

CHILD SAFETY COMMISSION OF INQUIRY

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

On Friday, 10 April 2026 at 10.00am

Before: Mr Paul Anastassiou KC, Commissioner

Counsel Assisting: Mr Tom Diaz  
Mr Joshua Forrest

1 COMMISSIONER: Yes, Mr Hastie.

2

3 MR HASTIE: Thank you, Commissioner. I call Daniel  
4 Brendan Short.

5

6 COMMISSIONER: Yes. Thank you.

7

8 <DANIEL BRENDAN SHORT, SWORN [10.01 am]

9

10 <EXAMINATION BY MR HASTIE

11

12 MR HASTIE: Your full name is Daniel Brendan Short?

13 A. Correct.

14

15 Q. And you're currently the Chief Financial Officer in  
16 the department?

17 A. That's correct.

18

19 Q. And you have been so since 2018?

20 A. That's correct.

21

22 Q. And have you prepared a curriculum vitae in relation  
23 to the career that you've had in the Queensland Government?

24 A. I have.

25

26 MR HASTIE: If I could tender that, please, Commissioner.

27

28 COMMISSIONER: Thank you. Mr Short's curriculum vitae  
29 will be exhibit CL-97.

30

31 EXHIBIT #CL-97 - MR DANIEL SHORT'S CURRICULUM VITAE

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33 MR HASTIE: Thank you, Commissioner. And, Mr Short, have  
34 you prepared two statements in relation to these  
35 proceedings, one dated 25 November 2025 and the other one  
36 more recently on 17 February 2026?

37 A. I have.

38

39 MR HASTIE: Thank you, Commissioner.

40

41 COMMISSIONER: Thank you, Mr Hastie. Mr Short, welcome.  
42 Yes, Mr Forrest.

43

44 <EXAMINATION BY MR FORREST [10.02 am]

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46 MR FORREST: Good morning, Mr Short.

47 A. Good morning.

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Q. I'm going to ask you about around six topics, and I'll tell you what they are as we go. I'll try and be as efficient as possible, and if at any time I ask a question and for whatever reason it's not clear just let me know and I'll do better; okay?

A. Sure.

Q. So the first topic I want to take you to is your statutory role. This is something that you refer to in your witness statement, which for your reference I think is in a bundle called the public interest immunity bundle. Do you have a public interest immunity bundle there?

A. I do. I do, yep.

Q. So you should find that I think behind tab 3. I'm sorry, there's going to be a lot of bundles, so we'll do our best. So at paragraph 5 on page 31 you discuss your statutory role under an Act called the Financial Accountability Act, and am I right in understanding that the overall purpose of that law is to ensure the accountable, efficient, effective and economic use of public resources?

A. That's correct.

Q. Yes. And am I right in understanding that under that Act the Director-General of the department is something called the accountable officer?

A. That's correct.

Q. And they have the ultimate responsibility for the financial management of the department?

A. That's correct.

Q. And you are or have been since 2018 something called the Chief Finance Officer?

A. Correct.

Q. And am I right in understanding that the Chief Finance Officer has to have certain financial qualifications?

A. Sorry, could you just repeat that question?

Q. To be the Chief Finance Officer you need to have some financial qualifications?

A. Yes, you do.

Q. You need to be either a certified practising

1 accountant, a chartered accountant or a member of something  
2 called the Institute of Public Accountants; is that --  
3 A. That's correct. That's correct.  
4  
5 Q. And could you tell the Commissioner which one of those  
6 or which combination of those you are?  
7 A. The CPA, so the certified practising accountant.  
8  
9 Q. Right. And the Director-General as the accountable  
10 officer has to delegate to you something called the minimum  
11 responsibilities; is that right?  
12 A. Yes, more or less, yes.  
13  
14 Q. Yes. And if we look at paragraph 5 of your witness  
15 statement what you're setting out there I think are the  
16 minimum responsibilities that the Director-General must  
17 delegate to you under section 77?  
18 A. Yes, that's correct.  
19  
20 Q. Yes. Can I just ask were you delegated any other  
21 responsibilities in addition to those minimum  
22 responsibilities?  
23 A. No, only those as required.  
24  
25 Q. Right. So, just tracking through those  
26 responsibilities, in broad terms it's a mix of financial  
27 assurance responsibilities and financial advisory  
28 responsibilities; is that fair to say?  
29 A. In summary, yes. In probably more basic terms my  
30 responsibilities really extend to the internal control  
31 environment that operates within the organisation.  
32  
33 Q. Yes.  
34 A. So that is everything from production of the annual  
35 statutory financial statements --  
36  
37 Q. Yes.  
38 A. -- providing assurance to the accountable officer that  
39 the internal control environment is working as it should,  
40 and then raising any concerns, in summary.  
41  
42 Q. Yes. So you prepare the financial statements and  
43 eventually those financial statements make their way into  
44 the department's annual report which the DG provides  
45 ultimately the parliament; is that right?  
46 A. That's correct, through the minister.  
47

1 Q. Through the minister; right. Could I just ask you to  
2 focus on (v) and (vi) there. So the provision of advice  
3 concerning the financial implications of and financial  
4 risks to the department's current and projected services,  
5 that obligation, in your understanding, is an obligation to  
6 provide advice to whom?

