around 460 placements, 10 per cent  
6 reduction. They were big providers across the state.

7  
8 The second phase has been a smaller number of providers  
9 that might be in one or two regions. So we've still ran  
10 that centrally. And, as I understand it, due to difference  
11 in size and scale, that's been about a 6 per cent reduction  
12 in price.

13  
14 COMMISSIONER: Sure. But you don't have the figures that  
15 would reveal in proportionate terms, as in this graph, the  
16 gross sums spent by the State on OSD as compared to IPS as  
17 presently --

18 A. I may have in the information in front of me,  
19 Commissioner.

20  
21 COMMISSIONER: All right. It would be useful if you have  
22 it, if it's not otherwise available.

23  
24 MS FREEMAN: Ms Harvey, I've been usefully reminded by  
25 Counsel Assisting that Michelle McNamara gave some evidence  
26 earlier in this tranche about this. So her evidence was  
27 that midway through stage 2 there is just over 54 per cent  
28 of funding in OSD contracts. So on this graph it's  
29 represented as 32.7 per cent, and Ms McNamara thought it  
30 might be just over 54 per cent now.

31  
32 COMMISSIONER: All right.

33  
34 MS FREEMAN: Would that accord with your understanding?  
35 A. Possibly. I'm not sure what date that information  
36 was. As I understand it, as of today, as I said, it's been  
37 a movement of 715 arrangements.

38  
39 COMMISSIONER: Thank you. I had forgotten that data.  
40 Yes. Thank you.

41  
42 MS FREEMAN: Thank you, Mr Diaz.

43  
44 So that means, based on your rough calculations, there is  
45 still some - about 300 - IPS arrangements currently in  
46 place, and in terms of your anticipated - there are still  
47 some more negotiations to undertake in terms of what you

1 anticipate the position to be at the end of this year?

2 A. Yes, yes.

3

4 Q. Can you tell His Honour about that?

5 A. So I might just go to the process firstly around the  
6 next phase.

7

8 Q. Yes.

9 A. So the next phase of negotiations are occurring at a  
10 regional level following the same sort of process that we  
11 have used. The intent, Commissioner, is to by the end of  
12 the year then have between 5 and 10 per cent of funded  
13 arrangements through IPS, which truly pushes it back to  
14 being bespoke and/or emergent, and 90 per cent of  
15 arrangements funded through OSD.

16

17 COMMISSIONER: Which was essentially the original intent  
18 of IPS, was it not?

19 A. That's correct, Commissioner, and it's been called -  
20 this funding bucket has been called many things over --

21

22 COMMISSIONER: Yes.

23 A. -- many years. At some point was called emergent, and  
24 emergency, or temporary, and now is in a, you know, current  
25 form as individual, so - but, yes, that is correct, bespoke  
26 and/or emergent.

27

28 COMMISSIONER: Yes.

29

30 MS FREEMAN: And we've heard some evidence, Ms Harvey,  
31 that there will always be a need for IPS-type arrangements  
32 in the care continuum in terms of being able to stand up  
33 arrangements for kids in emergency situations or special  
34 particular needs that can only be met by that type of  
35 arrangement; do you agree with that?

36 A. Yes, I would agree. I would agree with that. I think  
37 also just to make the point that the IPS funding bucket has  
38 a couple of components in it. So it does buy a residential  
39 care placement. But the IPS bucket also includes the  
40 ability for the engagement of sort of specific supports to  
41 young people that might be in family-based care and/or  
42 family that might be placed at home. So, you know, I think  
43 as part of a future continuum it is still an important part  
44 of our, you know, funding mechanism, that not everything  
45 can be locked into an OSD contract with absolute certainty,  
46 that it does allow flexibility

47

1 Q. But am I right in understanding that it is no longer  
2 being used as this overflow sort of option to deal with the  
3 demand within the system; rather, it's more targeted at  
4 particular needs of particular children?

5 A. Yeah, look - and that is our intent going forward.  
6 I couldn't hand on heart say if someone needed to stand up  
7 an arrangement today, you know, that - that there wasn't an  
8 OSD bed for they would still use an IPS arrangement. So it  
9 is still part of the process. But the work then is about  
10 how that might transition to an OSD contract if in fact an  
11 ongoing residential care placement is required for that  
12 young person.

13  
14 COMMISSIONER: But that's to meet the emergent need, isn't  
15 it?

16 A. Correct, correct, Commissioner, yes, not the long-term  
17 needs, and I know you've heard evidence around individual  
18 arrangements funded through IPS for some young people have  
19 gone on for many years.

20  
21 COMMISSIONER: They've been sort of rolled over?

22 A. Correct, correct.

23  
24 COMMISSIONER: Like a bank bill?

25 A. They have been rolled over, yes.

26  
27 COMMISSIONER: Yes.

28  
29 MS FREEMAN: Ms Harvey, I just wanted to - was there  
30 anything else you wanted to tell His Honour about that  
31 transition process that we've just been talking about  
32 before I move on to something else?

33 A. Look, probably just a couple of additional points.

34  
35 Q. Yes.

36 A. I mean, what has been, you know, really pleasing as  
37 we've engaged in those negotiations has been the feedback  
38 from providers that the certainty of an OSD contract  
39 enables them to do a few things. It enables them to  
40 stabilise their workforce. It enables them to engage in  
41 long-term rentals, for example, if they're rental  
42 properties. It enables for them to invest in the training  
43 of their workforce. So as part of the negotiation they've  
44 been really critical things that providers have raised in  
45 seeing the benefits of the approach.

46  
47 COMMISSIONER: Because there's plainly upsides from

1 a commercial perspective --  
2 A. Absolutely.  
3  
4 COMMISSIONER: -- to the OSD arrangement?  
5 A. Absolutely.  
6  
7 COMMISSIONER: Short-term gain in IPS as against --  
8 A. Yes, long-term certainty.  
9  
10 COMMISSIONER: -- longer-term business relationship --  
11 A. Yeah.  
12  
13 COMMISSIONER: -- and certainty as to cash flow and the  
14 like?  
15 A. Absolutely. I mean, the funding model is completely  
16 different. As you know, through an IPS arrangement it's a  
17 fee for service after the delivery of the service. An OSD  
18 contract is the release of funds, you know, on a quarterly  
19 basis for the future service. So it's entirely different.  
20  
21 The other significant benefit has been to our workforce, so  
22 internally. So, as IPS has grown and the use of IPS has  
23 grown, regions have had to do whatever they needed to do to  
24 be able to make these arrangements work. So that has meant  
25 they have had to divert frontline staff into, you know,  
26 negotiating and forming IPS arrangements. IPS works on an  
27 invoicing process. So for 1,100 kids you can imagine the  
28 volume of invoicing that occurs from both the provider but  
29 also sort of our perspective.  
30  
31 We did some indicative modelling of, for want of a better  
32 word, an efficiency gain around the transition work, and  
33 even in the first phase, which I think was about 460  
34 arrangements transitioned over, we modelled that, that was  
35 about 30 FTE of effort saved internal to the department.  
36  
37 COMMISSIONER: So that's the administrative burden  
38 associated with individual contracts ?  
39 A. Correct.  
40  
41 COMMISSIONER: On a fee-for-service basis?  
42 A. Correct.  
43  
44 COMMISSIONER: Compared with the more orderly OSD  
45 contracting arrangement?  
46 A. Correct, yes.  
47

1 COMMISSIONER: Managed centrally?  
2 A. Contract managed at a local level. So they still  
3 might have day-to-day oversight. But, yes, a central  
4 contract management.  
5  
6 COMMISSIONER: "Management" was a bad word on my part.  
7 Entered into centrally?  
8 A. Yes, correct.  
9  
10 COMMISSIONER: So contracted centrally?  
11 A. Correct.  
12  
13 COMMISSIONER: Procured centrally?  
14 A. Correct.  
15  
16 COMMISSIONER: But managed locally?  
17 A. Correct, correct.  
18  
19 COMMISSIONER: Yes, I see.  
20 A. Yes.  
21  
22 MS FREEMAN: Ms Harvey, I want to just move on just to  
23 complete the picture because residential care is obviously  
24 only one part of the care continuum. I just wanted to  
25 invite you to talk about the transition of investment in  
26 family-based care and some of the things that are happening  
27 in that space. So we've spoken about foster carers --  
28 A. Yes.  
29  
30 Q. -- and the new trial of the professional foster carer  
31 pilot. What other things are happening in terms of  
32 family-based care and investment in that sector?  
33 A. So I think as the - that sort of early care continuum  
34 document shows, traditionally how the department engaged  
35 with non-government providers for the delivery of foster  
36 and kinship care was by appointing or providing them with  
37 one contract to undertake both functions. So that then  
38 meant those providers did a range of things, from  
39 recruiting, assessing, training foster carers, supporting  
40 foster carers through to supporting kin carers.  
41  
42 So we know that they're really quite different and distinct  
43 programs. So over the last few years the department  
44 designed new investment specifications that really then  
45 separated out those functions, so those functions across  
46 kin carers, for example for identifying kin, and then the  
47 functions that might be associated with foster carers.

1  
2 So what that then has meant, and we've been on a  
3 progressive sort of journey over the last year or so, is  
4 that we are funding providers specifically to find kin. We  
5 are funding providers specifically to train - sorry, to  
6 assess kin and to support kin. So throughout this year  
7 we'll be continuing that transition away from a generic  
8 kind of buying of a complete function.

9  
10 COMMISSIONER: Can I ask you this. In relation to finding  
11 kin --

12 A. Yes.

13  
14 COMMISSIONER: I want to raise a question that is sort of  
15 a variation on some questions that have been asked by  
16 Ms Greenwood on a number of occasions. When it comes to  
17 finding kin, am I right in thinking that that is an ex post  
18 facto exercise? What I mean by that is you have a child,  
19 the child's in care, you have to find somebody who is  
20 connected by family to that child?

21 A. Correct.

22  
23 COMMISSIONER: All right.

24 A. Correct.

25  
26 COMMISSIONER: Is there a way of having a pool of  
27 individuals in a certain location, because I think it would  
28 have to be geographically sort of defined, who might be  
29 available in advance if identified who could perform the  
30 role of a kinship carer, perhaps not perfectly in terms of  
31 family connection but at least from the perspective of  
32 Indigenous families preferable, until an actual kinship  
33 member is identified to the child being cared for by a  
34 non-Indigenous person? So rather than look backwards after  
35 you've identified the particular child but to instead have  
36 a pool of potential kinship carers who may or may not  
37 strictly meet the definition of a kin? That's a  
38 complicated analysis in the first place, isn't it, in terms  
39 of identifying family connections?

40 A. Yes. So I might just answer that in a roundabout way,  
41 Commissioner, if that's okay?

42  
43 COMMISSIONER: I know there's a bit to unpack.

44 A. So as part of the transition of the - into new  
45 investment specifications one of the things we've done in  
46 relation to foster care is actually move to fund specific  
47 organisations to just recruit, so to just undertake

1 recruitment activity. So from 1 May we will have  
2 recruitment-only services operating across the state. So  
3 most --

4

5 COMMISSIONER: So what happens there? So you fund the  
6 organisation to recruit foster carers?

7 A. Yes.

8

9 COMMISSIONER: They identify, let's say, 10 in that  
10 particular area?

11 A. Yes, yes.

12

13 COMMISSIONER: Are those who are recruited paid some  
14 amount to be on standby, so to speak? How does that work  
15 at a practical level?

16 A. That's not currently how it works. So foster care  
17 allowances are only initiated when a young person is in the  
18 carer's care. So that starts --

19

20 COMMISSIONER: So how do you recruit them? How do you  
21 know you've recruited them? What the agency has done that  
22 you've contracted to find foster carers --

23 A. Yes.

24

25 COMMISSIONER: -- is identify persons who are prepared to  
26 take on the role?

27 A. Correct, correct. That's exactly it. So they will  
28 identify, they will train, they will assess, and then those  
29 carers will be available to take care arrangements.

30

31 COMMISSIONER: So in effect they become a standby pool?

32 A. Correct. Correct.

33

34 COMMISSIONER: And what incentive - I mean, they might  
35 change their mind, mightn't they, down the track? Say  
36 they're part of a pool --

37 A. They may. Yeah, they may. Yeah.

38

39 COMMISSIONER: So have you --

40 A. And/or their life circumstances might mean they're not  
41 able to take a child. They thought they were, they're now  
42 not able. They might indicate they're not able to assume  
43 full-time care but they might be prepared to be respite  
44 carers, for example.

45

46 So, Commissioner, so as well as those more general  
47 recruitment services we are also funding some targeted

1 recruitment services, and there are some Aboriginal  
2 community-controlled agencies who we will be funding to  
3 do - as you articulated, finding what we call foster carers  
4 but may well be living in that same community to be  
5 available. The difference between a kin carer - so a kin  
6 carer approval, they are approved for the individual child  
7 they are caring for. So that is the assessment.

8  
9 COMMISSIONER: But based on family connection of one kind  
10 or another?

11 A. Yes. But their approval certificate that they are  
12 provided with says they are approved for the care of a  
13 certain child. So they don't have a broad generic  
14 approval, if that makes sense, for any young person to come  
15 into their care. They've had an individual assessment  
16 about their ability to provide kin care for that particular  
17 young person.

18  
19 COMMISSIONER: Is it desirable to broaden that approval?  
20 This is a point that I think has been made by Ms Greenwood  
21 in an example of a particular ACCO that has available  
22 perhaps 19, I think is her number, further potential  
23 kinship carers, and --

24 A. Yes, which I assume are people currently providing  
25 care to a child that they are related to, so --

26  
27 COMMISSIONER: I think not. I think on her example  
28 they're available to provide care, not necessarily that  
29 they're presently providing care.

30 A. Right.

31  
32 COMMISSIONER: But that may be a bit unclear.

33 A. Yes.

34  
35 COMMISSIONER: But the idea, nonetheless, is I think worth  
36 considering, which is whether in advance a pool of  
37 kinship - potential kinship carers could be recruited, on  
38 standby, as it were, to meet needs as they arise.

39 A. Yeah.

40  
41 COMMISSIONER: Now, I understand that's a bit difficult if  
42 you're looking for particular family connections.

43 A. Sure. Yes, yes. And may require some legislative  
44 change around how we approve a kin carer currently, which,  
45 as I said, is an approval for an individual child at that  
46 point in time, as opposed to a foster carer, who is  
47 approved as a foster carer for any child that might come

1 into their care.

2

3 COMMISSIONER: Yes, I see. Thank you.

4

5 MS FREEMAN: Ms Harvey, the Commissioner has heard a lot  
6 of evidence about the workload of CSOs just performing  
7 their day-to-day functions. In terms of finding kin  
8 carers, as His Honour has alluded to, it is usually  
9 something that occurs once a child has been assessed as  
10 being in need of protection and has come into the care of  
11 the department. Trying to then find family that might be  
12 available and suitable to take the child is quite an  
13 administrative burden on a CSO --

14 A. Yes.

15

16 Q. -- and no doubt takes up a lot of time. What has the  
17 department been working on to try to alleviate that  
18 problem?

19 A. So there's probably been a combination of things over  
20 the last few years. So there was the funding and  
21 establishing of kin-finding teams in most regions. So they  
22 have looked slightly different across the state. But that  
23 has been some staff that sit outside of the child safety  
24 service centre, might sit at a regional level, and they've  
25 had some - you know, they've had a specific focus around  
26 finding kin. But they've also had a focus around working  
27 with potential kin carers around what might be the whole  
28 suite of obstacles that they might face around becoming a  
29 kin carer.

30

31 I spent some time looking after Mount Isa at some stage  
32 and, you know, that kin-finding team was often, you know,  
33 in Doomadgee for example, working with carers to -  
34 potential carers to help them be able to make a blue card  
35 application to ensure they have the relevant identification  
36 required, that to become an approved carer they've got the  
37 right, you know, fire safety smoke detectors and those  
38 other things. So doing some of that really practical work.  
39 So that's been some internal focus.

40

41 We have at the same time funded a variety of  
42 community-controlled agencies across the state to do that  
43 kin finding, that equipping of kin and that supporting of  
44 kin as well, recognising that community-controlled  
45 providers sitting in the community know the community and  
46 have, you know, a much greater chance of identifying, you  
47 know, appropriate and relevant kin. We've also --

1  
2 COMMISSIONER: But it's all happening, necessarily as the  
3 system presently operates, ex post facto, after the  
4 child --  
5 A. It does, yes.  
6  
7 COMMISSIONER: -- who's an Indigenous child has been taken  
8 into care?  
9 A. Yes, yes.  
10  
11 COMMISSIONER: And that, I take it, means that there is  
12 going to be quite a lag in time between the child being  
13 taken into care and the identification and approval of  
14 a kinship carer?  
15 A. So there are obviously circumstances where it's  
16 readily apparent who the kin is, and so there can be  
17 provisional approvals made. I mean, that can happen in a  
18 matter of days, and those care arrangements under a  
19 provisional approval occur. And they do occur all over the  
20 state, so --  
21  
22 COMMISSIONER: So if the circumstances are such that,  
23 happily, a kinship carer who is identified?  
24 A. Yeah, member of the family, yes.  
25  
26 COMMISSIONER: And available?  
27 A. Yes.  
28  
29 COMMISSIONER: And assessed to be suitable?  
30 A. Yes.  
31  
32 COMMISSIONER: Then that can all be done quickly?  
33 A. Yes, it can.  
34  
35 COMMISSIONER: And the child can be placed with the  
36 kinship carer?  
37 A. Yes, it can, yes, yes.  
38  
39 COMMISSIONER: But if there was a hybrid of, can I call  
40 it, kin foster carers who were available --  
41 A. Yes.  
42  
43 COMMISSIONER: -- then, though not perfect in terms of  
44 familial connection, and I don't mean to diminish the  
45 importance of that familial connection --  
46 A. Yes, yes.  
47

1 COMMISSIONER: -- such a body of persons would be more  
2 likely to meet the Aboriginal and Torres Strait Islander  
3 child placement principle on the face of it; do you agree  
4 with that?

5 A. I think if we're working through the --

6  
7 COMMISSIONER: In terms of connection with culture --

8 A. If we're working through the hierarchy in terms of  
9 placement principles, as I understand it, Commissioner,  
10 you're saying that it would be more desirable for an  
11 Aboriginal and Torres Strait Islander child to be with an  
12 Aboriginal and Torres Strait Islander carer?