7 A. To provide advice to the accountable officer  
8 ultimately --

9  
10 Q. Yes.

11 A. -- through the various governance forums that exist in  
12 the organisation. Essentially those provisions relate back  
13 to the budget, which is obviously a separate process to the  
14 statutory financial statements.

15  
16 Q. Yes.

17 A. Connected in part but mainly relate to the development  
18 of the annual budget.

19  
20 Q. Yes. We'll discuss the budget in greater depth later,  
21 but for now I'm interested to know the advisory pathway for  
22 a budget proposal, is it the case that - we start with  
23 you - you would advise the DG about a budget proposal you  
24 recommended?

25 A. In part. My advice and my briefings would encapsulate  
26 the activities and the priorities of the government of  
27 the day. So that may come down through the minister,  
28 through, you know, our previous budget submissions, our  
29 previous budget papers. So we - you know, for example,  
30 government election commitments would obviously form part  
31 of what our budget may be for the ensuing year or years.

32  
33 Q. Yes, I see. So what you're saying I think is that the  
34 advisory process is iterative. It doesn't start with you.  
35 You're getting feedback in a loop from government as well?

36 A. Correct, through the Director-General.

37  
38 Q. Yes. But at the point in time you decide to put a  
39 proposal up the chain is the person that you put it up the  
40 chain to the DG or is it a Deputy DG or someone else?

41 A. Ordinarily it would be my Deputy Director-General of  
42 Corporate Services.

43  
44  
45 Q. Yes. And just focusing on the period that we're most  
46 interested in this fortnight, which is the period from 2020  
47 to 2023, that was Mr O'Brien in the main?

1 A. That's correct.  
2  
3 Q. Yes. So your proposal goes to him. If he is on board  
4 with the proposal it will then go to the DG?  
5 A. In - I probably should elaborate a little bit further  
6 there.  
7  
8 Q. Sure.  
9 A. There are various governance forums, for example. So  
10 the budget committee of the day or the board of management  
11 would --  
12  
13 Q. When you're referring to the budget committee what  
14 budget committee are you referring to?  
15 A. Sorry, the budget - the departmental budget committee.  
16  
17 Q. This is the departmental budget committee?  
18 A. Correct.  
19  
20 Q. Right.  
21 A. Yes. And then normally that would escalate and  
22 involve, as you said, an iterative process to review,  
23 receive feedback through the board's management, other  
24 executives. That would also include liaison with central  
25 agencies, being the Queensland Treasury and the Department  
26 of Premier and Cabinet, and obviously feedback and input  
27 from the minister in terms of budget priorities.  
28  
29 Q. Right. After that feedback is collated it then goes  
30 to the DG; is that what you're saying?  
31 A. Yes, at various stages. So through the budget  
32 process, which is normally - you know, it's more or less an  
33 annual process, and depending on which stage we are at it  
34 would go through those steps probably multiple times  
35 through a budget process.  
36  
37 Q. All right. Do you have any visibility about what  
38 happens after a budget proposal that the DG agrees with -  
39 I'll rephrase. Assuming that the DG agrees with the budget  
40 proposal that's fed up to him or her, where does it go  
41 next?  
42 A. So if there is agreement - so through the consultation  
43 process obviously at the executive level within the  
44 department and up to and including discussions and  
45 briefings with the minister I guess those proposals that  
46 are then endorsed to proceed to government are collected,  
47 and that then is what forms part of our budget submission

1 to the Cabinet Budget Review Committee --

2

3 Q. Yes.

4 A. -- at different stages through the year.

5

6 Q. And we'll come back to the Cabinet Budget Review  
7 Committee, or the CBRC, but essentially that's the end of  
8 the road; CBRC is, I take it, the ultimate decision-maker  
9 when it comes to a budget proposal?

10 A. That's correct.

11

12 Q. Right. I promise we'll come back to that in some more  
13 detail shortly, but I just wanted to also understand the  
14 scope of these obligations at (v) and (vi). The  
15 responsibility to provide advice concerning the financial  
16 implications of and financial risks to current and  
17 projected services, does that extend to out-of-home - in  
18 your understanding, did that extend to out-of-home care  
19 services?

20 A. Yes, yeah.

21

22 Q. So that was a subject matter that you advised on from  
23 a financial standpoint?

24 A. Yes, insofar as it's the most significant expenditure  
25 of Child Safety and indeed the departments of the day.

26

27 Q. And again with the responsibility described at (vi),  
28 the development of strategic options, can I take from your  
29 last answer that because of the significance of  
30 the expenditure on out-of-home care that would be something  
31 that you would be developing strategic options about?