13  
14 COMMISSIONER: Well, that's the entire predicate, I think,  
15 of the Aboriginal and Torres Strait Islander child  
16 placement principle, so, yes, I am saying that.

17 A. I think ideally we'd want that child to be with kin,  
18 but, if not kin, it may be an Aboriginal and Torres Strait  
19 Islander carer.

20  
21 COMMISSIONER: Yes, and if you had - if you recruited in  
22 advance this - what I'm calling for the moment for want of  
23 a better label, a hybrid of kinship foster carer, foster  
24 because they're not actually kin, then that might be a step  
25 along the way of at a practical level giving effect earlier  
26 in time to the child placement principles insofar as those  
27 principles are centred upon connection to culture, which  
28 is, I think, underlying those principles, what they're  
29 about?

30 A. Yes. Correct, correct. Yes.

31  
32 COMMISSIONER: Yes.

33  
34 MS FREEMAN: Thank you, Commissioner.

35  
36 Was there anything else, Ms Harvey, that you wanted to say  
37 about investment in family-based care that we haven't  
38 already touched on?

39 A. Probably really - I mean, I guess the specific focus  
40 then on recruitment activity allows us to work in  
41 partnership with that recruitment agency. What the current  
42 landscape looks like, for example, in Brisbane and  
43 Moreton Bay region, there may be 10 foster and kinship care  
44 providers. All 10 of them would undertake - under the  
45 previous way in which we're funded, all 10 of them would  
46 undertake recruitment activity. So the narrowing and  
47 specific focus then on recruitment allows placement

1 services units across the region to work in partnership  
2 about, "This is the needs of young people we're seeing in  
3 recruitment agency. Can you do some tailored engagement  
4 recruitment around this cohort of young people," which  
5 could include Aboriginal and Torres Strait Islander carers.  
6

7 We are, as I said, in some locations funding  
8 community-controlled agencies to do that work. We are also  
9 looking to fund in some locations a CALD-specific  
10 recruitment service that might recruit for carers for young  
11 people from culturally and linguistically diverse  
12 backgrounds and/or are Pasifika or Maori young people where  
13 that is an identified need in that location.  
14

15 Q. So the intent behind taking it away from the CSOs'  
16 workload and putting it more either in an external agency  
17 or a specific team within the department is to, firstly,  
18 make it faster to be able to find these home-based care  
19 options; is that right?

20 A. Correct, yes.  
21

22 Q. Makes it more flexible --

23 A. Yes.  
24

25 Q. -- in order for - the CSO is not lumbered with trying  
26 to work out a creative solution to a care problem; it's  
27 farmed out to someone who's able to focus on that entirely?

28 A. Yes, that's correct. Yes.  
29

30 Q. Ms Harvey, they were all the questions that I had for  
31 you. Mr Diaz might have some for you. Thank you.

32 A. Thank you.  
33

34 COMMISSIONER: I just have one further topic to ask you  
35 about in relation to funding. You oversee funding of all  
36 external providers to the department, and that I assume  
37 includes the funding of Aboriginal community-controlled  
38 organisations?

39 A. That's correct.  
40

41 COMMISSIONER: Can you tell me what particular challenges  
42 you face when it comes to funding ACCOs and specifically  
43 how you manage competition as between them for funding for  
44 particular activities, because ACCOs are not - it's a sort  
45 of generic description for a variety of different  
46 organisations, is it not?

47 A. So the department funds a range of Aboriginal

1 community-controlled organisations. It is likely in one  
2 location that there might be multiple community-controlled  
3 organisations operating in that location. There is also  
4 Indigenous businesses that the department is also  
5 contracting with.

6  
7 Commissioner, I know you've heard some evidence around  
8 delegated authority. So in the work the department did  
9 around the procuring of services under delegated authority  
10 the negotiation process for determining providers was  
11 different than a general competitive process. So that  
12 process, in partnership with QATSICPP, involved us inviting  
13 providers into a conversation about who might be best  
14 placed to deliver the service in that location, and then  
15 work with those providers about which part of the continuum  
16 they might want to deliver a service in, and then a  
17 negotiated outcome. So I think that was a good opportunity  
18 to work in partnership, and, as I said, with QATSICPP, to  
19 allow providers to work through some of those things.

20  
21 COMMISSIONER: You've spoken about the distinction now  
22 being made between particular services, for example,  
23 finding kin on the one hand --  
24 A. Yes.

25  
26 COMMISSIONER: -- so recruitment, as opposed to supporting  
27 foster carers or kinship carers on the other?  
28 A. Yes, yes, yes.

29  
30 COMMISSIONER: Is there a need when it comes to engagement  
31 with Aboriginal community-controlled organisations to make  
32 like distinctions in terms of funding specific activities  
33 rather than rolling them up when it comes to - from a  
34 procurement perspective and from the perspective of good  
35 practice in procurement?

36 A. So in terms of the family-based care specifications  
37 that process has occurred for both community-controlled and  
38 mainstream organisations. So that breaking down of the  
39 particular functions has occurred in the same way.

40  
41 COMMISSIONER: So you're now funding separately the  
42 recruitment activities as distinct from the support  
43 activities?

44 A. Correct, correct.

45  
46 COMMISSIONER: Yes, I see.

47 A. And in some locations it may well be the same

1 provider --  
2  
3 COMMISSIONER: Yes.  
4 A. But separately funded.  
5  
6 COMMISSIONER: Under separate contracts?  
7 A. Correct. Correct.  
8  
9 COMMISSIONER: Yes, I see.  
10 A. Correct, yes.  
11  
12 COMMISSIONER: Are there any other particular difficulties  
13 or challenges you face in terms of funding ACCOs and  
14 managing the relationships between them?  
15 A. So we rely heavily on QATSICPP to help us with that,  
16 that process, and, as I said, you know, really thinking  
17 about how we move away from just a straight competitive  
18 process, and Mount Isa is another example where we had our  
19 foster and kinship care support provided by a large  
20 mainstream provider in a thin market. They withdrew from  
21 that market. So in partnership with QATSICPP we did some  
22 work about who might be - of the community-controlled  
23 organisations in Mount Isa, who might express an interest  
24 in picking up kin support, for example, and so working  
25 through then with those providers to come to some agreed  
26 approach about who that is.  
27  
28 COMMISSIONER: And does the department, as part of  
29 the process of procuring services from community-controlled  
30 organisations, also fund capacity building within those  
31 organisations?  
32 A. It's not generally part of the contract for a  
33 particular program, and so we have funded QATSICPP to do  
34 some of that work, some of that capability building across  
35 organisations, across community-controlled organisations,  
36 and they've been doing some work around workforce, for  
37 example.  
38  
39 COMMISSIONER: Would you agree that as a practical matter,  
40 if community-controlled organisations are to be given the  
41 realistic opportunity to participate in the provision of  
42 services of one kind or another, they have to be assisted  
43 to develop the capacity necessary to deliver the service;  
44 do you agree that --  
45 A. I do agree. I do agree, yes.  
46  
47 COMMISSIONER: And would you agree that funding in a

1 targeted way that capacity building will help develop the  
2 strength of that marketplace --

3 A. Yes.

4

5 COMMISSIONER: -- or participation in the marketplace by  
6 that sector, I should say?

7 A. I do. I do agree, yes.

8

9 COMMISSIONER: Yes. All right. Thank you very much.

10

11 MR DIAZ: Thank you, Commissioner. I'm indebted to my  
12 learned friend for that very useful examination-in-chief,  
13 which dispenses with the need for me to deal with a number  
14 of topics I had proposed to deal with with Ms Harvey.  
15 There are just about three or four matters I wanted to  
16 clarify arising out of the questions from my learned  
17 friend, and then I'll come to some other topics that I had  
18 intended to ask Ms Harvey about.

19

20 <EXAMINATION BY MR DIAZ

[11.46 am]

21

22 MR DIAZ: If I could just start by asking you some  
23 questions about the professional foster caring trial that  
24 you were discussing at the outset of your  
25 evidence-in-chief?

26 A. Yes, sure.

27

28 Q. As I understood it, there are essentially three  
29 features that differentiate the current trial from what  
30 I might at least understand to be a traditional foster  
31 caring - traditional volunteer foster caring arrangement.  
32 Those, as I had it, were that, first, those participating  
33 in the trial will be paid an allowance of in the order of  
34 \$100,000; secondly, that there will then be an additional  
35 payment, as I understood it, to a support agency to support  
36 the foster carer?

37 A. Correct, correct.

38

39 Q. And the third aspect I noted - perhaps there's a  
40 fourth now that I think about them on my feet, but the  
41 third aspect I have was that generally it would be expected  
42 or understood that they won't be otherwise engaged in  
43 full-time employment; and that the target for this  
44 particular program will be children with particularly high  
45 needs, often disabilities or the like, that require  
46 considerable attention. Is that right?

47 A. Yes, that are currently in residential care.

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Q. And that are currently in residential care?

A. Yes, yes.

Q. And will there be any need for those engaged as the professional foster carers to demonstrate any higher level of competency or capacity to look after the child as against someone that would otherwise be involved in foster caring?

A. I think as the support agency goes through the assessment that there will be some additional capability that they will assess, and that will go to, you know, things like the, you know, carer's ability to navigate through the system, and I think I talked about the particular NDIS interface, for example. So I think that's a characteristic of, you know, that assessment process. So I think the - you know, requirement around availability as well is critical. But it is really trying to target those carers, some of whom might have a professional background, who have, you know, experience in dealing and caring for and supporting a really quite difficult cohort of young people.

Q. Yes. So when you say some of those people might have a professional background you mean a professional background that is, for instance, experience working in the disability sector --

A. Correct, correct.

Q. -- or adjacent health industries?

A. Yes. Yes, correct. Yes.

Q. Yes, I follow.

A. Yes. So their work history perhaps would be relevant in the assessment.

Q. Yes.

COMMISSIONER: So what sort of people do you have in mind or what sort of skills? Are we talking nurses --

A. Could be. Yes, could be. Could be people that currently work in the disability support sector, could be teachers, could be - or it could be people who have been long-term carers.

COMMISSIONER: Yes.

1 MR DIAZ: Yes, and perhaps you explained this and I missed  
2 it, but is the idea that there would be a limited duration  
3 for these arrangements or that they're ongoing  
4 arrangements?  
5 A. That they are ongoing arrangements.  
6  
7 Q. Yes.  
8 A. I mean, noting it is a pilot, you know, subject to  
9 that, but is different than, for example, Treatment Foster  
10 Care Oregon, which is a time-limited intervention.  
11  
12 COMMISSIONER: That's the program that's operating in the  
13 south-east Dr Griffiths gave evidence about?  
14 A. Correct, correct, yeah. South-west and south-east,  
15 yes.  
16  
17 MR DIAZ: Yes, I see.  
18 A. Yes.  
19  
20 Q. So the idea will be that a child is moved from the  
21 cohort of residential care, non-family-based care?  
22 A. Yes.  
23  
24 Q. And in substance this will be, what one might call, a  
25 permanent family-based care arrangement?  
26 A. That is correct.  
27  
28 Q. Yes.  
29 A. Yes.  
30  
31 Q. Okay. Another matter I was hoping to clarify with you  
32 arising out of the evidence you gave in-chief concerns  
33 investment currently underway in family-based care, and  
34 I understood from the evidence you gave in-chief that the  
35 principal mechanism the department is currently employing  
36 to uplift the number of family-based care placements  
37 available has been to move from having one kind of global  
38 contract with particular agencies to a range of contracts  
39 or a range of arrangements?  
40 A. Yes.  
41  
42 Q. The idea being that you can have one agency focused on  
43 recruitment, another on training, and so on and so forth?  
44 A. Yes.  
45  
46 Q. Are there any other initiatives in place to uplift  
47 foster care at the moment?

1 A. So I know we talked about the residential care plan.  
2  
3 Q. Yes.  
4 A. There is an associated piece of work we're working  
5 with at the moment about what might be a suite of activity  
6 about how do we better support foster carers. So some of  
7 that might be what that engagement looks like at a service  
8 centre level because, I mean, I think just to state the  
9 very obvious that the answers to reducing residential care  
10 are around stopping entry of young people into those  
11 arrangements by better supporting kin and foster care  
12 arrangements. So, sorry, that was a long, circular answer  
13 to your question.  
14  
15 Q. I think I understood it to be that the second  
16 initiative, if you will, is better support for foster  
17 carers at a service level --  
18 A. Yes.  
19  
20 Q. -- to deal with complaints that they might have?  
21 A. Correct, which might be a whole variety of practice  
22 and practical support considerations.  
23  
24 Q. Yes.  
25  
26 COMMISSIONER: How does the professional model of foster  
27 care accommodate the aspiration which is generally  
28 desirable of reunification of the child, because the  
29 ongoing foster care, paid or otherwise, I assume is not  
30 intended to preclude the earliest opportunity available for  
31 reunification?  
32 A. No, no. So the case plan goal would still continue to  
33 be the case plan goal. So if that is to build and work  
34 towards reunification of that young person that would still  
35 continue to be the case plan goal. It really is about  
36 moving young people away from a residential care rostered  
37 arrangement into a family-based care arrangement.  
38  
39 COMMISSIONER: Yes. Yes, I had assumed that --  
40 A. Yes.  
41  
42 COMMISSIONER: -- but I thought I would - we need to be  
43 clear about that.  
44 A. Yes, yes.  
45  
46 MR DIAZ: And the Commissioner's question prompts a  
47 question in my mind as well. Has any consideration been

1 given to what would happen to these particular children -  
2 I appreciate it's just a pilot, but what would happen to  
3 these particular children at the point of reaching  
4 adulthood?  
5 A. I might just need you to clarify.  
6  
7 Q. So my understanding is that the Commissioner's just  
8 asked you a question about whether the goal remains to  
9 reunify the children.  
10 A. Yes, yes.  
11  
12 Q. Obviously we're moving away from a different type of  
13 model, a traditional family-based care model and  
14 non-family-based care model, where I understand there are  
15 supports in place for children after they reach adulthood?  
16 A. Yes.  
17  
18 Q. Is it simply the case that those supports would be the  
19 same in the professional foster care model?  
20 A. Yes, they would be. Yes, it would be no different.  
21 Yes, yes. And/or the work, as those young people were  
22 transitioning, around what might be enduring NDIS or other  
23 supports needed to transition those young people.  
24  
25 Q. Yes, that's the sort of matters my question was  
26 intended to elicit.  
27 A. Yes, yes.  
28  
29 Q. And we've just discussed a couple of the initiatives  
30 or mechanisms underway within the department to improve  
31 family-based care uptake?  
32 A. Yes, yes.  
33  
34 Q. Can I just set the scene for some questions I want to  
35 ask you by mentioning some figures that I think will be  
36 reasonably well known to you?  
37 A. Yes.  
38  
39 Q. I take it that you recall the department setting a  
40 goal to have about 7 per cent of children in out-of-home  
41 care in residential care by 2026? You're familiar with  
42 that?  
43 A. I am familiar with - I believe it's, yeah, 7 per cent,  
44 and then 1.6 or 1.8 per cent in individual arrangements.  
45  
46 Q. That 1.6 or 1.8 per cent, that's a current goal, is  
47 it?

1 A. That was the target around those extremely complex  
2 cohorts of young people. So I think it sort of - for a  
3 crude way of explaining it, I think it just flatlined over  
4 those projections as remaining sort of consistent core  
5 cohort that require that model?  
6  
7 Q. Yes. Just so I understand, this 1.6 to 1.8 per cent,  
8 was that a historical target set some years ago or is that  
9 just something that's been set very recently?  
10 A. No, that was the target that was set with the  
11 7 per cent.  
12  
13 Q. I see.  
14 A. Yes. It was additional to the 7 per cent.  
15  
16 Q. And I take it that you're also aware that there's  
17 approximately 20 per cent of children in out-of-home care  
18 an residential care at the moment?  
19 A. Yes.  
20  
21 Q. And do you have a general understanding of how that  
22 compares to other jurisdictions around Australia?  
23 A. As I understand it, that is high compared to other  
24 jurisdictions.  
25  
26 Q. Yes. I don't need you to know the particular  
27 percentages --  
28 A. Yes. Yes.  
29  
30 Q. -- sort of state by state --  
31 A. It's high, if not the highest, yes, yes.  
32  
33 Q. Indeed. My understanding is it's the highest?  
34 A. Yes.  
35  
36 Q. And if one takes, for instance, New South Wales or  
37 Victoria, they have percentages - they vary year on year,  
38 but in the sort of 6 to 8 per cent range. Now, I just want  
39 to take you to a document to help again contextualise the  
40 things I'm asking you about. It's a document in a bundle  
41 you should have called supplementary tender bundle, and it  
42 will be behind tab 10.  
43 A. I might just put this one on the floor.  
44  
45 Q. Please do. Wherever is convenient for you, Ms Harvey.  
46 A. Supplementary bundle?  
47

1 Q. Yes, and tab 10.

2 A. Yes.

3

4 Q. And I should just say before I come to this specific  
5 document we were talking about the targets of 7 per cent  
6 and you added an additional target that seems to have been  
7 made around the same time of 1.6 to 1.8 per cent of  
8 children in IPS. Do you know if any consideration has been  
9 given in the contemporary period, that is the modern day,  
10 to revising the targets?

11 A. No, we haven't revised that target.

12

13 Q. And do you know if any consideration has been given to  
14 doing so?

15 A. I mean, I think there's work underway for us to look  
16 at what might be some targets around residential care  
17 movement, so we might look at what might be targets to move  
18 young people into alternate arrangements. Definitely some  
19 indicative targets, as we've, for example, procured new  
20 recruitment services, about what we're hoping those  
21 services will achieve in terms of that recruitment.

22

23 Q. Yes. It just dawns upon me that I think you would  
24 accept, wouldn't you, that that's quite important in  
25 circumstances where you're transitioning a number of IPS  
26 agreements to OSD agreements, so there must be some sort of  
27 forward-looking plan within the department as to what the  
28 supply mix is going to look like in three to five years?

29 A. Yeah, I think it's difficult to be absolutely clear  
30 about what is the right target and - I mean, I know people  
31 have made reference to the 7 per cent and the doubling as  
32 aspirational. So I think we just want to do some cautious  
33 work about what is that right target and - not for me to go  
34 into because I know you've gone into it a lot, but  
35 embedding of those targets in a funding model has had some  
36 really perverse implications for the department, so.

37

38 Q. Quite.

39 A. Yep.

40

41 Q. Now, the document that hopefully you'll have in front  
42 of you and which is on the screen, this was a document  
43 prepared, my understanding, by the department in response  
44 to a notice issued by the Commission, and I can take you to  
45 some of the detail, but I understand it's been prepared  
46 based on data the regions gave. Do you see there that it  
47 says, of the total children in residential care, they're

1 either assessed as awaiting family-based care, meaning that  
2 they're suitable for family-based care but there's no such  
3 placement, or not suitable for family-based care? And do  
4 you see there that there's 1,555 children out of the  
5 overall population of residential care - or children in  
6 residential care who are said to be awaiting family-based  
7 care?

8 A. I do. Yes.

9

10 Q. Do you agree with me - we don't have available to us  
11 the data as it's gone over time, but this is a  
12 point-in-time analysis, but do you agree with me that that  
13 number has seemingly gone up over the last five years?

14 A. Yes, I agree.

15

16 Q. That being the case, are you able to comment on what's  
17 preventing those 1,555 children from entering a  
18 family-based care placement?

19 A. Yes. So I think there would be a combination of  
20 factors: that attempts to identify kin for those children  
21 hasn't been successful or is still underway; that there  
22 aren't funded OSD placements in foster care for those  
23 children. So we fund providers based on the number of  
24 children that are in those arrangements, so it may well be  
25 that there's no funded, you know, place, although that can  
26 be rectified by a purchase through IPS if required.

27

28 Q. That's to say you can have an IPS family-based?

29 A. You can.

30

31 Q. I see.

32 A. Yes, you can. Yes. Or it could be that there are  
33 funded places available but there just aren't foster  
34 carers. So I haven't been involved in the generation of  
35 this information. So, without sort of fully sort of  
36 understanding it, it - yeah, it could well be those  
37 combination of factors.

38

39 Q. Yes. I should say there's no kind of explanation in  
40 the explanatory note --

41 A. Right.

42

43 Q. -- or a subsequent letter as to why they can't or why  
44 there's no family-based care arrangement.

45 A. Yeah. Yes.

46

47 Q. The explanation simply identifies how the data was

1 collated.

2 A. Yes, yes. And/or there might not be an arrangement  
3 available in the location where they are.

4

5 Q. Yes. Does that give rise to a concern for you that,  
6 though I appreciate you've mentioned some of the measures  
7 or the initiatives presently underway to increase the  
8 availability of family-based care --

9 A. Yes.

10

11 Q. -- there's a very large cohort of children in  
12 residential care who in theory would be suitable but it's  
13 quite unlikely, it seems, that any such place is going to  
14 become available?

15 A. Yes. So I think that is a challenge for us, and, as  
16 I said, that is about then either the acceleration of  
17 efforts to find suitable kin and/or the targeted  
18 recruitment work that new recruitment services will need to  
19 do.

20

21 COMMISSIONER: While we're on this topic of children in  
22 residential care who could be in family-based care, the  
23 pilot program for paid carers is limited to children  
24 identified within residential care as having high needs of  
25 one kind or another; that's right, isn't it?

26 A. That's correct. Yes.

27

28 COMMISSIONER: Who makes that assessment and how would  
29 that assessment be made?

30 A. So that assessment would be made at a service centre  
31 level. So over the next few months we'll be working with  
32 the providers in those locations as they work to recruit  
33 carers. The service centre will be doing some work to  
34 identify the cohorts of young people in that location that  
35 are in residential care that might be suitable to  
36 transition to family-based care, and this suggests in North  
37 Queensland there might be 200, you know, children who could  
38 be in family-based care. There would need to be some  
39 assessment around their individual needs, and that would  
40 happen at a service centre level.

41

42 COMMISSIONER: But I assume that there would be a larger  
43 group of children in residential care who meet the criteria  
44 of being suitable for family-based care but not the  
45 criteria, as I understand it, that applies to this pilot,  
46 which is you've got to be suitable for family-based care  
47 and meet some assessment of higher-than-usual need?

1 A. Sure. Yes.

2

3 COMMISSIONER: And it's the latter that I'm wondering how  
4 that would be assessed?

5 A. Yes, yes. So the targeting is because there would be  
6 children on this list whose needs aren't such that the  
7 intense level of support that the professional foster care  
8 model looks at buying is required for them. So they might  
9 not need that level of support, they might not have a  
10 current NDIS plan. So they may well be lower-needs  
11 children that due to the mix of, you know, the  
12 unavailability of an OSD-funded arrangement or the  
13 inability to locate kin or a foster carer have ended up in  
14 residential care but do not have that level of need.

15

16 COMMISSIONER: So who would assess whether the child in  
17 question meets the criteria in terms of need that would --

18 A. For the professional foster care --

19

20 COMMISSIONER: Yes. Who makes that assessment?

21 A. So, look, as I understand it, the early design looks  
22 at that being a consideration done in partnership between  
23 the provider, the service centre and the Office of the  
24 Chief Practitioner.

25

26 COMMISSIONER: Well, at some point that design will have  
27 to distil into a practical decision being made?

28 A. Yeah. Yes, it will. Yes, it will. Yes.

29

30 COMMISSIONER: But you conceive of it as being made on a  
31 sort of regional basis or --

32 A. So the involvement of the Office of the Chief  
33 Practitioner will see that it does have sort of central  
34 oversight as well. And, given we're trialling with three  
35 different providers, there will be some work to do in  
36 bringing providers together and working through these  
37 matters.

38

39 COMMISSIONER: All right. Thank you.

40

41 MR DIAZ: And directly related to the discussion you've  
42 just been having with the Commissioner I might just ask if  
43 tab 11 could be brought up on the screen, but it provides  
44 some further context around this, and in particular,  
45 Operator and Ms Harvey, if you could go to page 242 and  
46 enlarge the text as you have, this is an explanation as to  
47 how the table we were just looking at was prepared, and

1 what it identifies is that essentially central office ask  
2 the regions or distributed a list for the regions to  
3 identify those children and young people that were  
4 ineligible for family-based care, and each region seems to  
5 have a slightly different way of assessing this but,  
6 broadly speaking, those that were regarded as ineligible  
7 tended to have one or a combination of complex disability  
8 or mental health requirements?

9 A. Sure. Yes. Yes.

10  
11 Q. And if you see - overleaf and over the page, Operator,  
12 you see some of the other regions, again significant  
13 disabilities, behavioural issues, or there's a further  
14 factor identified, which is the sibling groups?

15 A. Agree, agree. Which would make up a considerable  
16 proportion of those children who we say are eligible for  
17 family-based care but for a variety of reasons we've  
18 prioritised them living together with their siblings in  
19 that arrangement.

20  
21 Q. Yes.

22  
23 COMMISSIONER: When you compare the average cost of  
24 residential care with foster care, there's an enormous  
25 disparity, 10 times, that order of magnitude, in terms of  
26 cost of residential care compared to foster care?

27 A. Yes.

28  
29 COMMISSIONER: Have you compared the cost of residential  
30 care to the professional model of care? What's the cost  
31 differential? There's \$100,000, roughly speaking, that  
32 goes to the professional carer under this model?

33 A. Yes. So per young person in the professional foster  
34 care model it's \$200,000 per annum, whereas, as we know,  
35 for residential care that might be 500,000.

36  
37 COMMISSIONER: Well, that's the median, I think, 500?

38 A. Yes, correct. Correct.

39  
40 COMMISSIONER: There are very --

41 A. That's right. That's right. So without doing --

42  
43 COMMISSIONER: There are outliers that are far more  
44 expensive?

45 A. There are. There are. There are. And some of those  
46 outliers might be children that aren't suitable to move  
47 into a professional foster care arrangement.

1  
2 COMMISSIONER: So \$100,000 to the foster carer, talking in  
3 broad terms?  
4 A. Correct.  
5  
6 COMMISSIONER: And the other 100,000 would go, what, to  
7 the agency?  
8 A. To the agency. Yes. Yes.  
9  
10 COMMISSIONER: For support of the foster carer?  
11 A. For support. So that will fund their work to recruit,  
12 train and ongoing support those carers. That might be for  
13 practical support to the carer. They might, for example,  
14 engage other professionals who might do work directly with  
15 the carer.  
16  
17 COMMISSIONER: Isn't there an economy of scale here from  
18 the perspective of the support agency? I mean, if it's  
19 100,000 per carer that would add up to millions of dollars  
20 as soon as you had, say, 20 or 30 carers who you had  
21 recruited?  
22 A. Yeah. So the contracts were formed in the first  
23 instance for each of the three agencies to recruit 10  
24 carers.  
25  
26 COMMISSIONER: So that's a million dollar each, roughly?  
27 A. Yes, over two years. So 2 million over that period of  
28 time. With the possibility of then scaling in some way,  
29 and I think this is the work - it's a pilot, and so that is  
30 the work to do around the price and is the price right and  
31 what is that, and, you know, I guess that's the continuous,  
32 you know, learning we'll do with providers as we go through  
33 the pilot.  
34  
35 COMMISSIONER: Sure. But even if one looks at it just in  
36 financial terms, assuming an average or median cost for  
37 residential care of about \$500,000 per year per child --  
38 A. Yes, yes.  
39  
40 COMMISSIONER: -- and even assuming \$200,000 per child --  
41 A. Yes, yes.  
42  
43 COMMISSIONER: -- in the professional model, there is -  
44 that's a saving of --  
45 A. Correct.  
46  
47 COMMISSIONER: -- roughly \$300,000 per year per child?

1 A. 300,000. Yes. Yes.  
2  
3 COMMISSIONER: Which is significant?  
4 A. It is. Yes. Yes.  
5  
6 COMMISSIONER: In which case is there a plan to test the  
7 professional foster care model generally that is not  
8 limited by a needs assessment of the child?  
9 A. The pilot at this stage has been focused on the needs  
10 assessment. So it has had that focus on complex young  
11 people with a disability. That has been the first part of  
12 it. I mean, that doesn't mean throughout, you know, the  
13 trial period that we might not consider other different  
14 cohorts of young people where it might be suitable. So  
15 I think it can. It's not at this point. It is this  
16 initial cohort. But over the two years of the trial  
17 I can't see why that wouldn't be possible.  
18  
19 COMMISSIONER: Just to return to a point I think I raised  
20 with you earlier, even assuming that the pilot is confined  
21 to a needs-based assessment --  
22 A. Yes.  
23  
24 COMMISSIONER: -- having regard to the fact that there are  
25 many present sitting foster carers out there --  
26 A. Correct, correct.  
27  
28 COMMISSIONER: -- managing, caring for and meeting the  
29 needs of children with very high needs --  
30 A. Yes, yes.  
31  
32 COMMISSIONER: -- it's very likely, is it not, that once  
33 this pilot program is underway those foster carers will be  
34 knocking on the door of the department and saying, "Well,  
35 what about me? I'm doing all of this. I'm looking after a  
36 child of equivalent needs or comparable needs. I should be  
37 paid," and it would be hard to say no to that proposition,  
38 wouldn't it?  
39 A. That could be the situation, and actually that might  
40 be the true cost of caring for a high-needs young person.  
41  
42 COMMISSIONER: Yes. Yes.  
43  
44 MR DIAZ: And while we're on topic of cost just two  
45 questions. On its current conceptualisation for the trial  
46 you've discussed at length that it's generally targeted at  
47 higher-needs, more complex children?

1 A. Yes. Yes.  
2  
3 Q. I think you would agree, wouldn't you, that for such  
4 children the residential care package is likely to be even  
5 greater than \$500,000 because those seem to be the more  
6 expensive packages?  
7 A. Yes, could well be, could well be.  
8  
9 Q. And, again, I'm not sure were you present either in  
10 the courtroom or watching online when the Chief Finance  
11 Officer gave evidence, Mr Short?  
12 A. I saw some, yes.  
13  
14 Q. You saw some?  
15 A. Yes, yes.  
16  
17 Q. I don't expect that you were watching with eyes glued  
18 given your many obligations. Did you hear the evidence he  
19 gave around the cost sensitivity for the supply mix?  
20 A. Yes. The 1 per cent?  
21  
22 Q. That's right.  
23 A. Yes.  
24  
25 Q. And you're familiar that if about 1 per cent of  
26 children are moved from non-family-based care to  
27 family-based care that has a cost sensitivity --  
28 A. Yes.  
29  
30 Q. -- either in cost or a saving of \$50 million?  
31 A. Yes, based on the targets, yes.  
32  
33 COMMISSIONER: But that assumes the present model of not  
34 paying foster carers.  
35  
36 MR DIAZ: Quite. And that's where I was going to.  
37  
38 So on the current modelling I think if you accept the  
39 numbers in the table I've just showed you, that is to say  
40 1,555 children who are suitable --  
41 A. Yes. Yes.  
42  
43 Q. -- if in theory there was a foster care placement or a  
44 kin care placement for that child under the existing  
45 arrangements --  
46 A. Yes.  
47

1 Q. -- not a professional caring arrangement --  
2 A. Yes, yes.  
3  
4 Q. -- would you agree with me that the savings are in the  
5 order of six hundred to seven hundred million dollars a  
6 year?  
7 A. Yes, I - yes, if that's what your maths --  
8  
9 Q. Based on an arithmetic of --  
10 A. Yes.  
11  
12 Q. -- 1,500 by 500?  
13 A. Five hundred, yes, yes.  
14  
15 Q. But, of course, if it was a professional foster care  
16 model --  
17 A. Yeah.  
18  
19 Q. -- not equivalent?  
20 A. Yes, of course. Yes.  
21  
22 Q. Okay. Another topic that was raised in-chief was the  
23 topic of particular young children in residential care, and  
24 I understood that you gave evidence that there was  
25 3 per cent of children in residential care are under the  
26 age of five?  
27 A. It's my understanding, yes.  
28  
29 Q. Yes. And, just to make sure I've got it right, is  
30 that 3 per cent of children in residential care?  
31 A. Yes.  
32  
33 Q. Not 3 per cent of children in out-of-home care  
34 generally?  
35 A. No. No, in residential care, yes.  
36  
37 Q. Yes.  
38 A. Yes.  
39  
40 Q. I don't necessarily need to take you to it unless you  
41 want to refamiliarise yourself, but I'm just going to ask  
42 you some questions about one of your statements where you  
43 addressed children in residential care under 12.  
44 A. Sure.  
45  
46 Q. If at any point you want to refamiliarise yourself you  
47 let me know.

1 A. Okay. Thank you. Yes.  
2  
3 Q. So there's a statement you gave dated 3 September  
4 2025. In that statement you explained that residential  
5 care is primarily for children and young people aged 12 to  
6 17; is that right?  
7 A. Yes.  
8  
9 Q. Yes?  
10 A. That would be what the current investment  
11 specifications indicate, yes.  
12  
13 Q. Yes.  
14 A. Yes.  
15  
16 Q. And so I'm right to understand from that that  
17 residential care was never really designed for children  
18 under 12?  
19 A. No.  
20  
21 Q. No?  
22 A. No.  
23  
24 Q. Now, you go on to say, and this is something we've  
25 touched on a little bit this morning, that sibling groups  
26 may be better accommodated in residential care regardless  
27 of their support needs; is that right?  
28 A. I don't know that I'd say "better".  
29  
30 Q. Sure.  
31 A. I think for all children they are better in a  
32 family-based care arrangement. But the practicality of  
33 large sibling groups and there being available kin or  
34 foster carers, then the department's in a difficult  
35 position about making a decision around either separating  
36 those children or keeping those children together.  
37  
38 Q. Yes. I better just take you to your statement.  
39 A. Sure.  
40  
41 Q. It was probably unfair to ask you questions about  
42 it --  
43 A. Yep. No worries.  
44  
45 Q. -- without you having the benefit of it. It's behind  
46 tab 3 of the master bundle, so that's volume 1 of one of  
47 the large bundles, and I think you're welcome to discard -

1 I might ask the Commissioner's associate to help you  
2 reorganise your folders there.

3

4 COMMISSIONER: Which folders can be taken away?

5

6 MR DIAZ: I think we can - well, at least for the time  
7 being the reasonable excuse bundle can be discarded, as can  
8 the public interest immunity bundle. That may assist the  
9 witness.

10

11 COMMISSIONER: That's given you a bit more room,  
12 Ms Harvey.

13 A. Thank you. I'm sorry, what was the --

14

15 MR DIAZ: Not at all. It's tab 3 of the first volume.  
16 Take your time, Associate, please; no difficulty. So this  
17 was the statement I was asking you about, and in particular  
18 the evidence I was asking you about is at paragraph 70 and  
19 following, and I had somewhat unfairly extracted something  
20 from your statement without giving you the opportunity to  
21 read it, but there is the observation that --

22 A. Yes. Yes.

23

24 Q. -- in the second sentence, sibling groups may be  
25 better accommodated?

26 A. Yes.

27

28 Q. Did you just want to provide the clarification on that  
29 evidence now that you've had an opportunity to see your  
30 statement?

31 A. So, yes, I know what that says. I think that is, if  
32 the assessment was whether it was better for those children  
33 to be separated across multiple family-based placements or  
34 kept together, that generally the assessment is those  
35 children are better kept together.

36

37 Q. Yes. Is there some sort of philosophical position  
38 that it's better, in the department's perspective, to have  
39 those sibling groups accommodated in residential care,  
40 though, regardless of need?

41 A. No, I don't think that is the premise. I think -  
42 I mean, I think, as I said, ideally children are in  
43 family-based care arrangements. But if this is a sibling  
44 group of four, six young people it is very difficult to  
45 identify, you know, either a kin placement or a  
46 family-based care - foster carer who might be prepared to  
47 take those children. So if the decision is to have those

1 six children in six different placements then, depending on  
2 the particular needs of those young people, I think there  
3 is an assessment around keeping them together.

4

5 COMMISSIONER: Ms Harvey, it's conceivable, isn't it, that  
6 with a paid foster care model with appropriate pricing, if  
7 you like, given - let's say if we assume there are four  
8 children who are siblings.