32 A. Yes.

33

34 Q. Yes. And who would you communicate those strategic  
35 options to when you developed them?

36 A. So I probably would - on my own I would not develop  
37 those strategies. I would do that in consultation with  
38 executive through the department --

39

40 Q. Yes.

41 A. -- the relevant executives, but also, and importantly,  
42 with Queensland Treasury and Department of Premier and  
43 Cabinet.

44

45 Q. Yes. And, I mean, I understand from a number of your  
46 answers that you exist in an interdependent system of  
47 government, and you're giving and receiving feedback from a

1 number of people. But is it fair to say that in the  
2 development of budget proposals around out-of-home care you  
3 are, to use a sports term, quarterbacking that process?

4 A. That's probably fair to say.

5  
6 Q. Yes. Okay. We'll come back to the budget in a little  
7 more detail shortly, but you're the first person of finance  
8 that we've heard from from the department in this hearing  
9 block, so I think your insights on the cost dynamics of the  
10 out-of-home care system will be valuable.

11 A. M'hmm.

12  
13 Q. I want to test my understanding with you of the cost  
14 dynamics of the system, and I'm going to suggest to you  
15 that there's four main factors, and you'll tell me if I'm  
16 wrong or if I've missed some. So can I suggest to you that  
17 one factor is the volume of children entering the system;  
18 do you agree with that?

19 A. Absolutely.

20  
21 Q. Yes. And that's because every child that enters the  
22 system is going to have some sort of placement cost; is  
23 that --

24 A. Yes.

25  
26 Q. Right. And is a second factor the complexity of  
27 the needs and behaviours of the children entering the  
28 system?

29 A. It is because it drives price.

30  
31 Q. Yes. And this is - when you say it drives price, is  
32 another way of putting it that it is generating cost  
33 over-demand or additional cost?

34 A. Yes. I think I would also add that, you know, not  
35 every child goes into - I guess the degree of complexity  
36 can vary quite widely, and obviously the more complex, the  
37 higher the costs, and the opposite is true.

38  
39 Q. Can I just clarify this because we've heard a lot  
40 about complexity across the last few days. But when you  
41 say complexity drives cost is what you're saying - what  
42 you're talking about, the complexity of the needs and  
43 behaviour of the children entering into care?

44 A. Yes.

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46 Q. Yes.

47 A. In this regard, yes.

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Q. And that's what drives cost, isn't it, because it's the complexity of needs and behaviour that means that they're less suited to family-based options?

A. That's correct.

Q. You'd accept that they're not always unsuitable but they are less suitable?

A. I think in general terms, yes.

Q. Yes. And some children who have very high complex needs require an individualised package, an individualised support package?

A. Yes. I mean, I'm not an expert in - you know, that's probably outside of my area of expertise --

Q. Sure.

A. -- but my understanding is a residential care package of whatever type may be more appropriate for that sort of example.

Q. Yes. And so this is a cohort of children who, because of their very high complex needs, are going to require what is commonly called an IPS package because they require highly individualised support?

A. Yes.

Q. Yes. And can I take you back to your witness statement behind tab 3, and I'd like to take you to page 36. So at the bottom of paragraph 31 there's a sentence commencing:

*IPS arrangements were originally intended to be for emergent short-term arrangements which often require provision of more complex care and support.*

When you're talking about more complex care and support there is that a reference to that cohort of children whose complex needs mean that they have to be in an IPS come what may?

A. Yes, as well as the emergent part of that phrase --

Q. Yes.

A. -- because they're quite - again, as I understand it, it could be an emergent - a real emergent need that requires a short-term solution.

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Q. Yes. So IPS does have a short-term function because kids need to be somewhere before they're placed in a long-term arrangement. But on an ongoing basis it's really just those kids with very high complex needs that should be using IPS as an ongoing placement?

A. Sorry, could you just repeat that?

Q. Yes, that was far too long, I'm sorry. So the first part of the proposition is it's true, isn't it, that IPS will always have a role as an emergent or temporary placement?

A. Correct.

Q. Because emergency placements are needed sometimes in the time between a more ongoing placement can be arranged for a child?

A. Yes.

Q. Leaving aside that scenario, emergent placements, and focusing on the use of IPS on an ongoing basis, it's really only a cohort of very high complex needs children who should be using IPS on an ongoing basis?

A. Yes, that's my understanding.

Q. Yes. And do you have any visibility in your role on the size of that cohort that has to use IPS come what may?

A. No, no. No, I don't. Not that I can recall right now. I've probably seen the numbers, but I can't recall.

Q. Yes. I won't take you to it. I just noticed this overnight. I'll just put it to you. You may or may not be familiar with it, but there was a residential care review that did a report in November 2024 - and just for the transcript - you don't necessarily need to bring it up, but this is at the master bundle, tab 46, at page 856. They suggested a figure of around 15 per cent of children in residential care having very high complex needs. Does that sound roughly in the ballpark or you don't know?