9

A. Yes.

10

11 COMMISSIONER: If the model was a paid model it's  
12 conceivable that you could accommodate those four children  
13 in a paid family home environment rather than leaving them  
14 in a residential care environment with effectively rotating  
15 support workers rather than being cared for in a family  
16 environment.

17

A. Yes.

18

19 COMMISSIONER: So is that proposed to be trialled, sort of  
20 to test the market appetite, so to speak, for caring for  
21 sibling groups by professional carers?

22

A. So probably more broadly, Commissioner, there is a  
23 piece of work under way at the moment that regional  
24 engagements are occurring right across the state to better  
25 understand from our staff what Sibling Care looks like and  
26 what are the options about what it could look like. So,  
27 you know, I don't think we have settled on what the answer  
28 to that is, but definitely doing work and are focused on  
29 looking at some better care arrangements for siblings that  
30 see it either being family based or residential care, but  
31 what might be some different ways of thinking about it.  
32 Now, I've been in the department a long time, Commissioner.

33

34 COMMISSIONER: Yes

35

A. And when I first started in the department there were  
36 small group homes that existed where house parents were.  
37 Now, I'm not suggesting we revert back to what occurred in  
38 the past, but I think there are some other things for us to  
39 consider around how siblings might be cared for. And we  
40 are hearing particularly in some regions that there are  
41 some really innovative opportunities that Elders in  
42 community are suggesting that might be a series of people  
43 who provide care to a young person or a group of siblings.  
44 So I think they're all the things that we need to consider,  
45 and then from a central perspective enable regions to use  
46 those types of arrangements.

47

1 COMMISSIONER: To test and pilot and --  
2 A. Absolutely. Absolutely.  
3  
4 COMMISSIONER: So Sibling Care is on the continuum --  
5 A. Yes, it is.  
6  
7 COMMISSIONER: -- future care continuum --  
8 A. As a particular piece of work to look at what might be  
9 some much more suitable models.  
10  
11 COMMISSIONER: So what was the group home model that you  
12 mentioned that used to exist?  
13 A. So previously there were house parent models that saw  
14 live-in foster carers, for want of a better word, not in  
15 their own home but in a service. And they would provide  
16 care to a group of young people, that might be siblings,  
17 that live in that arrangement, including care to their own  
18 children.  
19  
20 COMMISSIONER: So why was that model discarded as part of  
21 the mix?  
22 A. Look, to be honest, Commissioner, I can't recall. It  
23 would have been in the mid-90s.  
24  
25 COMMISSIONER: Yes.  
26 A. And I guess perhaps coincided at a period of time  
27 where, you know, a move away from sort of institutional  
28 based models of caring for children.  
29  
30 COMMISSIONER: But that needn't be institutional, need it?  
31 A. No, no. I mean, there were sort of complexities with  
32 that arrangement. For example, if the house parent was  
33 paid, when were they not paid if they were there all the  
34 time? So all of those things I think led to those models  
35 being discontinued.  
36  
37 COMMISSIONER: But Sibling Care is something that's been  
38 looked at but hasn't yet been --  
39 A. Yeah.  
40  
41 COMMISSIONER: Sort of the model hasn't been sort of  
42 devised for testing as yet?  
43 A. No, it is hasn't. And I think as we said, you know,  
44 at a local level the regions are doing a whole variety of  
45 things to look at what can meet the needs of those young  
46 people. And so it's really about us understanding what are  
47 those things and/or the advice from communities about what

1 are those things that can look completely different than  
2 the current offerings.

3

4 COMMISSIONER: Yes.

5

6 MR DIAZ: And while we're on this part of your statement  
7 just a couple of paragraphs down there's something I think  
8 you alluded to a short time ago at 73. That's at page 34  
9 of the bundle. You'll see that you explain that for a  
10 child under 12 they're only considered for a placement in  
11 residential care if a comprehensive assessment indicates  
12 that their needs are best met by that option, leaving aside  
13 the siblings group bucket, if you will, that we've just  
14 discussed. Do you see that?

15 A. I do see that, yes. Yes.

16

17 Q. And can you just explain to me in a little bit more  
18 granular detail what that comprehensive assessment looks  
19 like?

20 A. So that would be the assessment that's undertaken at a  
21 service centre level about that individual, young person.  
22 I mean, this is a pick-up from what is in the policy and  
23 procedures as they currently exist. So the service centre  
24 would look at the individual young person, as you know and  
25 you've heard, whether there is an OSD-funded arrangement  
26 either in family-based care that can meet their needs. If  
27 there's not, then they will say that their needs are best  
28 met by being in a residential care arrangement because  
29 essentially there is no other arrangement.

30

31 COMMISSIONER: That's the reality, isn't it?

32 A. That's the reality. And that might be aspirational,  
33 but the reality is - yes, yes.

34

35 COMMISSIONER: The policy is a child under 12 shouldn't be  
36 in residential care --

37 A. Yes.

38

39 COMMISSIONER: -- unless assessed to be suitable.

40 A. Agreed, yes.

41

42 COMMISSIONER: But the reality is, there being no  
43 family-based care option, that's the only option.

44 A. That's correct. That's correct.

45

46 MR DIAZ: As he often does, the Commissioner has beaten me  
47 to the punch. That's precisely what I was going to ask

1 you.

2 A. Yes.

3

4 Q. There's one final matter, if I can use the expression,  
5 to mop up from evidence-in-chief and that's some evidence  
6 you gave around OSD providers. Now a large number of  
7 providers having been converted to OSD contracts --

8 A. Yes.

9

10 Q. -- they're subject to some extra oversight through the  
11 contract --

12 A. Yes.

13

14 Q. -- much of which we've heard evidence about throughout  
15 the course of the last two weeks. There's just one  
16 particular aspect around that that I wanted to ask you  
17 about. And, though I had suggested to the Commissioner's  
18 associate that he could take away the reasonable excuse  
19 bundle, I'm going to have to ask the Commissioner's  
20 associate to return that to you because in that bundle at  
21 tab 2 there's a statement that you've written addressing  
22 this particular issue. So this is a more recent statement  
23 from March this year. And when you get to tab 2 if you go  
24 to paragraph 7 of that statement, which is on page 53,  
25 you'll see a slightly more detailed description of what  
26 you're explain; namely, that OSD service providers are  
27 required to provide their audited financial statements  
28 within 180 days from the end of the financial year.

29 A. Yes.

30

31 Q. Do you see that?

32 A. Yes, I do.

33

34 Q. And, as I understand it based on the statement,  
35 thereafter it's reviewed by the budget and contracting  
36 coordination team. Am I right to understand that 7(a) and  
37 7(b) are two layers of review, as it were, and that the  
38 first review occurs by the budget and contracting  
39 coordination team?

40 A. Yes, that's how I read it also. So as I understand  
41 there's an initial review. There is then a much more  
42 detailed review by Financial Services. And, as  
43 I understand it, if there are concerns that are identified  
44 then there is a further in-depth review that comes back  
45 into the commissioning area, and they then do that sort of  
46 deeper analysis. So I'd suggest perhaps then that means  
47 there's three levels, not two perhaps.

1  
2 Q. Yes, that's very useful to understand  
3 A. Yes, yes.  
4  
5 Q. And then you explain at paragraph 8 that Financial  
6 Services - so I guess we can call that the second layer of  
7 review --  
8 A. Yes.  
9  
10 Q. -- they only assess two-thirds of the AFS, the audited  
11 financial statements, received each year; is that right?  
12 A. That's my understanding, yes.  
13  
14 Q. Yes. It's also my understanding from other documents  
15 that I've read.  
16 A. Yes. Yes.  
17  
18 Q. What is the reason for not assessing every audited  
19 financial statement?  
20 A. I don't know that I can answer that question  
21 definitively. I understand that they do do some risk  
22 assessment based on that, and I think the subsequent  
23 sentence then goes on to say that they then cycle that. So  
24 that would be in Mr Short's area. So I'm guessing it could  
25 be based on capacity.  
26  
27 Q. Yes. Don't you think in circumstances where providers  
28 are being required to provide audited financial statements  
29 and, plainly enough, there's risks of insolvency, risks of  
30 financial viability, financial distress and the like that  
31 might be disclosed in these audited financial statements,  
32 that the department should just review them all?  
33 A. Possibly, yes.  
34  
35 Q. Particularly if the restraint is just a resourcing  
36 constraint --  
37 A. Yes.  
38  
39 Q. -- that could presumably be addressed by hiring an  
40 additional --  
41 A. Yes, if that is the - yes, if that's the reason.  
42  
43 Q. And then just further down in this statement, this is  
44 at paragraph 20 but still on the same point, you helpfully  
45 explain to us that this is - obviously the statement is  
46 dated 6 March, so this is a point in time assessment as at  
47 6 March this year. But you explain that as at that time 90

1 organisations had provided their OSD funded - I'll withdraw  
2 that. I'll start again. 90 organisations had provided  
3 their audited statements at that time.

4 A. Yes.

5  
6 Q. And of that 90 do you see that 23 had been identified  
7 as having financial concerns; so that's about a quarter,  
8 25 per cent?

9 A. M'hmm.

10  
11 Q. Again, having just refreshed you on the evidence you  
12 give, don't you think that's a very compelling reason to  
13 assess every provider in circumstances where at least based  
14 on the sample you reviewed 25 per cent of them are being  
15 identified as having financial concerns?

16 A. Yes. Yes, agreed.

17  
18 Q. And then at paragraph 21 there's some reference to  
19 some of the actions you have taken in respect of providers  
20 for which concerns are identified. I appreciate that you  
21 may not be involved in this in the day to day.

22 A. Yes.

23  
24 Q. But are you able to just provide a sense as to the  
25 process that occurs after the concerns are identified, and  
26 in particular I'm interested to understand at what level or  
27 at what point of intervention does the department think it  
28 necessary, for example, to appoint its own auditor or to  
29 take similar such steps?

30 A. So I can speak generally. Like, you know, I'm not  
31 engaged in the sort of day-to-day detail.

32  
33 Q. I imagine.

34 A. As I understand it, if there are concerns identified  
35 by Finance, it then comes to the team in Commissioning.  
36 They do do some further detailed work, including engaging  
37 with the region to better understand any contextual  
38 information about the provider, any work they might be  
39 doing with the provider at that point in time. The central  
40 unit and the region then work in partnership about what  
41 might be the information that we go back to the provider  
42 with to clarify. That might be in writing. That might be  
43 through a meeting with the provider. It might be the  
44 regional contract officer. So some work to firstly just  
45 work through what the issues might be.

46  
47 I think as they go through that process, if it becomes

1       apparent that there are ongoing and significant concerns,  
2       they would raise those concerns up through line management.  
3       So, as you might understand, staff in contract offices in  
4       regions do not report in to me; they report in to the  
5       Service Delivery arm of the department. So it may well be  
6       that those particular provider concerns are sort of  
7       escalated through line management of Service Delivery. It  
8       may be also that my team might bring it to my attention.

9  
10       In the case that that raises, you know, really significant  
11       concern about the viability of the provider going forward,  
12       and maintaining their financial liquidity is a requirement  
13       under their contract, so if it gets to that point that, you  
14       know, we are really, really worried about their capacity to  
15       continue to operate then it may well be that we engage  
16       someone to do a forensic audit or other things in relation  
17       to concerns we might have.

18  
19       Q.    Yes.

20       A.    I guess from there, whatever that forensic audit might  
21       identify, we proceed then through, you know, continuing to  
22       raise those matters in a formal way with the provider. And  
23       if we got to the point where we weren't satisfied around  
24       the either remedial action or other steps the provider was  
25       taking we might move to a show cause process requiring, you  
26       know, the organisation to show cause as to why we should  
27       continue to fund them.

28  
29       Q.    Yes.

30       A.    Being mindful that these are providers who will be  
31       caring for children as well. So it will be important as  
32       we're going through that process to also have some really  
33       clear eyes on the level of service being provided. So it  
34       might be as we're going through this process we might ask  
35       the region to ensure they're doing much more regular visits  
36       to the children in those arrangements, much more regular  
37       engagement with the provider around sort of the care  
38       arrangements, noting of course that if it got to a point  
39       where we were concerned about the day-to-day care of those  
40       children in those arrangements then we would move them from  
41       those arrangements.

42  
43       Q.    Yes. And so all of the matters you've just  
44       highlighted in explaining what process is followed where  
45       financial viability concerns are identified --

46       A.    Yes.  
47

1 Q. -- I take it you would agree with me that those  
2 demonstrate the importance of undertaking this exercise?  
3 A. Yes. Yes, definitely.  
4  
5 Q. And it's right to say, isn't it - let's at least talk  
6 historically now, from 2020 to 2025 - that IPS providers,  
7 unless they were licensed, were not required to provide  
8 their financial statements at any time?  
9 A. Unless they were OSD funded. So the licensing is not  
10 irrelevant but, if you know what I mean, that's not the  
11 trigger for the provision of the statement. Being under an  
12 OSD contract is the trigger.  
13  
14 Q. Yes, I meant to say IPS only.  
15 A. Sorry, yes.  
16  
17 Q. Assuming they're not dual funded.  
18 A. Yes.  
19  
20 Q. For those providers that were IPS only.  
21 A. They are IPS only, yes.  
22  
23 Q. And, just on that point around being licensed, my  
24 understanding - but tell me if I'm wrong about this - is  
25 part of the HSQF audit process does indeed require them to  
26 provide financial statements?  
27 A. I'm not sure if it's part of the HSQF certification  
28 but it's definitely part of the licence process.  
29  
30 Q. I think, quite right, it's part of the licensing  
31 application process.  
32 A. Yes.  
33  
34 Q. So they might be an IPS licensed provider and through  
35 that application process, even though they're not receiving  
36 OSD funding --  
37 A. Correct. Correct.  
38  
39 Q. -- their statements are provided, their financial  
40 statements are provided?  
41 A. Correct. Yes, yes.  
42  
43 Q. And is it right to understand - Ms Lategan gave some  
44 evidence around this, and you may or may not be familiar  
45 with it - but the work that the department is now doing is  
46 for those financial statements to be provided as part of  
47 the prequalification process?

1 A. Yes, that is correct. Yes.  
2  
3 Q. And are you aware whether part of that will include  
4 doing so on an ongoing basis?  
5 A. I don't know. I suspect that we will review that  
6 prequalifying list on a regular basis. So I'm not sure  
7 what the timeframe is for that. So if it's an annual list  
8 - like, I can't imagine it would be a forever, you know,  
9 list. So I think as we do that we would require the  
10 provision of updated information.  
11  
12 Q. Yes. So I take it from that that you would agree with  
13 me that just for IPS-only providers moving forward --  
14 A. Yes, yes.  
15  
16 Q. -- there's utility in having them provide their  
17 audited financial statements on a regular basis?  
18 A. I think through that process it will be of benefit,  
19 noting, you know, the transition work under way will see  
20 IPS forming a small part of, you know, our investment kind  
21 of footprint. So the risk, I guess, will be diminished  
22 somewhat in that regard.  
23  
24 COMMISSIONER: Ms Harvey, if the aspiration of having just  
25 I think is it 7 per cent residual IPS providers is  
26 realised - I might have the percentage wrong. What's the  
27 current objective?  
28 A. I think - so in terms of expenditure I think we were  
29 targeting to have around 5 to 10 per cent --  
30  
31 COMMISSIONER: 5 to 10 per cent.  
32 A. -- of our expenditure in IPS.  
33  
34 COMMISSIONER: Right.  
35 A. That doesn't necessarily mean it's not providers who  
36 might not also be OSD funded.  
37  
38 COMMISSIONER: Quite.  
39 A. It's really just the way in which we flexibly fund.  
40  
41 COMMISSIONER: Let's assume that target can be reached  
42 over - do you have an estimate as to the timeframe?  
43 A. End of the year.  
44  
45 COMMISSIONER: Right. Well, that would be very much an  
46 improvement in financial terms, wouldn't it?  
47 A. Yes, yes. So if we've - in the last six months we've

1 transitioned 715 arrangements. So, yes.  
2  
3 COMMISSIONER: It seems achievable.  
4 A. It seems achievable, yes.  
5  
6 COMMISSIONER: Good. So let's assume that amongst that  
7 residual 5 to 10 per cent in funding terms --  
8 A. Yes, yes.  
9  
10 COMMISSIONER: -- there are some providers, not all but  
11 some IPS providers who are unlicensed. That presumably is  
12 only a small number of providers.  
13 A. Yes, correct.  
14  
15 COMMISSIONER: Why wouldn't it be a good idea to require  
16 that residual group of unlicensed IPS providers to become  
17 licensed over a certain specified timeframe?  
18 A. Yes, I think that's possible; yes. And IPS-only  
19 providers are in scope for licensing and IPS-only providers  
20 are licensed currently.  
21  
22 COMMISSIONER: Yes, I understand.  
23 A. Yes.  
24  
25 COMMISSIONER: But there is a group --  
26 A. Yes, there is; yes.  
27  
28 COMMISSIONER: -- who are not.  
29 A. Yes, correct. Yes, there is a group. Yes, yes.  
30  
31 COMMISSIONER: But you're the buyer.  
32 A. Yes.  
33  
34 COMMISSIONER: And the only buyer. And if you said they  
35 must, then if they wanted to stay in the market they would  
36 have to become licensed over whatever period?  
37 A. Yes, yes, over a period of time. Yes. So the current  
38 IPS contracting tools don't require it. But there is an  
39 option for us to consider that as we re-work that.  
40  
41 COMMISSIONER: And, further, there are quite a number of  
42 protective obligations imposed upon the provider under the  
43 OSD contracts that protect not only the department but the  
44 children in terms of, for example, the department's right  
45 to inspect --  
46 A. Yes, yes.  
47

1 COMMISSIONER: -- and generally have oversight and  
2 regulation of the provider.  
3 A. Correct, yes.  
4  
5 COMMISSIONER: There would be no reason not to include  
6 such provisions in the IPS contracts, would there?  
7 A. No, there would be no - no, there wouldn't be any  
8 reason why we couldn't include it. We would need to say  
9 "working towards", noting that for providers to go through  
10 sort of HSQF and then licensing it requires them to  
11 demonstrate, you know, certain things about ongoing care of  
12 young people, of which they have to have young people in  
13 their care to be able to demonstrate. But "working  
14 towards" could be - yes.  
15  
16 COMMISSIONER: Again, at a practical level, you have to  
17 recognise the respective bargaining position of the  
18 parties. On the whole the department as the buyer, one  
19 would think is in a position to insist on terms. I won't  
20 say "dictate" --  
21 A. Stipulate.  
22  
23 COMMISSIONER: Stipulate. That's a better expression.  
24 A. Yes.  
25  
26 COMMISSIONER: But that bargaining position is weakened if  
27 there is only one provider and the provider is an  
28 unlicensed IPS provider?  
29 A. Correct. Correct.  
30  
31 COMMISSIONER: And that might be the very sort of area  
32 where the department need consider putting itself in a  
33 stronger position by potentially itself being prepared and  
34 able to provide the service to encourage in a practical  
35 way --  
36 A. Yes.  
37  
38 COMMISSIONER: -- the outcome of having the IPS provider  
39 becoming licensed and therefore subject to the same sort of  
40 regulation and oversight as an OSD provider.  
41 A. Yes, agreed.  
42  
43 COMMISSIONER: Yes.  
44  
45 MR DIAZ: Commissioner, you've just touched on two of the  
46 weighty topics I wanted to come to. I note the time.  
47

1 COMMISSIONER: Yes, we might adjourn now until 2 o'clock.  
2 We've been going for a while.

3  
4 MR DIAZ: Quite.