A. I can't recall. I can't recall specifically that number.

Q. No. It's okay. All right. I've gone through two factors: kids coming in; complexity of the kids coming in. Do you agree with me that a third factor is supply mix, and by that I mean whether or not the child who enters the care system receives what I'll call their ideal placement, and

1 what I mean by that is are they placed in the most  
2 cost-effective placement that suits their care needs?  
3 A. My interpretation of supply mix, and I think we may be  
4 on a similar page, but is simply whether that placement is  
5 a family-based care placement or whether it's a  
6 non-family-based care placement.

7  
8 Q. Yes.

9 A. Both of which should be the best placement for the  
10 child - for the child or young person coming into the  
11 system.

12  
13 Q. Yes. So to use my sort of perhaps imprecise  
14 terminology of the ideal placement, if a child is suited to  
15 family-based care their ideal family-based care - sorry,  
16 their ideal placement is family-based care because that is  
17 the most cost-effective placement that suits their needs;  
18 you'd agree with that?

19 A. I would probably say it a little bit differently.

20  
21 Q. Sure.

22 A. I think family-based - the family-based care placement  
23 would be the best placement for the child or the young  
24 person. The actual cost of that is probably secondary --

25  
26 Q. Yes.

27 A. -- because the welfare of the child or young person is  
28 absolutely the priority.

29  
30 Q. Yes. All right. I think everyone would agree with  
31 that. But the happy coincidence when it comes to  
32 family-based care is not only is it significantly better  
33 for the child, if available; it's also significantly more  
34 cost effective for the State?

35 A. Yes, in most cases; yes.

36  
37 Q. Yes. And the Commission's heard evidence that,  
38 broadly speaking, there's a price differential between  
39 family-based care and non-family-based care that's about  
40 15 times different. So non-family-based care is about 15  
41 times more expensive than family-based care?

42 A. Yes, thereabouts.

43  
44 Q. And you alluded to the welfare of the child. You'd  
45 agree, I think, with some of the evidence that the  
46 Commission's heard over the past week that family-based  
47 care is associated with significantly better outcomes for

1 the child?  
2 A. Yes.  
3  
4 Q. There's less trauma, less suicide attempts and so on?  
5 A. Yep. Again, I'm not the expert in that area --  
6  
7 Q. Yes.  
8 A. -- but my general understanding is, yes, that's  
9 correct. Yes.  
10  
11 Q. Yes. I see. There's another dimension of finding the  
12 ideal placement. So I think what you've said is that the  
13 big ticket item, so to speak, is making sure that as many  
14 kids as possible who are suited to family-based care end up  
15 there rather than in residential care?  
16 A. M'hmm.  
17  
18 Q. Would you agree that there is a second sort of middle  
19 ticket item, which is ensuring that for those children who  
20 must go to residential care for some reason the ideal  
21 placement for children who could be on an OSD-funded place  
22 is to go on an OSD-funded place rather than an IPS place?  
23 A. Yes, I would agree.  
24  
25 Q. And, looking first at sort of the welfare of the  
26 child, one way that that's ideal from the perspective of  
27 the welfare of the child is because OSD placements, we've  
28 heard, involve - always involve licensed providers?  
29 A. That's correct. Licensed providers are generally a  
30 long-term sustainable arrangement.  
31  
32 Q. And are you suggesting by that that there is a welfare  
33 benefit to the child to having sustainable care from a  
34 consistent group of carers? Is that what you're getting  
35 at?  
36 A. Yes, that's my general - again, I'm not an expert in  
37 care --  
38  
39 Q. Yes.  
40 A. -- but that is, you know, the less change, I think we  
41 would agree, the better.  
42  
43 Q. Yes. And there's also a happy coincidence with  
44 getting a child into their ideal OSD placement, which is  
45 you're also saving the State money relative to an IPS  
46 place, and the Commission's heard evidence so far that the  
47 price differential is not quite as extreme as between

1 family and non-family-based care, but it's about 30 to  
2 40 per cent; is that broadly your understanding?  
3 A. Yeah, thereabouts. Yes, I'd agree with that.  
4  
5 Q. So if a child who is suited to an OSD placement ends  
6 up in an IPS placement the State ends up paying a 30 to  
7 40 per cent premium?  
8 A. Yes, it would certainly be more costly.  
9  
10 Q. Yes. And another aspect to it is that if they end up  
11 on an ISP placement when they're suited to an OSD placement  
12 the State loses the ability to claw back unspent funds; is  
13 that --  
14 A. That's correct.  
15  
16 Q. Can you explain that mechanism? So there is a  
17 mechanism under an OSD placement where the State can -  
18 sometimes called harvesting or claw back unspent funds that  
19 are with a provider. Can you explain that mechanism?  
20 A. Yes. Whilst I'm not by any means directly involved in  
21 that process --  
22  
23 Q. Sure.  
24 A. I rely on my colleagues in Investment and  
25 Commissioning for that.  
26  
27 Q. Yes.  
28 A. But I can say that there is a process whereby, you  
29 know, under the terms of any contract if there are parts  
30 that are either not delivered or we have some sort of  
31 efficiencies or - and because of that funds are not  
32 expended then they can be returned to the department for  
33 re-investment in whatever.  
34  
35 Q. Sure. So there is a potential financial benefit to  
36 OSD contracting, which is some money may come back if it's  
37 not used?  
38 A. Yeah, there is a mechanism. I would say that it's  
39 quite small. It's --  
40  
41 Q. Right.  
42 A. Yeah, I wouldn't say it's significant by any means.  
43  
44 Q. And obviously there's not anything similar under an  
45 IPS place because that's just a fee-for-service arrangement  
46 and if, for whatever reason, the provider is able to  
47 extract a windfall profit under an IPS contract that's for

1 them?  
2 A. Yes.  
3  
4 Q. That's three factors; so kids coming in, complexity,  
5 supply mix. And can I suggest to you a fourth factor is  
6 whether or not, when it's forced to contract for  
7 residential care, the State is contracting or engaging with  
8 the market in a way which promotes value for money?  
9 A. Yes.  
10  
11 Q. And things that that might include are things like  
12 clearly communicating price expectations to the market?  
13 A. Yes.  
14  
15 Q. Would it include where possible - and I understand  
16 it's not always possible - promoting competition between  
17 tendering providers?  
18 A. Yes.  
19  
20 Q. Yes. And is another thing it might involve  
21 contracting in a way which gives the department visibility  
22 over whether it's receiving quality services?  
23 A. Yes.  
24  
25 Q. Yes. Are there any other dimensions to engaging with  
26 the market in a way which promotes cost-effective  
27 contracting that I've missed or you wish to add?  
28 A. Probably the only other thing I would add is as a -  
29 becoming an informed purchaser of services is an obvious  
30 benefit of that.  
31  
32 Q. Can you expand on what you mean by "becoming an  
33 informed purchaser"?  
34 A. I think with - what I mean by "informed purchaser" is  
35 we're very familiar and aware of the various pressures,  
36 both cost and otherwise, that exist in the market between  
37 the purchaser and the provider, and that's on a reciprocal  
38 basis. So a relationship with service providers is very  
39 important in understanding the environment that we're  
40 operating within.  
41  
42 Q. Yes. And being a more informed purchaser is something  
43 which allows you to make more cost-effective purchases, is  
44 essentially what you're saying?  
45 A. I would think so.  
46  
47 Q. Right. So I've now given you my four factors: kids

1 coming in, complexity, getting the supply mix right, and  
2 engaging with the market cost effectively. Is there a  
3 factor that's missing there that you --  
4 A. I think you've captured it quite well. The only other  
5 thing I would add, though, is our frontline staff --  
6  
7 Q. Yes.  
8 A. -- so our child safety officers and associated staff,  
9 that obviously the more children and young people coming  
10 into care that may result in a placement is a - requires  
11 human resources to oversee and manage that. So hence  
12 within Child Safety a significant, if I was to put it in  
13 accounting terms, expense line item is employee expenses --  
14  
15 Q. Yes.  
16 A. -- and our full-time equivalents. So that's an  
17 important part of the overall equation.  
18  
19 Q. And this is the cost - you're referring to an FTE cost  
20 or a staffing cost of sort of frontline or intake staff?  
21 Is --  
22 A. Probably right across the care continuum.  
23  
24 Q. Yes.  
25 A. So everything from, you know, original notifications  
26 right through to placement, and, you know, child safety  
27 officers, child safety support officers, those staff  
28 involved in frontline activities, that's what I'm referring  
29 to in the main.  
30  
31 Q. And is what drives up that staffing cost element just  
32 an increase in - an overall increase in the cohort of kids  
33 coming in, or is it also an increase in the complexity of  
34 their needs?  
35 A. Yeah, both. So what we've found is that certainly in  
36 recent years with the increase in demand - obviously that's  
37 just in volume numbers rises, but certainly in that degree  
38 of complexity of both the child in care, the child or young  
39 person in care, but also, you know, the parents, for  
40 example, that may have associated complexities, so that  
41 it's the overall cohort that's being dealt with.  
42  
43 Q. That's actually a very helpful comment because  
44 I wanted to ask you about that. So in a lot of the  
45 departmental material that we've reviewed we sometimes see  
46 complexity referred to in different ways. So one way which  
47 I put to you earlier was complexity of needs and behaviour?