5

6 **LUNCHEON ADJOURNMENT** [12.44 pm]

7

8 COMMISSIONER: Mr Diaz.

9

10 MR DIAZ: Ms Harvey, am I right to understand that in your  
11 current role as DDG of Investment and Commissioning one of  
12 the teams that ultimately sits within your portfolio of  
13 responsibility is the licensing team?

14 A. That's correct, yes.

15

16 Q. And what's the name of that team?

17 A. I'm not entirely sure. Child Safety Licensing  
18 perhaps.

19

20 Q. Yes. I might just call them the licensing team in  
21 that case.

22 A. Sure.

23

24 Q. I just want to ask you about some of the work that  
25 that team does which I understand you oversee, and this is  
26 something that's addressed in a number of your statements  
27 but I just want to go to some specific documents and some  
28 recent documents in particular that have been produced to  
29 the Commission. So if we could start with volume 3 of  
30 the master bundle. Operator, this is at tab 112. Yes, I'm  
31 reminded by my instructor that there's apparently a  
32 separate version of this document that has been provided  
33 where the names of providers have been redacted. So the  
34 version you'll be able to see, Ms Harvey, will have the  
35 names of particular providers. But thank you very much for  
36 that, Operator and to my instructor, reminding me. It will  
37 need to be magnified a little bit, and I'll give you some  
38 time to get --

39 A. I'm sorry, 112?

40

41 Q. Tab 112

42 A. Yep.

43

44 Q. Page 2367. Now, though it looks a little bit  
45 complicated, the table is simpler than it seems.  
46 Essentially this is an Excel spreadsheet listing the last  
47 20 IPS-funded service providers, so IPS only, not being

1 party to an OSD contract who were deemed in scope of  
2 licensing, and we asked about various matters relating to  
3 those providers. On my count there's a couple of things  
4 I'm going to ask you about this table. Do you see the  
5 provider that is I think the seventh row down? For ease of  
6 identification that provider had, you'll see this in column  
7 E, 54 children in the place?  
8 A. Yes, yes.  
9  
10 Q. Do you see which provider I'm talking about?  
11 A. Yes, I do. Yes, I do.  
12  
13 Q. And there's a couple of details about this particular  
14 provider on the seventh row which I'd like to bring to your  
15 attention before I ask you some questions. So it says that  
16 the provider started providing services - this is column  
17 C --  
18 A. Yes, yes.  
19  
20 Q. -- on I think that's 9 December.  
21 A. 9/12, yes.  
22  
23 Q. Yes, 9 December 22.  
24 A. 22, yes.  
25  
26 Q. And what it says is that by August, 26 August 2024, so  
27 almost two years later, they were determined to be in scope  
28 for licensing; do you see that?  
29 A. I do.  
30  
31 Q. And at that time they had 54 children in their care?  
32 A. Yes.  
33  
34 Q. Do you see that?  
35 A. Yes. Yes, I do.  
36  
37 Q. And then again there's a further identification that  
38 by April 25, that's the date at G, the day on which the  
39 licensing delegate made the decision as to whether they  
40 were in scope, by that point they had 78 children in their  
41 care; do you see that?  
42 A. Yes.  
43  
44 Q. And am I right to understand from the final column -  
45 well, in fact M and N suggest as much - that this provider  
46 remains unlicensed? You'll see that M - I know it can -  
47 I'm in fact not sure how large it is on the version you're

1 reading.  
2 A. Not particularly large.  
3  
4 Q. Operator, could you --  
5 A. But I think I'm getting there; yes.  
6  
7 Q. Could you, Operator, perhaps just highlight M and N so  
8 that we can see what those columns relate to?  
9 A. I think it says "NA" in both of those columns.  
10  
11 Q. Yes, indeed. That was the point.  
12 A. Yes.  
13  
14 Q. M is the outcome of the licensing application, it says  
15 for this provider not applicable, and N is the day on which  
16 the delegate made a decision in respect of --  
17 A. Yes.  
18  
19 Q. Again, not applicable.  
20 A. Yes.  
21  
22 Q. So I'm right to understand that in the case of that  
23 provider they - well, it seems they haven't even been  
24 invited to apply for a licence. And I infer that from -  
25 well, in fact I perhaps withdraw that. It looks like they  
26 were invited to apply on 2 March this year. That's column  
27 K.  
28 A. Yes. Yes.  
29  
30 Q. Are you able to read it or is it too small, Ms Harvey?  
31 A. No, it's okay. It's okay, yes.  
32  
33 Q. So they have been invited --  
34 A. Now been invited, yes.  
35  
36 Q. -- but they have not yet applied, and you take that  
37 from column L?  
38 A. It does look like that, yes.  
39  
40 Q. Yes.  
41 A. Yes.  
42  
43 Q. And would I be right to understand - you'll have to  
44 make an assumption for the purpose of this question, but  
45 assuming an average cost of half a million dollars per year  
46 per child, that someone with 78 children in their care  
47 they'd be receiving in the order or at least \$35 million

1 per year in funding?

2 A. Yes.

3

4 Q. Now, there's another provider I want to ask you about  
5 in this table. This is the one that's fifth from the top,  
6 and again this is proving a little harder than I expected  
7 because I appreciate it seems that it's hard to read for  
8 you, but this provider was deemed in scope, which is  
9 column D --

10 A. Yes.

11

12 Q. -- on November - in November 22?

13 A. 22, yes.

14

15 Q. Do you see that?

16 A. Yes, I do.

17

18 Q. And then there's reference in column F, which is the  
19 date of the regional assessment, to being two and a half  
20 years later, essentially; do you see that?

21 A. I do, yes. Yes.

22

23 Q. Now, can you just explain to me what the reference to  
24 a regional assessment is?

25 A. So, as I understand the process, the licensing team  
26 that sits within the commissioning division produce a list  
27 of providers that have been routinely providing  
28 non-family-based care arrangements, have maintained that  
29 over a period of time, and I think it talks about a  
30 12-month period and a growth in arrangements over that  
31 period of time. So they flag on that list. As  
32 I understand the process, they provide that information to  
33 the region, who makes some assessment. And again I'll  
34 probably just speak in general terms because I don't feel  
35 comfortable that I know all of the kind of parts of that  
36 assessment. But, as I understand it, they consider whether  
37 that's a provider they're going to routinely use or they  
38 continue to use them in the provision of placements. And,  
39 as I understand it, the regional executive director makes  
40 some form of assessment around that, and that then comes  
41 back to the licensing team - so, sorry, the regional  
42 executive director makes some decision in relation to that  
43 and that comes back to the licensing team.

44

45 Q. Either with a recommendation that the process of being  
46 licensing should be progressed or not?

47 A. Yes, that's as I understand it.

1  
2 Q. And is there any reason why or that might explain why  
3 there's a sort of at least for this provider - for all of  
4 the providers there's variable ranges, but some of them are  
5 quite substantial, and at least for this provider it takes  
6 two and a half years for that assessment to occur?  
7 A. Yeah, I can't really comment on why that was.  
8  
9 Q. Yes. And you'll see that, even though that assessment  
10 has been made and so the assessment was made, that's column  
11 F --  
12 A. Sorry, for the fifth provider or --  
13  
14 Q. Fifth provider.  
15 A. Fifth provider, yes.  
16  
17 Q. Sorry, it's quite difficult without being able to  
18 refer to the provider's name.  
19 A. Yes. Yes.  
20  
21 Q. But you'll see that the date of the assessment was -  
22 I think I have it at June 25? Sorry, I apologise, that's  
23 the one below it. No, in fact I do think it is June 2025;  
24 do you see that? 25 June --  
25 A. Is that column F?  
26  
27 Q. That's right.  
28 A. Yes, yes.  
29  
30 Q. And notwithstanding that the assessment has been made  
31 that they're in scope --  
32 A. Yes.  
33  
34 Q. -- and whatever further consideration had to occur as  
35 part of the regional assessment seems to have been  
36 satisfied, and again if you track through things at I  
37 you'll see that the licensing delegate has made a decision  
38 that they're suitable for licensing, you'll see once you  
39 get to column J and following that they're not yet  
40 certified.  
41 A. M'hmm.  
42  
43 Q. Now, it looks like that decision has occurred in  
44 September 25, so sort of in excess of six months ago now.  
45 Is there any reason why there would be a delay in the  
46 provider now becoming licensed?  
47 A. Without knowing the specifics about that provider, no,

1 I'm sorry, I can't - I can't provide information as to why  
2 that would have occurred.

3

4 Q. And then rather than focusing, as it were and as I've  
5 directed you to, on the provider at 5 and 7 --

6 A. Yes, yes.

7

8 Q. -- looking at the table in totality it looks like from  
9 the point that providers are deemed in scope there is often  
10 still a period of several years before they actually become  
11 licensed. Is that something that you've observed?

12 A. So, as I understand it, providers then go through the  
13 HSQF certification process. So that can take some time for  
14 them to go through that process. And that involves an  
15 external certification against the HSQ standards. So that  
16 can take a period of time for that to occur. There then is  
17 the additional process on top of the HSQF certification  
18 that the department does in relation to the licensing  
19 process, and, as we've discussed, including things like an  
20 assessment of their financial sustainability at that point  
21 in time, and also the associated activity then around  
22 worker screening checks for risk assessed roles. So that  
23 process can take some time as well.

24

25 Q. Yes. And, just sticking then with the table, column N  
26 seems to be where a final decision has been made to give  
27 these providers a licence. And, just to return back to  
28 what the request was for the department to prepare by way  
29 of table, the Commission asked for the last 20 providers  
30 that have been deemed in scope. And what appears to be the  
31 case, as I apprehend it, if you take column N - and tell me  
32 if you think I've interpreted this incorrectly - but since  
33 2013, and you know that because of the asterisk at the  
34 bottom of the table that explains since 2013 there have  
35 only been 19 providers to come through this process --

36 A. IPS-only providers.

37

38 Q. IPS-only providers.

39 A. Yes, yes.

40

41 Q. Of those IPS-only providers, which we've heard  
42 evidence from KPMG and others that at least throughout the  
43 relevant period that's been in focus --

44 A. Yes.

45

46 Q. -- made up the vast majority of providers, of those  
47 only, on my count, eight were granted licences since 2013.

1 And to tell me whether or not you agree with that you'll  
2 have to see the data in N, which on my count has eight  
3 providers mentioned.

4 A. Yes, it has "granted" in that box; yes.

5

6 Q. Yes.

7 A. Yes.

8

9 Q. And so it follows that over the period from 2013 to  
10 today, so a 13-year window, there have only been eight  
11 IPS-only providers that have become licensed.

12 A. Yes, that's correct.

13

14 Q. So, on average, less than one a year?

15 A. IPS-only providers, yes.

16

17 Q. Yes.

18 A. So there would be an associated number of OSD-funded  
19 providers that would have also gone through a licensing  
20 process in that period of time.

21

22 Q. Yes. I agree. And it looks like - and I'll tell you  
23 why I draw this inference - that there's been something of  
24 a flurry of activity since the Commission of Inquiry was  
25 announced in terms of the consideration of these  
26 applications. Are you familiar with any steps that were  
27 taken following the Commission of Inquiry to expedite the  
28 licensing process?

29 A. I'm not sure it totally aligned with the calling of  
30 the Commission of Inquiry, but we did increase some  
31 staffing into the licensing team in the department. So  
32 that provided some additional capacity for that work to  
33 occur. I mean, I think a focus on and the importance of  
34 quality has also, I suspect, driven some of that as well.

35

36 The current data, if it's helpful, indicates that of those  
37 IPS arrangements about 68 per cent of young people are with  
38 licensed providers. The other percentage represents  
39 providers currently going through licensing process. So  
40 they've either been invited or they're going through the  
41 process. And then I think there's about 8 per cent of  
42 young people placed with providers that aren't licensed,  
43 haven't been provided and aren't going through a process.

44

45 Q. Right. So I just want to make sure I understood that  
46 correctly. So as at today 68 per cent of children in  
47 residential care are with licensed providers?

1 A. Yes. I'm not sure if it's today. I think it was data  
2 from about last week or the week prior, but as almost as  
3 close to today; yes.  
4  
5 Q. Recent data?  
6 A. Recent data indicates, yes.  
7  
8 Q. Okay. That's interesting. And there's only  
9 8 per cent of those children that are with providers that  
10 aren't either on their way to becoming licensed or in scope  
11 or something like that?  
12 A. Yes, that's my understanding of the latest data. Do  
13 you mind if I just clarify that I'm being completely  
14 factual?  
15  
16 Q. Please do verify. Yes, that's important.  
17 A. Sorry, sorry, I have confused the numbers. So  
18 67 per cent are placed with licensed providers.  
19  
20 Q. Yes.  
21 A. 37 per cent then are with unlicensed providers;  
22 16 per cent are with unlicensed providers who are not in  
23 scope yet; 8 per cent are with unlicensed providers who  
24 have been invited to apply and are completing steps to  
25 become HSQF certified; and a further 8 per cent are placed  
26 with unlicensed providers who are in scope of licensing and  
27 are working towards HSQF certification.  
28  
29 Q. I see.  
30 A. So apologies.  
31  
32 Q. Help me make sense of the numbers, though, because  
33 I took down that 67 per cent were with licensed.  
34 A. Yes.  
35  
36 Q. And 37 per cent were with unlicensed --  
37 A. 33.  
38  
39 Q. 33. I must have misheard. I apologise. And then of  
40 the 33 --  
41 A. Of that 33, yes.  
42  
43 Q. -- you broke down the 16, 8 and 8?  
44 A. Yes, yes.  
45  
46 Q. I now follow.  
47 A. Yes.

1  
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Q. And just I don't need you to go to it in the bundle but if I could ask if the operator just to bring it up on the screen. If you could go to tab 79, page 1914. This is the KPMG report. And the reason why I'm asking the operator to go to it is just to contextualise the historical relevance of what we've been discussing around number of providers that have become licensed over time.

A. Yes.

Q. When you have it, Operator, it's page 1914 of the master bundle, tab 79. And what you'll see when it's brought up on the screen at figure A6, which - yes, in the bottom left, thank you very much, Operator - you'll see that the number of unlicensed providers grew, and grew quite substantially, from 2021/22 financial year through to 23/24; do you agree with that?

A. Yes. Yes, I do agree; yes.

Q. And if we go then, Operator, to - I apologise. I've lost track of where in KPMG's report, regrettably, the breakdown of IPS and OSD providers is. But I think I can just put the proposition to you without going to the specific numbers.

A. Yes.

Q. You would agree with me that during this same period of focus, so from the 21/22 financial year onwards, the vast majority or at least far more than 50 per cent of providers have been IPS-only providers; do you agree with that?

A. Sorry, I might have to get you to just rephrase that; yes.

Q. Yes, we'll go to the data, I think. Yes, thank you very much. It's 1915. I was sure it was the next page, but I couldn't find it when I was scrolling. And if the figure in the bottom left, A9, could be blown up, please, Operator. You'll see there the breakdown of IPS-only, dual funded and OSD-only. And what you can see is if we take the 21/22 financial year there are 102 IPS-only as against 40 that are either dual funded or OSD-only; do you agree?

A. Yes, yes.

Q. And do you agree with me therefore that throughout the relevant period that we've been focusing on the vast majority of providers were IPS-only providers?