1 A. Mmm.

2

3 Q. And I can understand that that drives costs in the  
4 system because kids with those needs and behaviour tend to  
5 end up in higher-cost, more intensive options. But we also  
6 see reference to complexity as the complexity of the  
7 child's circumstances, and that includes things such as  
8 their family background and difficulties with their  
9 parents. Is what you're saying here that that second type  
10 of complexity contributes to the staffing load?

11 A. Yes, again, while I'm not a - you know, I'm not a  
12 regional executive director or similar, but I am aware  
13 that, yes, it does in terms of the degree of - the  
14 intensity of the work involved of frontline staff to have  
15 to deal with --

16

17 Q. And that's because the frontline staff are dealing  
18 with kids in very challenging home environments with  
19 parents who themselves may have very complex needs and  
20 behavioural issues; is that broadly --

21 A. Yes.

22

23 Q. All right. So you've helpfully expanded my list of  
24 four factors to five - so kids coming in, complexity of  
25 their needs, supply mix, engaging with the market cost  
26 effectively, and shall I call it sort of staffing costs?

27 A. Yes.

28

29 Q. Is it fair to say that of those factors those first  
30 two factors, the volume of kids coming in and the  
31 complexity of their needs, are factors that the department  
32 has very little control over?

33 A. Yes, it's fair to say.

34

35 Q. Yes. And would you accept that the third and fourth  
36 factors, supply mix and engaging with the market, are the  
37 factors that the department has the most control over?

38 A. Yes.

39

40 Q. You raised a fifth factor, which was staffing costs.  
41 What level of control does the department have over that if  
42 it's being driven by what it seems - what you seem to be  
43 saying, it's really driven by those first two factors,  
44 volume of kids and complexity?

45 A. Our control is greater now than it was in the early  
46 years, so - I don't want to jump ahead, but --

47

1 Q. No, no, no.

2 A. -- through the parameter-based funding model.

3

4 Q. Yes.

5 A. That - because it takes into account demand growth and  
6 forecast demand growth, it then produces - based on the  
7 various levels of demand, it then produces a - it will  
8 provide for government to approve an increase in FTE child  
9 safety frontline staff. So it accounts for that growth,  
10 so - which is a positive thing for the organisation because  
11 it takes into account demand growth.

12

13 Q. So that's quite helpful. I intend to come to the PBFM  
14 later, and you've said some things in your witness  
15 statement about difficulties with some of the targeting, if  
16 I can put it that way, and the inputs in the PBFM. But is  
17 what you're saying now that one of the things that the PBFM  
18 has really assisted with is predicting your staffing costs?

19 A. It is in terms of our frontline staff. That's one  
20 of --

21

22 Q. Right.

23 A. Yeah.

24

25 Q. All right.

26 A. There are a few other benefits - there are other  
27 benefits of the PBFM.

28

29 Q. Yes. Yes.

30 A. But that is certainly one.

31

32 Q. All right.

33

34 COMMISSIONER: Can I just ask Mr Short one of the issues  
35 that has been raised with the Commission, and most recently  
36 and most specifically by a submission from the Together  
37 union, which represents a large proportion of frontline  
38 staff and I think other staff of the department, concerns a  
39 concern about the assessment and evaluation of - I'm not  
40 sure of the correct language to use here, but as  
41 I understand it - the baseline resources required within  
42 the department to match the need, needs of the department  
43 that is, with the resources available to undertake the many  
44 tasks that are associated with the delivery of services and  
45 in particular by frontline staff.

46

47 The contention on this point in that submission is that the

1 work on a day-to-day basis of frontline staff is one that  
2 is fraught with meeting emergencies, often under extremely  
3 stressful circumstances, thereby impeding the department  
4 from acting more proactively in relation to various  
5 measures that might be taken, for example proactive  
6 measures to engage with families to try and intervene to  
7 prevent the need for children to be brought into care and  
8 other factors. One of the contentions, as I understand  
9 that submission, is that there is not a proper analysis or  
10 mapping of at a very baseline level the resources required  
11 for the department to discharge the many and varied  
12 activities that are entailed in the child protection  
13 system.

14  
15 Now, I know that was a long introduction, but my question  
16 is in your role, assisted by whatever modelling is  
17 available or deployed for this purpose, is there  
18 periodically an analysis of that baseline need for  
19 resources such that - addressing, if you like, the  
20 practical resources that are required to avoid a state of  
21 emergency existing on a day-to-day basis from the  
22 perspective of the frontline workers? Do you understand  
23 the topic I've raised with you?

24 A. I feel as though I do, yes.

25  
26 COMMISSIONER: Right. Are you able to respond to that?