1 A. Yes. If it's a total count of the number of  
2 providers, yes.  
3  
4 Q. Yes, I mean this is KPMG's analysis of department  
5 data --  
6 A. Yes, yes. Yeah, yes, yes.  
7  
8 Q. -- not some sort of individual or subjective analysis.  
9 A. Yes, as opposed to where children are placed; yes.  
10  
11 Q. Exactly.  
12 A. If it's just a count of the number of providers then,  
13 yes; yes.  
14  
15 Q. Number of providers. And notwithstanding that  
16 throughout this period in every financial year in question  
17 there were more than 100 providers operating at any given  
18 time --  
19 A. Yes.  
20  
21 Q. -- over the period from 2013 to 2026, only eight  
22 providers in total have been granted a licence; do you  
23 agree with that?  
24 A. IPS-only? Yes.  
25  
26 Q. IPS only.  
27 A. Yes, yes.  
28  
29 Q. Okay.  
30 A. Noting some of those providers that were IPS-only at  
31 that point in time could have transitioned to OSD providers  
32 throughout that time series.  
33  
34 Q. Yes, although the data does seem to suggest that was  
35 very rare, I think you would agree?  
36 A. Yes, agree. And, notwithstanding, I think there is  
37 also some data about the number of licences granted over  
38 those years that is quite low as well.  
39  
40 Q. Yes. And in fact we've heard some of that data which  
41 includes that in the 23/24 and 24/5 financial year there  
42 were only two licences in total granted.  
43 A. Correct. Yes.  
44  
45 Q. And what we see from the table we're looking at right  
46 now is that those were in fact both IPS-only providers,  
47 because there's one reference to 25 and one reference to

1 2024 in the table.  
2 A. Yes, agree. Yes.  
3  
4 Q. Now, just one more thing on licensing if you'll  
5 indulge me. It concerns a document which is entitled "The  
6 draft options paper". You'll find this behind tab 121 of  
7 the master tender bundle, and if it can be brought up  
8 directly at page 2421. Now, for your benefit, Ms Harvey,  
9 I won't bring it up on the screen because I think it shows  
10 individuals' names.  
11 A. Sure.  
12  
13 Q. But I understand that this - and you'll be able to see  
14 it from your copy at 2417 --  
15 A. Yes.  
16  
17 Q. -- I understand that this was sent to you by the then  
18 Senior Executive Director of Commissioning.  
19 A. Yes; yes, that's correct.  
20  
21 Q. That's correct?  
22 A. Yes.  
23  
24 Q. And do you remember receiving this paper?  
25 A. I do remember receiving the paper. I think it was  
26 three days into the role I received this paper; yes.  
27  
28 Q. Yes, so very early on?  
29 A. Yes. Very early on, yes.  
30  
31 Q. And have you read the paper before?  
32 A. I have read the paper, yes.  
33  
34 Q. You have read the paper. Do you recall any of the  
35 detail or might it be necessary for me to take you to some  
36 of the --  
37 A. It might be helpful to go to particular parts.  
38  
39 Q. I figured as much. I was simply trying to save time  
40 if I could. I will take you to them shortly. I just want  
41 to understand first what happened to this paper. Do you  
42 know if it was ever finalised?  
43 A. So my recollection is this came to me via email in  
44 December of 2024, very, very close to Christmas, as  
45 I understand it. Subsequently I think in or around  
46 February 2025 I had a verbal brief by the Senior Executive  
47 Director and Senior Manager of the licensing unit at that

1 point in time. It's a very comprehensive report with, you  
2 know, considerable detail. So I gave some feedback at the  
3 time that it would be useful for us to do some further work  
4 on it, that there were some things that would be helpful  
5 for us to further refine, and then for us to prepare a  
6 brief for the Director-General.

7  
8 So, as I understand, there was some further work done on it  
9 throughout the year and then in around, I think, November  
10 or December last year a briefing of the Director-General on  
11 a condensed document, as I understand it, and then there  
12 was some further work for the team to do to further refine  
13 what might be some options to go back to the  
14 Director-General with.

15  
16 Q. Okay. My understanding was that the document remained  
17 in draft form. We've not been advised that there's a  
18 condensed version. Is your evidence that you think a  
19 smaller version of this option paper was prepared in or  
20 around November or December?

21 A. There was definitely some briefing materials prepared.

22  
23 Q. And that brief was in fact provided to the DG?

24 A. Yes, so by way of briefing materials I understand it's  
25 a PowerPoint presentation.

26  
27 Q. Thank you. And, just focusing on some of the  
28 recommendations in this options paper and perhaps by  
29 context, were you either present in court last week or did  
30 you hear Ms Wilson give evidence in respect of this paper?

31 A. I did hear, yes; yes.

32  
33 Q. I want to focus on some similar aspects that were  
34 touched on in Ms Wilson's evidence.

35 A. Sure.

36  
37 Q. So I won't go into too much detail, but if you feel  
38 like you would be assisted by the detail we can go to it.

39 A. Okay, yes.

40  
41 Q. So it was canvassed with Ms Wilson last week that a  
42 licensed provider is subject to an announced and  
43 unannounced visit one each year, and a minimum of one each  
44 year, by investments and partnership contract officers. Do  
45 you agree with that?

46 A. Yes.

47

1 Q. Yes. And that all of the direct care staff at these  
2 licensed providers are subject to the child safety and  
3 personal history screening.  
4 A. Yes, risk assessed roles, yes, as I understand it.  
5  
6 Q. All risk assessed roles?  
7 A. Yes, is what I understand the wording is; yes.  
8  
9 Q. What does that mean?  
10 A. So there are a range of roles in a non-government  
11 organisation that means they have direct caring  
12 responsibilities for children, but there might be other  
13 roles in the organisation that might be focused on  
14 administrative work in the broader administration for that  
15 provider. So I think it's to make the distinction between  
16 who is working directly with the children and young people  
17 and who might not be. So I think the term they call them  
18 is risk assessed roles.  
19  
20 Q. Right. And it's more or less synonymous with someone  
21 providing direct care to a child?  
22 A. Correct, yes. Yes.  
23  
24 Q. Now, given that each of these - pardon me, each of  
25 these licensed providers have already been subject to a  
26 third party audit through the HSQF process --  
27 A. Yes, yes.  
28  
29 Q. -- and also these additional measures of oversight,  
30 the announced visits, unannounced visits and CSPH  
31 screening, shouldn't the same types of monitoring - that is  
32 to say the visits, unannounced and announced, and also the  
33 CSPH screening - be required of unlicensed providers who  
34 have not gone through that audit process?  
35 A. Yeah, I think there would be benefits in that. Yes.  
36  
37 Q. And is there any impediment to that occurring?  
38 A. I don't think there is. I've heard that there might  
39 be some suggestion about whether we can compel, for  
40 example, the provision of those checks.  
41  
42 Q. That is to say --  
43 A. I think there is some wording in the legislation  
44 about - I think an interpretation of it we might ask but  
45 they could refuse. So I think there's probably just some  
46 things to work through in that regard.  
47

1 COMMISSIONER: Ms Harvey, if those checks and balances, as  
2 it were, are deemed necessary for the purposes of licensed  
3 providers --

4 A. Yes.

5

6 COMMISSIONER: -- don't you agree that as a matter of sort  
7 of simple logic, given that unlicensed providers are also  
8 caring for children, it follows that they are desirable --

9 A. Yes, agree.

10

11 COMMISSIONER: -- indeed arguably necessary, for  
12 unlicensed providers?

13 A. Yes, yes, yes. And so by the end of the year if we  
14 have close to 95 per cent of providers delivering as  
15 OSD-funded providers then they will be going through - they  
16 will all have to go through a licensing process.

17

18 MR DIAZ: And is it envisaged that there will be, as  
19 I imagine might be necessary, a large increase in the  
20 resourcing of the licensing team to accommodate that surge?

21 A. Yeah, I think there will be impacts for that team.  
22 There will be also impacts in regional teams to make the  
23 visits that you've just talked through. So there will be  
24 resource impacts, yes, with that change.

25

26 Q. And you do explain in one of your proactive  
27 statements - I'll just tell you what you said rather than  
28 taking you to it --

29 A. Sure, yes.

30

31 Q. -- that where a child is placed with an unlicensed  
32 provider or in a site that hasn't yet been added to a  
33 licence, that a comprehensive assessment of the entity's  
34 ability to meet the standards of care and the needs of the  
35 specific child is completed by the CSO?

36 A. Yes. So in - so an assessment under section 82(1)(f)  
37 of the Child Protection Act does require an assessment to  
38 occur. Is it undertaken by a child safety officer? In  
39 some instances they might be the person who does that.  
40 That might be in partnership with someone from the contract  
41 management team or that might be in partnership with  
42 someone from the placement services unit. And so they will  
43 make an assessment around the provider's ability to meet  
44 the statement of standards. They will do a preliminary  
45 assessment of the house, household, for want of a better  
46 word. There will need to be some assessment in relation to  
47 blue cards and a variety of other factors. That all then

1 forms an assessment, and the service centre manager is the  
2 delegate for making the decision around placement under  
3 section 82(1)(f).  
4

5 Q. Yes. And I'm paraphrasing her evidence, but Ms Wilson  
6 gave evidence to the effect that the CSO initial assessment  
7 and subsequent monitoring is perhaps not a perfect  
8 substitute but some sort of way that the department  
9 continues to monitor unlicensed providers.

10 A. Yes. Yes, that is correct. Yes.  
11

12 Q. But I understand from your evidence today that you  
13 would probably regard and consider that, moving forward,  
14 that might not be sufficient and that steps should be taken  
15 to implement measures that are either similar to or  
16 entirely on all fours with those for licensed providers?

17 A. Yes, yes, I do. Yep.  
18

19 Q. Okay. Now, you did mention that you thought there was  
20 a legislative restriction that may have been causing  
21 problems. I wondered whether you had in mind the same  
22 restriction we discussed with Ms Wilson when she gave  
23 evidence.

24 A. Possibly, yes.  
25

26 Q. And there's a requirement in section 126 of the Act,  
27 and the requirement is essentially in terms that the Chief  
28 Executive must not grant a licensing application unless  
29 satisfied that the licensing applicant - so the  
30 provider --

31 A. Yes.  
32

33 Q. -- that their primary function is a function relating  
34 to the care of children in need of protection. Is that the  
35 requirement that you had in mind?

36 A. No, it was - I was more thinking about the - so under  
37 a licence, I think it's called an LSC6, which is the  
38 assessment of suitability that is undertaken, I understand  
39 our capacity to compel that is legislated. I think I was  
40 just making the point that if that is for an unlicensed  
41 provider there might not be that same capacity to compel  
42 but it may be that we request, and it would be strange if  
43 it was declined. But I was really just making that point  
44 that there might be a legislative amendment required for us  
45 to then seek those additional checks.  
46

47 Q. Yes, I follow.

1 A. Yes.  
2  
3 Q. I have seen reference to this LSC6, but I presently  
4 can't recall where.  
5 A. Yes, no, that's --  
6  
7 Q. We'll take that on notice and consider the relevance  
8 of that generally.  
9 A. Yes, yes.  
10  
11 Q. Just sticking with this point around the primary  
12 function needing to be in relation to the care of  
13 children --  
14 A. Sure, yes.  
15  
16 Q. -- the gravamen of Ms Wilson's evidence on this point  
17 was that there's no compelling reason, indeed no reason at  
18 all, why there should be such a requirement. Do you agree  
19 with Ms Wilson's evidence?  
20 A. I do, yes.  
21  
22 Q. Okay. That's what I wanted to ask you about  
23 licensing. Can I come - assuming the Commissioner has  
24 nothing else he wants to ask about licensing - to a  
25 slightly different topic, which is the minimum  
26 qualification standards for residential care workers. So  
27 this is addressed in one of your first witness statements.  
28 Actually it's behind tab 1 of the master bundle.  
29 A. Volume 1.  
30  
31 Q. Tab 1, volume 1.  
32 A. Sorry. Sorry, balancing these folders is a delicate  
33 art. Thank you. Tab 1; yes?  
34  
35 Q. Tab 1, paragraph 13 is where you commence to address  
36 this particular topic.  
37 A. Yes.  
38  
39 Q. Now, am I right to understand from your witness  
40 statement that for a residential care worker they can begin  
41 working at a premises provided they have met the following  
42 three criteria: firstly, they have a blue card. Do you  
43 agree that they need a blue card?  
44 A. Yes. Yes, I do; yes.  
45  
46 Q. Secondly, they have completed the on line Hope and  
47 Healing framework?

1 A. Yes, core modules, yes, as I understand it.  
2  
3 Q. Core modules?  
4 A. Yes.  
5  
6 Q. Is that something in addition to Hope and Healing as  
7 well?  
8 A. No, no, sorry. No. Yes, yes.  
9  
10 Q. Just the Hope and Healing framework or otherwise known  
11 as the core modules. And, thirdly, that they are enrolled  
12 in a recognised certificate qualification?  
13 A. Yes.  
14  
15 Q. Are you aware of any other requirements, minimum  
16 requirements?  
17 A. No, but noting that individual providers might have  
18 specific requirements that they have their staff undertake.  
19 But, no, these are the --  
20  
21 Q. Department-imposed requirements?  
22 A. Yes, yes, yes.  
23  
24 Q. Is the reason why what I would regard as relatively  
25 few requirements being imposed related to the difficulty of  
26 attracting and maintaining a suitable workforce of  
27 residential care workers?  
28 A. So the requirement for a cert IV or working towards a  
29 cert IV, I'm not sure whether it says --  
30  
31 Q. My understanding is you simply need to be enrolled.  
32 A. Correct.  
33  
34 Q. So you don't even necessarily have to have completed a  
35 single class, at least in theory.  
36 A. Correct. I'm sure the intent is enrolled and  
37 undertaking. I think your question was is it a low bar --  
38  
39 Q. Well, yes, I think I asked you an unfair question  
40 because my question made an assumption that was improper.  
41 I should first ask you whether you regard that as  
42 sufficient by way of training or minimum qualification  
43 standards for workers.  
44 A. So the minimum qualification standards was  
45 implemented, as I can recall, I think, as a Carmody Inquiry  
46 recommendation. Prior to that time there was no minimum  
47 standard. So that requirement, as my statement indicates,

1 came in subsequently. I think availability of a workforce  
2 would be a part of the consideration around that. I know  
3 when we have worked with providers and there's been an  
4 audit of qualifications of youth work staff across the  
5 state it is a surprising mix of highly qualified to  
6 enrolled only youth workers. So I think there would be a  
7 wide variation across the state. So my sense is there  
8 would be definitely some providers who their entire  
9 workforce would be made up of youth workers that have this  
10 qualification and/or a variety of other qualifications.

11  
12 COMMISSIONER: Ms Harvey, the question was really whether  
13 you regard the minimum qualifications as adequate. Based  
14 on your own experience and involvement over many years in  
15 the department, do you regard it as adequate or would you  
16 prefer some enhanced level of training or qualification?

17 A. So I think if those youth work staff have a cert III  
18 or IV, I think it is; I can't quite recall --

19  
20 MR DIAZ: I think it's a certification IV.

21 A. A IV. I think that would be suitable. I think that,  
22 as I understand it, it is a two-year - of course, you know,  
23 will depend on the pace in which that is undertaken. But  
24 the mapping to that - and I had some sort of early  
25 involvement in the implementation of that recommendation  
26 from a previous Inquiry, that based on the assessment that  
27 at the time was seen to be the most appropriate  
28 qualification. Now, whether that's right over time, I do  
29 not think we've revisited that for some time.

30  
31 Q. Yes. So perhaps at least in the first instance you  
32 would regard it as sensible for there to be some sort of  
33 internal review or consideration of whether the minimum  
34 quality standards are still fit for purpose?

35 A. I think so. Yes, yes. And there's certainly been  
36 some modernising in more recent times of the Hope and  
37 Healing modules, and PeakCare did some work on a recent  
38 updating and modernising of those components with some  
39 additional modules, e-learning modules added to that.

40  
41 COMMISSIONER: As I understand it in many of the  
42 residential care facilities they are essentially suburban  
43 homes on the whole; that's right, isn't it?

44 A. That's correct, yes.

45  
46 COMMISSIONER: There's only one support worker on duty for  
47 a particular shift. Are you aware of any training which

1 involves some sort of supervised training on the job or  
2 mentoring to assist a new employee to gain some familiarity  
3 and pick up some practical assistance from those engaged in  
4 that work?

5 A. Yeah, I mean my understanding, Commissioner, is the  
6 individual providers as well as the Hope and Healing  
7 framework operate under a variety of different and other  
8 frameworks as well. So they might, for example, have a  
9 model called TCI where they do live buddying mentoring of  
10 youth workers in responding to young people when there's an  
11 incident in how do you de-escalate behaviour et cetera. So  
12 there's a variety of different models that providers use or  
13 frameworks they use, and that involves a mix of on-job  
14 support to youth workers as well as other and additional  
15 training that they might put their staff through.

16

17 COMMISSIONER: But those programs aren't assessed by your  
18 division in the course of procurement?

19 A. No, no. No, they're not; no.

20

21 MR DIAZ: And, just focusing on different types of  
22 children that might enter residential care, we've heard a  
23 lot of evidence in-chief this morning about the significant  
24 proportion of children in residential care that might have  
25 disabilities or complex needs.

26 A. Yes.

27

28 Q. And we've also heard evidence that in the order of  
29 3 per cent of children in residential care are under the  
30 age of five.

31 A. Yes.

32

33 Q. Is there any specialised training as part of that  
34 minimum quality standards that allows residential workers  
35 or empowers them to be able to work with the particular  
36 children that they're in fact placed to care for?

37 A. And again that would be the responsibility of  
38 the individual providers to have specific and specialised  
39 training. So, for example, if you're a provider and  
40 predominantly the children you're caring for have a  
41 disability or they have a particular type of disability,  
42 then I'm aware that they will then provide some specialist  
43 training around responding to children or caring for  
44 children with that disability; so not delivered by the  
45 department, not made mandatory by the department but rests  
46 with the provider.

47

1 Q. Yes. And I just wanted to ask you about that  
2 component, if you will, but compliance monitoring of the  
3 minimum quality standards - or, pardon me, I keep calling  
4 them the minimum quality; they're the minimum  
5 qualification, I apologise.

6 A. Yes.

7

8 Q. MQS. So this is also in the same statement at  
9 paragraph 22; so we're still behind tab 1. You explain  
10 that compliance with these standards is assessed through  
11 the HSQF audit process which is conducted by regional  
12 investment and commissioning teams; do you see that?

13 A. I do see that, yes; coordinated by, yes.

14

15 Q. Coordinated, yes.

16 A. Yes.

17

18 Q. Meaning that someone else actually conducts it?

19 A. The HSQF audit is undertaken by an external  
20 auditing --

21

22 Q. Ye, quite.

23 A. Yes, yes. So I think when it says "coordinate" that  
24 might mean that the regional investment and commissioning  
25 team seek from the provider those records.

26

27 Q. Yes. And am I right to understand from that that  
28 unlicensed providers are not subject to HSQF audits and  
29 therefore there's no mechanism through which their  
30 compliance with the minimum qualification standards is  
31 assessed?

32 A. That is correct.

33

34 Q. So the department really doesn't have line of sight  
35 over whether unlicensed providers are complying with the  
36 minimum qualification standards?

37 A. No. No.

38

39 Q. And I take it that you would agree with me that that's  
40 probably something quite important because imposing the  
41 requirement is one thing but, if the department has no  
42 visibility over compliance, the requirement is essentially  
43 worth naught?

44 A. Yes. And so, as I've sort of provided evidence, then  
45 by the end of the year we won't be in this position any  
46 longer because the vast majority of providers will be going  
47 through a licensing process and it will be a requirement.