27 A. What I would say, whilst not directly involved in  
28 resource management strategy or - in terms of human  
29 resource strategy - management, what I can say is through  
30 the parameter-based funding model there is an agreed FT  
31 uplift that responds to demand which happens on an annual  
32 basis. The other thing that I probably can generally  
33 comment on is the discussions and negotiations that take  
34 place through the enterprise bargaining negotiations.

35  
36 COMMISSIONER: Are you involved in those negotiations?

37 A. No, I'm not, only insofar as costing of various  
38 initiatives - costing of activities or the agreement as a  
39 whole.

40  
41 COMMISSIONER: Yes. Are you familiar with the submission  
42 that I've mentioned, the submission recently submitted by  
43 the Together union, that is recently in the sense of in the  
44 last three or four weeks?

45 A. Only generally.

46  
47 COMMISSIONER: Yes. I see. All right. Thank you. Thank

1 you, Mr Forrest.

2

3 MR FORREST: Mr Short, we're two topics down and moving to  
4 the third topic, which is the budget process.

5 A. M'hmm.

6

7 Q. We've touched on it already a little bit, but let's  
8 look at the budget cycle a little bit more precisely. So  
9 you've helpfully given us some background about the budget  
10 cycle in your witness statement that I think should be  
11 still open in front of you. The budget cycle is a 12-month  
12 cycle. It runs, you've said, from about August through to  
13 June. And is it correct that the department has basically  
14 two main opportunities to ask the government for money?  
15 The first of those is its primary budget submission, and  
16 that typically occurs in March; is that right?

17 A. That's correct. We lodge our budget submission by  
18 late March.

19

20 Q. Yes.

21 A. That can vary from year to year.

22

23 Q. And the body that you lodge it with is the body that  
24 you referred to earlier, that's the CBRC, the Cabinet  
25 Budget Review Committee?

26 A. That's right, Cabinet Budget Review Committee.

27

28 Q. Am I right in saying that in the period of interest  
29 between 2020 and 2023 the composition of the CBRC was  
30 basically the Premier, the Treasurer and a couple of senior  
31 ministers; is that --

32 A. That's correct. That's my understanding.

33

34 Q. Yes. Broadly, senior ministers from the economic and  
35 infrastructure portfolios?

36 A. That's my understanding, although it can vary and it -  
37 it's probably outside my area of expertise.

38

39 Q. Yes. But you would attend - I think you've said in  
40 your statement you would attend some of the CBRC meetings?

41 A. In more recent couple of years, so --

42

43 Q. Right.

44 A. During the period 2020 to 2023 it was quite rare that  
45 I actually attended.

46

47 Q. Can you recall a single occasion that you attended in

1 that period? Maybe it's not very memorable.  
2 A. Not specifically. I can't recall one.  
3  
4 Q. Yes.  
5 A. No.  
6  
7 Q. But am I right in understanding that at no point in  
8 that period, 2020 to 23, was the minister for child safety  
9 herself a member of the CBRC?  
10 A. I can't verify that.  
11  
12 Q. Right. You've said that if the minister attended a  
13 CBRC meeting they would typically attend with the DG and  
14 sometimes you perhaps?  
15 A. Yes, sometimes with myself or - and/or another  
16 executive, another Deputy Director-General, for example.  
17  
18 Q. And in that period you can't remember but, supposing  
19 that you did attend, if a Deputy DG had attended with you  
20 it would have been Mr O'Brien?  
21 A. It may have been Mr O'Brien or the Deputy  
22 Director-General of Strategic Policy.  
23  
24 Q. I see. When you say that the minister and the DG and  
25 some of the senior department staff attend the CBRC  
26 meeting, at the meeting you're essentially making a pitch;  
27 is that right? You're proposing rather than being involved  
28 in deciding, to put it another way?  
29 A. It would be rare for me to say anything.  
30  
31 Q. Yes.  
32 A. It is generally the case that it's an opportunity for  
33 the department through the minister to, yes, as you said,  
34 argue for the initiatives that have been proposed.  
35  
36 Q. Yes. And you don't actually find out at the meeting  
37 whether you've been successful; that happens later?  
38 A. Correct.  
39  
40 Q. Yes. So shortly after the meeting you're notified  
41 whether or not your proposal has been accepted or not?  
42 A. Yes, generally the case it can be --  
43  
44 Q. All right.  
45 A. Yeah, it can be a few days to a couple of weeks or so.  
46  
47 Q. Am I right in saying that the money that you get in

1 the main budget is essentially upfront or forward-looking  
2 funding; you are given an amount of money to spend for the  
3 department's operations over the year ahead?

4 A. Yes, so the purpose of the CBRC is not to - is to  
5 discuss and seek approval for, I guess, initiatives that  
6 we've put up which are over and above our, what you might  
7 call, base appropriation.

8  
9 Q. Yes.

10 A. So therefore items that are either new initiatives.

11  
12 Q. Yes.