1  
2 Q. Yes. But presumably you accept that historically the  
3 position has been the department really doesn't know from  
4 at least when these standards were introduced in 2019  
5 through to present day whether or not unlicensed providers  
6 have been complying?  
7 A. I think to be factually correct there is no  
8 requirement for them to comply.  
9  
10 Q. There is no requirement?  
11 A. There is no requirement.  
12  
13 Q. Meaning there's no contractual requirement --  
14 A. Correct.  
15  
16 Q. -- or that the standards aren't actually enforceable?  
17 A. The minimum mandatory requirement applies to licensed  
18 providers.  
19  
20 Q. I see. So the standards themselves don't even apply  
21 to unlicensed providers?  
22 A. Around minimum qualifications?  
23  
24 Q. Yes.  
25 A. No, that is my understanding.  
26  
27 Q. I see. Well, I had misunderstood that. So I take it  
28 you would agree with me then that unlicensed providers  
29 should also have to comply with the minimum qualifications  
30 standards because --  
31 A. Correct.  
32  
33 Q. And that's because some of the evidence we've heard  
34 includes that those providers are unlicensed because  
35 they're specifically, for instance, disability providers;  
36 so the department takes comfort from the fact that they're  
37 otherwise complying with NDIA and similar accreditation  
38 schemes.  
39 A. Yes, yes.  
40  
41 Q. And that really only heightens the importance of them  
42 having suitable qualifications. Now, I said I was done  
43 with licensing, but I did forget one very small aspect that  
44 I wanted to ask you about and it's the intersection between  
45 these two topics. So at paragraphs 24 to 26, the same  
46 statement that we've been discussing, you refer to the  
47 organisation level licensing tool which is used as part of

1 licensing non-family-based care providers; do you see that?  
2 A. I do, yes.  
3  
4 Q. If I could go to the tool itself which is behind  
5 tab 39, same bundle you're in.  
6 A. Yes.  
7  
8 Q. And am I right to understand that this is the tool  
9 used by the department to ensure that licensed providers  
10 are meeting certain minimum standards?  
11 A. Yes, that's my understanding.  
12  
13 Q. Yes. And I take it from evidence you've just given  
14 that the same tool isn't used for unlicensed providers?  
15 A. No, no.  
16  
17 Q. And you're not aware of any other tool that might  
18 apply for unlicensed providers?  
19 A. Other than what is an assessment - what forms part of  
20 an 82(1)(f) assessment.  
21  
22 Q. And that's just an initial assessment that's not done  
23 on any on going basis?  
24 A. No, that is correct. That is an initial assessment.  
25  
26 Q. All right. There's just a couple of small discrete  
27 topics I wanted to ask you about, but we can leave the  
28 minimum qualification standards and licensing for now.  
29 We've heard considerable evidence during this hearing block  
30 about the two main points of contracting - IPS and OSD  
31 agreements - and one of the pieces of evidence we heard  
32 from the Chief Procurement Officer was about the standard  
33 form agreement that's used for IPS contracting. And in  
34 particular there's evidence from the Chief Procurement  
35 Officer - I better take you to it. It's at tab 17 of  
36 the reasonable excuse bundle.  
37 A. Yes.  
38  
39 Q. And in particular what you'll see is this is - well,  
40 I should firstly clarify do you recall receiving this  
41 email?  
42 A. Yes, yes, yes.  
43  
44 Q. Vaguely.  
45 A. Vaguely, yes, yes; but yes. But I received the email,  
46 yes.  
47

1 Q. To refamiliarise yourself, the genesis of this emerges  
2 from a request from the Director-General to --  
3 A. Yes.  
4  
5 Q. -- consider a review of the IPS agreements.  
6 A. Yes.  
7  
8 Q. And the Chief Procurement Officer commences, "Good  
9 morning" and there's a name redacted. And then there's a  
10 review of the IPS standard form agreement and a number of  
11 issues are identified in the issues and risk matrix.  
12 A. Yes.  
13  
14 Q. Now, I don't need to go through those in detail but,  
15 in short, they're the sorts of things that appear in the  
16 OSD agreement like insurance requirements, indemnities,  
17 termination clauses and the like.  
18 A. Yes. Yep, yep.  
19  
20 Q. And what the Chief Procurement Officer explained in  
21 her evidence was that, despite her insistence that the  
22 agreement should be updated and that it was a matter of  
23 urgency, this hasn't yet occurred because funding approval  
24 hadn't been obtained. Is that something you're familiar  
25 with?  
26 A. Yes, I heard that last week in evidence.  
27  
28 Q. Yes, you heard that in evidence?  
29 A. Yes.  
30  
31 Q. Now, you do refer in your statement, which is in the  
32 same bundle but at tab 2, and in particular at paragraph  
33 5(e), if you have that --  
34 A. Yes.  
35  
36 Q. -- to having obtained a quote to provide advice about  
37 amending this.  
38 A. Yes.  
39  
40 Q. And I assumed that, like the Chief Procurement  
41 Officer, you also thought it was important and indeed  
42 urgent to update this agreement?  
43 A. Yes. Yes, I do. Yes, I do.  
44  
45 Q. Now, the Commission has heard evidence that that  
46 hasn't happened because the procurement area doesn't have  
47 the budget required to cover the costs of obtaining the

1 advice. Are you aware of that?  
2 A. I am aware.  
3  
4 Q. And are you aware of that because of the evidence that  
5 was given last week?  
6 A. That's correct.  
7  
8 Q. And we understand that - perhaps correct me if I'm  
9 wrong - but a request has been made for Investment and  
10 Commissioning to fund the legal advice; is that right?  
11 A. Yes.  
12  
13 Q. And are you able to update the Commission on the  
14 current position in respect of obtaining the advice to  
15 update the agreement?  
16 A. I provided approval for the funds to obtain that  
17 advice.  
18  
19 Q. Thank you.  
20  
21 COMMISSIONER: So you've now provided that approval?  
22 A. Yes.  
23  
24 MR DIAZ: And is there any indicative indication as to  
25 when that might occur?  
26 A. As I understand it, we haven't gone back to Crown Law  
27 yet. So I approved that two days ago. So I think there's  
28 some further work to go back. As I understand it, the  
29 request to Crown Law was a verbal one. So there is some  
30 work to do to clarify and be very clear about the drafting  
31 and the instructions. So, as I understand it, there's  
32 further work to do to clarify that.  
33  
34 Q. Yes.  
35 A. But the impediment is not financial approval.  
36  
37 Q. Thank you.  
38  
39 COMMISSIONER: Not any longer?  
40 A. Not any longer, Commissioner.  
41  
42 MR DIAZ: Now, can I ask you about another document  
43 related to the IPS procurement landscape. Unfortunately  
44 this one is not in the reasonable excuse bundle but in  
45 volume 3 of the master tender bundle.  
46 A. Yes.  
47

1 COMMISSIONER: These compilations, Ms Harvey, have been  
2 sort of developed organically and in real time, which is  
3 why you're having to flick from one folder to another.  
4 A. I have a similar array of folders in my office,  
5 Commissioner.  
6  
7 COMMISSIONER: Yes, I'm sure you do.  
8  
9 MR DIAZ: I don't doubt it. What you should have is an  
10 email to you or --  
11 A. I'm sorry, Mr Diaz, is there a number?  
12  
13 Q. I apologise, tab 116, page 2387.  
14 A. I'm sorry, 116?  
15  
16 Q. That's right.  
17 A. And 23?  
18  
19 Q. 87.  
20 A. 87, yes.  
21  
22 Q. This is a covering email to a more detailed briefing  
23 note template, briefing note, that I don't for present  
24 purposes need to take you to.  
25 A. M'hmm.  
26  
27 Q. What you'll see in the second substantive paragraph  
28 starting with "the issues" --  
29 A. Yes.  
30  
31 Q. And this is an email from the then Senior Executive  
32 Director of Investment and Commissioning to you, and what  
33 the Senior Executive Director says encapsulates the point  
34 I wanted to take you to in the final sentence, "The IPS  
35 business rules have been flagged for improvement since they  
36 were developed because they do not make sense." Do you see  
37 that?  
38 A. I do see that.  
39  
40 Q. And were you either present in court or watching on  
41 line when I had an exchange with the Chief Procurement  
42 Officer and I think indeed Ms Wilson about the currency of  
43 the IPS business rules?  
44 A. Yes, I have heard some of that; yes.  
45  
46 Q. Just to recap very --  
47 A. Not all of it. But, yes, I did hear some; yes.

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Q. Just to recap it very briefly, Ms Wilson gave evidence - this is - it's actually quite a lengthy exchange so I won't go to it, but it's at transcript 5011 through to 5019, where she essentially acknowledged that there was a position put in 2021 that the IPS business rules should either be revised or abandoned. That was part of the IPS action group. There was then a revision to those rules in August 2022, but their benchmark pricing wasn't changed.

A. Yes.

Q. And there was again a more recent revision last year - I don't to mind have the date - September 25.

A. September 25, yes.

Q. I think I said August 22 but it was in fact December 22.

A. Yes.

Q. So I apologise. There was a revision in September 25, but again the IPS business rule benchmarking prices weren't updated. Does that all accord with your understanding?

A. That's my understanding.

Q. That's your --

A. Yeah, that is my understanding, sorry, yes.

Q. And Ms Wilson's evidence was that this issue sat with Investment and Commissioning until October 2025; is that right?

A. I'm not sure around the date. As I understand that September 2025 update of the IPS business rules didn't come to me for approval; it went to Mr O'Brien for approval. So I'm not entirely sure then if it transitioned earlier than that time.

Q. I see. And do you have any views as to whether the benchmark pricing in the IPS business rules should be maintained?

A. So the - I mean, I guess we have the opportunity now to - after six months of transition activity using a new validated pricing tool that, as I said, was developed in partnership with QTC, we do now have the opportunity to update those business rules, and I understand the Chief Procurement Officer has been working with regions and staff in my division to work through amendments to those business rules.

1  
2 I understand the September 25 changes were perhaps more  
3 cosmetic in nature perhaps to just align some of the  
4 template. But, now that we have used the pricing tool for  
5 six months in terms of negotiating our OSD arrangements,  
6 I think we're well placed then to look at how we use, you  
7 know, that same framework into IPS business rules, noting  
8 of course that IPS will become a much smaller part of our  
9 procurement process going forward.

10  
11 Q. Yes. And I take it that the reason why you think  
12 that, even though it's a small part of what the department  
13 intends to do moving forward, the reason why the guidance  
14 should be updated is because - I think as you gave evidence  
15 either in-chief or in cross; I can't now presently recall -  
16 but that often at the frontline it's people like CSOs,  
17 placement services unit or contract officers that are  
18 negotiating these contracts?

19 A. Absolutely. Yes, agree.  
20

21 Q. And so they need that type of guidance --

22 A. They do.  
23

24 Q. -- to be able to effectively negotiate contracts that  
25 are good value for money?

26 A. Yes. Yes, they do.  
27

28 Q. The last matter that I wanted to ask you about  
29 concerns the Reform Implementation Office. I know that  
30 you're not directly within that particular office, but it's  
31 a more general question. Something the Commission has  
32 observed is that often there's a lot of audits, reviews,  
33 dare I say commissions of inquiry that are making  
34 recommendations that need to be considered and actioned by  
35 the department. Do you have a view as to whether it would  
36 be desirable to have some ongoing office - it may not be  
37 the Reform Implementation Office - but some ongoing office  
38 that has as its primary objective the coordination,  
39 oversight and management of audits, reviews and  
40 recommendations falling from inquiries?

41 A. Yeah, I think there is value in that, and I think what  
42 we've seen through the work we've been able to do over the  
43 last six months of lifting that up out of business as  
44 usual, where it can easily become distracted, that that  
45 sort of discipline that a Reform Implementation Office or  
46 whatever that office is called that sits sort of external  
47 from the business has value --

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Q. Yes.

A. -- and that keeps us focused on activity.

Q. Yes. And something that the Commissioner has raised with others is the prospect of this particular division also having a cross-departmental or interdepartmental role. Do you think there would be utility in combining those functions?

A. So, I mean, the intent of the Reform Implementation Office, as we've had it, is absolutely about the broader enterprise, so the broader agency, so internal to the agency. And I think, as we've said, you know, we're also a disability provider. So we've got lots of disability expertise sitting in the disability side, and how do we sort of maximise that effort right across the enterprise.

I think if your question was what's the role then and interface across government more broadly there are - there is an implementation office in DPC that also has an overarching kind of look across agencies. It's often difficult to effect change in another agency from within, but things like a whole-of-government implementation office does have some ability to do that, and RIO has had absolute interface with that DCP implementation unit.

Q. Yes.

COMMISSIONER: Do you say that in terms of the ability to practically implement and embed reform an implementation office sited within the Department of Premier & Cabinet or potentially within the Treasury would likely be more effective, in your view?

A. I can see the benefit of both, Commissioner. A broad cross-government implementation delivery unit, I think it's called, is tackling what are some of the broader issues across government. So anti-social behaviour, public intoxication, those types of things, you know, they've had a focus on. So I can see that. But I also do see the value at a departmental level around, as I use the example, how across the enterprise it can coordinate effort and how it can remain focused, as Mr Diaz said, on the implementation of recommendations. It has that coordinating role. It's not necessarily doing the doing but it's keeping us on track.

COMMISSIONER: But child safety as jurisdiction looked at

1 broadly enlists a number of government agencies, doesn't  
2 it?  
3 A. It does, yes.  
4  
5 COMMISSIONER: Housing.  
6 A. Yes.  
7  
8 COMMISSIONER: Social welfare generally --  
9 A. Yes.  
10  
11 COMMISSIONER: -- and all of the agencies that support,  
12 Social Services, Education, with of course the principal  
13 responsibility for the what's called tertiary system --  
14 A. Yes.  
15  
16 COMMISSIONER: -- of childcare resting with  
17 the department. At the end of the day where substantial  
18 resources are required to be deployed, and they plainly are  
19 in relation to Child Safety, all roads lead back to the  
20 Treasury, don't they, and it's a matter of government  
21 decision-making at the highest level in terms of  
22 prioritising the infinite demands that are placed on public  
23 funds ?  
24 A. Yes.  
25  
26 COMMISSIONER: So is it likely, do you think, that  
27 implementation and the embedding of reform would be more  
28 effectively coordinated at a level like either the DPC or  
29 QTC or some combination of both?  
30 A. Potentially. Potentially. Potentially. And I think  
31 if you're, you know, considering what are the sort of  
32 cross-government levers then a central agency like DPC and,  
33 you know, Treasury can effect that change that, as I said,  
34 you can't necessarily make from within one agency in and  
35 across to another agency.  
36  
37 COMMISSIONER: Yes. Thank you.  
38  
39 MR DIAZ: Thank you, Ms Harvey. No further questions,  
40 Commissioner.  
41  
42 COMMISSIONER: Yes, thank you, Mr Diaz. Ms Harvey,  
43 there's just one topic I wanted to raise with you briefly,  
44 and going back to your reformed continuum of care  
45 A. Yes.  
46  
47 COMMISSIONER: Do you have that piece of paper handy?

1 A. I do, Commissioner.

2

3 COMMISSIONER: There's one little dotted box that's sort  
4 of hiding in plain site, as it were, "Self-placing absent  
5 from placement". These are the children who vote with  
6 their feet, who leave whatever the care arrangement is.  
7 You'd be aware that in July last year the government  
8 conducted an audit of children who are self-placing,  
9 I believe the first audit of that kind ever conducted. And  
10 it revealed that there were 772 children missing from or  
11 not in their approved place.

12 A. Yes.

13

14 COMMISSIONER: What I wanted to ask you is about what the  
15 financial support is available to those children and how  
16 they might access it. There's been some somewhat harrowing  
17 evidence given by some self-placing children about becoming  
18 effectively destitute as a result of leaving their  
19 supported places. What financial support is available to  
20 children who can't be encouraged to return to an authorised  
21 place, placement, and how do we better provide financial  
22 support to such children so that they're less vulnerable to  
23 exploitation?

24 A. As I understand it - and, again, Commissioner, I'm  
25 probably a fair way away from, you know, being in a service  
26 centre --

27

28 COMMISSIONER: Well, of course; I appreciate that.

29 A. -- as I understood it when I was in a service centre,  
30 the support to young people who are self-placing would be  
31 about working with them about, one, where they are, trying  
32 to continue to encourage them to return back to a  
33 placement, trying to work with them. Kids generally leave  
34 placements because it's not meeting their needs or there's,  
35 you know, some issue in the placement. So it's about  
36 trying to understand what are the reasons for that and how  
37 do we continue to engage with that young person. Support  
38 around meeting their immediate needs can occur through the  
39 child related costs at a service centre level.

40

41 COMMISSIONER: But that's the thing I'm really getting at.  
42 I mean, of course you will encourage them --

43 A. Yeah, yeah.

44

45 COMMISSIONER: -- or they will be encouraged to be looked  
46 after at an appropriate placement. But what does the  
47 child, the teenager, say, do who has no means of support,

1 no financial means of support? Is there thought being  
2 given to providing some form of controlled debit card that  
3 would allow the child or young person to at least get some  
4 food --  
5 A. So I think practically --  
6  
7 COMMISSIONER: -- things of that nature?  
8 A. It would be a mix of those things. I think  
9 practically it would be the provision of I'm going to say  
10 gift cards but --  
11  
12 COMMISSIONER: Vouchers.  
13 A. A voucher, yeah, a card or a voucher. But, yes, that  
14 happens. It would be --  
15  
16 COMMISSIONER: It does happen?  
17 A. Yes, it does. Yes, yes, on occasions that would  
18 happen.  
19  
20 COMMISSIONER: What's the facility for that? Do they get  
21 particular vouchers at particular retailers or is there  
22 some sort of --  
23 A. Yes, that would generally be - so it might be a  
24 Woolworths card or a Coles grocery card. I mean, obviously  
25 it depends on the age of the child.  
26  
27 COMMISSIONER: Of course.  
28 A. It might be if they're in the service centre the CSO  
29 might go with them and purchase some essential items with  
30 them. If they're linked with a support service - and this  
31 sort of dotted box I think really looks at what are the  
32 models that do support young people who weren't in  
33 placement, what does sort of outreach look like. So it  
34 might be that the funded provider of that outreach might  
35 have brokerage and they may be doing that support of  
36 the young person.  
37  
38 COMMISSIONER: So you do fund outreach services to support  
39 self-placing children?  
40 A. There are. Yes, there are. Do they exist all over  
41 the state? No. And some of the supports are purchased in  
42 an individual way through an IPS support package. So it  
43 might be for a particular young person it might be that  
44 we'll fund an agency to provide a youth worker to do  
45 10 hours a week or 12 hours a week of engagement with the  
46 young person to check in on them, to see where they are, to  
47 see if there are anything they require in terms of their

1 immediate needs being met. So that happens routinely as  
2 well.

3  
4 COMMISSIONER: Yes. All right. Thank you. Mr Creamer?

5  
6 MR CREAMER: Yes, I might go before Mr Schmidt,  
7 Commissioner; only very briefly, Commissioner.

8  
9 COMMISSIONER: Yes, of course.

10

11 **<EXAMINATION BY MR CREAMER** **[3.09 pm]**

12

13 MR CREAMER: Ms Harvey, if I can ask the operator to go to  
14 your statement and if you could pull it up in the master  
15 bundle at tab 11, and it deals with some issues in relation  
16 to funding of the ACCOs which the Commissioner asked you  
17 about?

18 A. Sorry, Mr Creamer, is that volume 1?

19

20 Q. Volume 1, tab 11.

21 A. Thank you.

22

23 Q. It should start on page 191.

24 A. Yes.

25

26 Q. The part I want to ask you about is page 197, and  
27 paragraph 39 it starts. Now, the paragraphs starting at 39  
28 and beyond go to the framework or the reform under Closing  
29 the Gap measures to support Aboriginal community-controlled  
30 organisations, reform 2; can you see that addressed there  
31 in paragraph 40?

32 A. Priority reform 2 under the - is that that paragraph?

33

34 Q. Yes, correct.

35 A. Yes, yes

36

37 Q. So my position essentially is supporting Aboriginal  
38 community-controlled organisations --

39 A. Yes.

40

41 Q. -- is a commitment under Closing the Gap.

42 A. Yes.

43

44 Q. And if you go down in respect of the following  
45 paragraphs, paragraph 42 --

46 A. Yes.

47

1 Q. -- and that paragraph essentially says it's a  
2 commitment from the department to continue to support the  
3 development and growth of the Aboriginal-community  
4 controlled sector.  
5 A. Yes.  
6  
7 Q. And it also aligns with the principle of  
8 self-determination.  
9 A. Yes.  
10  
11 Q. I just want to go to the next or page 199,  
12 paragraph 52.  
13 A. Yes.  
14  
15 Q. And there's a breakdown in paragraph 52 of the amount  
16 of funding over a number of years in respect of supporting  
17 that community controlled sector.  
18 A. Yes.  
19  
20 Q. And it's been a sector theme, and you may have heard a  
21 consistent theme in the evidence, that the Aboriginal  
22 community-controlled sector are best placed to deliver  
23 services to First Nations children and families.  
24 A. Yes, I'd agree.  
25  
26 Q. And it's really a balancing of investment to ensure  
27 that the capacity is actually being met, isn't it?  
28 A. Yes.  
29  
30 Q. Now, the only other issue I wanted to ask you about  
31 very briefly was you were taken to some statistics by  
32 Mr Diaz in respect of children in residential care that are  
33 suitable for family-based care but no place is available  
34 for various reasons.  
35 A. Yes.  
36  
37 Q. There's approximately 1,500 children as at the point  
38 in time of those statistics. Has there been any  
39 consideration whether or not some of those children would  
40 be suitable for attending private boarding schools, for  
41 example, looking at whether or not some of those children  
42 could attend private boarding schools across the state,  
43 perhaps with some additional support?  
44 A. So I probably can't speak specifically to that 1,500  
45 young people.  
46  
47 Q. Yes.

1 A. But I can talk more generally that the option of  
2 having young people attend private schools, boarding  
3 schools, you know, is part of a routine consideration that  
4 service centres do, and there are young people right across  
5 Queensland that do - in care that do go to boarding  
6 schools. I don't know the number and percentage of that,  
7 but do know that's the case, including accessing  
8 scholarships and a variety of things. It may well be in  
9 that cohort of 1,500 that there would be suitable young  
10 people, although recognising that that might not be  
11 suitable for some young people for a variety of reasons.  
12 But I don't think you could say there wouldn't be anyone in  
13 that cohort who that wasn't a suitable option for.

14

15 Q. So is that assessment about private boarding schools  
16 done as a matter of routine for perhaps a certain category  
17 of children or how does that issue get raised for a child  
18 in care?

19 A. I'm probably a little removed from that consideration  
20 at a service centre level, but sort of throughout my career  
21 I know I've had young people I've been responsible for go  
22 to boarding school. At times that might be something  
23 that's raised either by the young person or by their  
24 family, and then those options have been pursued. That  
25 might include, as I said, accessing scholarships that might  
26 be available. I mean, I think there would be value in us  
27 refreshing and considering as we work through that cohort  
28 about what might be options in terms of refreshing --

29

30 Q. I was going to ask you that --

31 A. Yeah.

32

33 Q. -- whether there should be some proactive steps to  
34 look at perhaps open to that cohort.

35 A. Yeah. And, again, I did at some point have - it was a  
36 Carmody recommendation as well, and I had some role in, you  
37 know, providing at that time a range of resources to  
38 regions around how they might consider scholarships and  
39 what might be things they might do to, you know, consider a  
40 boarding school pathway for young people. So I think it  
41 could be an opportunity for us to redo and refresh that.

42

43 Q. Because I think in Queensland, even if the highest,  
44 most expensive boarding schools are 40 or \$50,000 a year,  
45 that would --

46 A. Yeah.

47

1 Q. -- again be 10 times less than the cost of residential  
2 care.

3 A. Yeah. And of course understanding that, you know, for  
4 young people that have got a trauma and abuse, you know,  
5 background and may have a range of, you know, behavioural  
6 or other issues, you know, their individual needs and how  
7 they can be met in a boarding school would need to be just  
8 an individual consideration.

9

10 MR CREAMER: Thank you. No further questions,  
11 Commissioner.

12

13 COMMISSIONER: Yes. While we're on that topic of boarding  
14 schools, I hope I'm not misquoting the Murri School but  
15 I did visit the Murri School. It's not a boarding school.

16 A. It's not a boarding school; yes.

17

18 COMMISSIONER: But, as I understood them, they were keen  
19 to develop a boarding school not necessarily on their  
20 existing campus --

21 A. Yes.

22

23 COMMISSIONER: -- but under the control of the  
24 community-controlled organisation that also manages the  
25 Murri School. That would seem to be a potentially suitable  
26 synergy when it comes to caring for Indigenous children to  
27 have a school with an allied boarding facility. Has any  
28 consideration, to your knowledge, been given to the  
29 development of a model which would include a residential  
30 component to a school such as the Murri School or indeed  
31 other schools?

32 A. As I understand it, Commissioner, there are some  
33 independent schools that do operate across Queensland.

34

35 COMMISSIONER: There's a few, I think; yes.

36 A. Yeah, yeah. So I think there are some, and there are  
37 certainly children in care that might attend those schools.  
38 In terms of whether the department's actively worked with  
39 providers for them to become an independent school probably  
40 hasn't been the role of this agency but could be something  
41 we could do in partnership with Education, for example.

42

43 COMMISSIONER: Well, boarding schools have gained  
44 historically a poor reputation when it comes to caring for  
45 Aboriginal children.

46 A. Yes.

47

1 COMMISSIONER: Historically. Perhaps that stigma can be  
2 nowadays avoided by a better designed to a boarding school  
3 type arrangement.  
4 A. Yes.  
5  
6 COMMISSIONER: And I think, Mr Creamer, is that the sort  
7 of model that you are enquiring about?  
8  
9 MR CREAMER: Yes, and I just might ask the witness another  
10 question on that point, Commissioner.  
11  
12 COMMISSIONER: Yes.  
13  
14 MR CREAMER: And there are a number of scholarship  
15 programs specifically targeted towards Aboriginal  
16 children --  
17 A. Yes.  
18  
19 Q. -- to place in boarding schools across the country,  
20 isn't there?  
21 A. Yes, there are; yes.  
22  
23 Q. And generally I understand that they're quite  
24 effective and see good results.  
25 A. Yes, yeah.  
26  
27 Q. And I'm thinking of a Yalari program I think --  
28 A. Correct, yes.  
29  
30 Q. -- which is based in Queensland.  
31 A. Yes.  
32  
33 Q. And there's the AIEF, the Aboriginal education  
34 foundation, I think has similar programs.  
35 A. Yes. And I'm aware of a variety of young people  
36 accessing those scholarships and attending boarding  
37 schools. So, yes.  
38  
39 MR CREAMER: Thank you, Commissioner.  
40  
41 COMMISSIONER: And they are supported by the department,  
42 those scholarships, are they?  
43 A. I think most of those arrangements tend to be funded  
44 through a scholarship.  
45  
46 MR CREAMER: I was going to say Yalari and AIEF are both  
47 independent organisations.

1 A. Yes.

2

3 Q. But if they are - the department is looking at those  
4 organisations providing scholarships in certain instances,  
5 I understood your evidence to be or --

6 A. Yes, correct. Yes.

7

8 Q. And is the department also funding their own?

9 A. Yes, in some instances the department would fund. It  
10 would be a combination of what might be Commonwealth  
11 funding for that placement as well, supplemented by, yes,  
12 state funding for that young person, noting that young  
13 people attending boarding school still do need a placement  
14 to come back to.

15

16 Q. Yes.

17 A. And so in some instances they might have, for example,  
18 a foster carer who they're placed with and we continue, for  
19 example, to perhaps pay foster allowance and they go to a  
20 boarding school, and then they come back regularly and  
21 routinely to that care arrangement.

22

23 MR CREAMER: Thank you, Commissioner.

24

25 COMMISSIONER: Yes, thank you. Is there anybody else who  
26 - would you like to ask some questions?

27

28 MR SCHMIDT: Thank you, Commissioner.

29

30 COMMISSIONER: Yes.

31

32 MR SCHMIDT: I will be very brief.

33

34 COMMISSIONER: No, that's fine.

35

36 <EXAMINATION BY MR SCHMIDT

[3.20 pm]

37

38 MR SCHMIDT: If I could just take you back to the  
39 professional foster care pilot program you were talking  
40 about earlier in your evidence.

41 A. Yes.

42

43 Q. Is there a restriction or a limitation in terms of the  
44 number of children that a professional foster carer could  
45 take on?

46 A. I think at this stage we envisage it's one young  
47 person in a placement, particularly during sort of the

1 first phase of the pilot.

2

3 Q. And my question relates to often children in  
4 residential care are placed with siblings?

5 A. Yes.

6

7 Q. And it could be very disadvantageous for the child to  
8 be separated from their siblings. So the professional  
9 foster carer would ideally be able to take the sibling  
10 group, is more to my question. Has that been explored at  
11 all so far?

12 A. It hasn't - it hasn't been the focus of the immediate  
13 design. The immediate design has been about an individual  
14 young person with a disability. It hasn't necessarily been  
15 and bring three other siblings in. So it has been focused  
16 on one individual child, but noting your point that that  
17 might restrict the cohort of young people.

18

19 Q. Yes, and that led to my next question which would have  
20 been if there were multiple children and it was, say,  
21 \$100,000 per child --

22 A. Correct.

23

24 Q. -- you would be looking at, you know, a considerable  
25 sum?

26 A. Yes, yes. I mean, I guess the focus has been around  
27 these are individual young people that have high needs. It  
28 is an attempt to pilot and trial sort of the focused effort  
29 in addressing the need of that individual child, and if  
30 there were then four children in the placement that would  
31 change that.

32

33 Q. Yes, thank you. Just going more broadly to foster  
34 cares, kinship carers more broadly, has there been any work  
35 done to explore the - well, I'll take a step back. You  
36 spoke earlier in your evidence about how one of the reason  
37 why there's an overrepresentation of children in  
38 residential care could be the lack of people willing to  
39 take up that responsibility being a foster carer or a  
40 kinship carer. Has there been any exploration of, say,  
41 increasing the amount of allowance available to people who  
42 are filling that role which may lead to an increase in the  
43 number of people willing to do that work?

44 A. I don't know if there's been research. So certainly  
45 annually Queensland Foster and Kinship Care do a survey of  
46 carers, and I know the Commissioner talked to Ms Mulkerin  
47 about that. So there is an annual survey. Consistently

1 cost of living and financial strain comes up from carers as  
2 a particular issue. Over the last two years, I think it  
3 would be, the availability of allowances that might be for  
4 high support needs or complex support needs, the percentage  
5 of carers that receive those additional payments has  
6 significantly increased.

7  
8 Q. And, that needs allowance, is that a - it's a  
9 supplementary amount of money in addition to the standard  
10 care allowance?

11 A. Yes, it is. Yes, it is. Yes. I think Queensland's  
12 foster care allowances sit at just below New South Wales,  
13 I think, as the highest sort of allowances across the  
14 Australian jurisdiction.

15  
16 Q. Could you be able to record just off the top of your  
17 head how much it is per child approximately, the allowance  
18 for a foster carer?

19 A. So it depends on the age of the child. So I think it  
20 sits around between six and seven hundred dollars a  
21 fortnight and, as I said, it varies based on age, and then  
22 additional allowances on top of that.

23  
24 Q. Would that be a worthwhile thing to consider, analysts  
25 look into whether or not we could attract far more people  
26 to be a foster carer, be a kinship carer if we increase  
27 that allowance? Even a modest increase in that allowance  
28 would be a fraction of the cost of, say, the cost of a  
29 child being in residential care?

30 A. Yes, yes, yes. I agree. Yes, I think there's some  
31 work we can do. Yes.

32  
33 Q. Thank you. The only final question I have, and this  
34 is going back to earlier in the day, the Commissioner was  
35 asking about - I believe Your Honour called it a hybrid  
36 type model of kinship/foster carers, perhaps a description  
37 I could use is identified foster carers, people who are  
38 from community who can - taking care of people from their  
39 community, particularly Aboriginal community.

40  
41 COMMISSIONER: Ex ante kinship carers; that is, kinship  
42 carers - potential kinship carers identified before the  
43 event, before the fact, representing a pool of kinship -  
44 potential kinship carers but available foster carers; if  
45 you like, a sort of hybrid between a kinship carer and a  
46 foster carer. And that idea came to my mind as a result of  
47 the hypothetical - not hypothetical, the scenario that

1 Ms Greenwood had put to a number of witnesses on the basis  
2 that there is an organisation of which she's aware with  
3 spare available potential kinship carers. That was the  
4 background to that proposition.

5  
6 MR SCHMIDT: Thank you very much, Commissioner. That's  
7 very helpful.

8  
9 COMMISSIONER: Yes.

10  
11 MR SCHMIDT: Are you aware of any systems in place  
12 currently where - particularly for remote communities,  
13 where a pool of pre-approved carers is available in the  
14 event that there is a child removed perhaps on an emergent  
15 basis and they can place the child still within the  
16 community? It might be a bit outside what your  
17 professional responsibilities are, so if you can't assist  
18 me that's quite all right.

19 A. So there is a pool of foster carers available, yes.

20  
21 Q. Yes, I'm aware of that .

22 A. Yes.

23  
24 Q. I'm just wondering if there are pools or active  
25 efforts within communities to create pools within  
26 communities, particularly regional communities, so in the  
27 event that a child is removed from that community they have  
28 a list of pre-approved, ready to go carers that the child  
29 could go to while, say, a CAO or a TAO is being undertaken?

30 A. So there would be approved foster carers in some of  
31 those locations that would do exactly that. Is there - so  
32 I think your question is around Aboriginal and Torres  
33 Strait Islander discrete communities; is that sort of --

34  
35 Q. Yes. Principally, yes.

36 A. So I think as we commission new recruitment services  
37 and I think, as I said, in some locations they will be  
38 Aboriginal and Torres Strait Islander led, so  
39 community-controlled agencies, that will be their role to  
40 recruit a pool of what we will call foster carers but, you  
41 know, for semantic purposes, who will be available ideally  
42 to care for children from that community.

43  
44 MR SCHMIDT: Thank you very much. That's all my  
45 questions. Thank you, Commissioner.

46  
47 COMMISSIONER: Thank you. Thank you very much. Are there

1 any other questions from the Bar table?

2

3 MS AMOS: No questions, thank you, Your Honour.

4

5 MS FREEMAN: No, thank you, Commissioner

6

7 COMMISSIONER: No. All right. Well, we've made good  
8 time. Ms Harvey, thank you so much for coming along today.  
9 You've been an outstanding contributor to this

10 Commission --

11 A. Thank you, Commissioner.

12

13 COMMISSIONER: -- all the statements you've provided that  
14 must have occupied a great deal of your time for which I'm  
15 personally grateful. You've sat here today and given us  
16 further insights into the work that is currently under way,  
17 which is also very helpful. So my thanks indeed.

18 A. Thank you, Commissioner. Thank you.

19

20 COMMISSIONER: Today is the last substantive hearing of  
21 the Commission. The Commission proposes to hold a  
22 ceremonial closing hearing on Tuesday, 19 May. That will  
23 be an opportunity for the Commission to say some things  
24 about various matters shortly in advance of d-day, with is  
25 22 May. At that time I will have something to say in more  
26 detail in relation to the various contributors to the work  
27 of the Commission and in particular to the public hearings  
28 over the course of the last six months or so.

29

30 But, in advance of that and to foreshadow what I will talk  
31 about in more detail at that time, I would like presently  
32 to express my thanks to the Bar table and to all those  
33 instructing counsel who have appeared throughout the  
34 hearings for the cooperation and assistance I've received.  
35 In particular I would say that the conduct of these  
36 proceedings throughout the course of hearings has been  
37 characterised by a spirit of cooperation, and for that I'm  
38 very grateful. And I thank all counsel, as I say, and  
39 those instructing them for their assistance in that regard,  
40 about which I shall say some more at the closing hearing  
41 and hope to see you there. Therefore, the Commission will  
42 adjourn until 19 May.

43

44 **THE HEARING WAS ADJOURNED AT 3.30PM UNTIL TUESDAY, 19 MAY**  
45 **2026**

46

47

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