13 A. They are for items that are - that may have been time  
14 limited and are now being sought to be either extended or  
15 permanently put in place. And the third part is a report  
16 back. So in previous - you know, government may have asked  
17 for a report back on some type of initiative, and this is  
18 the mechanism by which we do that.

19  
20 Q. This is the main budget process we're talking about?

21 A. It can also be at MYFER, at mid-year financial and  
22 economic review period, yes.

23  
24 Q. Yes. I'm going to come to the idea of deficit funding  
25 later, but what I just want to confirm with you is that the  
26 amount of money that you are allocated in the main budget  
27 is not deficit funding, it's funding for the year ahead; is  
28 that broadly correct?

29 A. Well, it forms part of not just the year ahead but  
30 across the forward estimates. So it - certainly in the  
31 terms of the deficit it does cover - it has generally  
32 covered the immediate - you know, the following financial  
33 year, so the budget year, which is otherwise known as, plus  
34 the forward estimate requirements.

35  
36 Q. All right. You mentioned another acronym, which is  
37 MYFER. That's the second opportunity that the department  
38 has to ask for funding, and that stands for I think the  
39 mid-year fiscal and economic review?

40 A. Yes, that's correct.

41  
42 COMMISSIONER: Can I just ask what the duration of the  
43 forward estimates at this time was generally?

44 A. It's generally the budget year, so next year plus four  
45 years.

46  
47 COMMISSIONER: Plus four years. Yes. Thank you.

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MR FORREST: And you mentioned earlier the idea of seeking additional funding for sort of new initiatives. Typically would this happen in the MYFER process?

A. It could happen at either or both.

Q. Right.

A. And I probably would also say that MYFER is probably the first process. So that generally happens in September/October/November period, and then that leads into the budget process proper, which is that March/April period.

Q. I see. So they're your two main opportunities, and that's funding the department going forward, and there's another form of funding, it seems, which I'll call deficit funding, which you've also addressed in your statement. Am I right in understanding that this is supplementary money that is appropriated to satisfy amounts that the department has overspent against its base budget?

A. It's probably fair to say ordinarily deficit funding is not required. So a department and an organisation is generally required to operate within the budget it's provided.

Q. Yes.

A. In the cases - in such cases as Child Safety, as we know, those costs have exceeded the appropriation provided.

Q. Yes.

A. So that necessitates that we must seek or make argument for why additional appropriation is required, and one of the main reasons for that is, under the financial - various financial legislation we're required to act, delegated authorities - financial delegated authorities can only enter into contracts or enter into any sort of financial commitment if funding is available. So that's the importance of that, not to mention liquidity.

Q. So that is an important point, which we're going to deal with in more detail shortly. But is what you're saying that under ordinary financial delegations you shouldn't go into a deficit because you can only spend committed funds?

A. Yes, that's a primary objective. There is a step in the budget process where, you know, supplementary appropriation can be provided, or indeed lapsed. But,

1 where there is a structural deficit matter, that  
2 necessitates quite a more comprehensive response.

3  
4 Q. Yes. Mr Short, I'm sorry, I've just been told that  
5 your mic has an issue and someone is going to come and  
6 adjust it so the people on the livestream can hear you.

7  
8 COMMISSIONER: Can I ask, Mr Short, is there a mechanism  
9 to obtain, if you like, emergency funding by seeking what  
10 I understand in other jurisdictions to be a Treasurer's  
11 advance?

12 A. There is. Probably the other thing I would add to  
13 that is we have at our - as an option, as an availability,  
14 an overdraft facility to be able to cater for those  
15 emergent needs.

16  
17 COMMISSIONER: Yes. Thank you.

18  
19 MR FORREST: Is the mechanism that you're referring to  
20 there something called the unforeseen expenditure  
21 mechanism?

22 A. That's correct.

23  
24 Q. Yes. And that's a mechanism that's also contained in  
25 the same Act we were referring to earlier, the Financial  
26 Accountability Act?

27 A. Yes, that's right, unforeseen expenditure together  
28 with lapsed appropriation come into the appropriation Act.

29  
30 Q. Yes. So under perfect operating conditions you're  
31 just spending the appropriated funds. But the unforeseen  
32 expenditure mechanism allows the Governor in Council to  
33 authorise expenditure that's been made before it's been  
34 appropriated, and it's then charged as unforeseen  
35 expenditure to the consolidated fund; is that your  
36 understanding?

37 A. That's how procedurally it would work.

38  
39 Q. Could I ask you to go to a different document in the  
40 same public interest immunity bundle. It's behind tab 26,  
41 and I understand it's a document you've prepared?

42 A. Yes.

43  
44 Q. Am I right in understanding that this is a table that  
45 summarises the deficit funding that was required by the  
46 department in the fiscal years 19 to the current fiscal  
47 year?

1 A. That's correct.  
2  
3 Q. And you made a comment earlier that it's quite unusual  
4 for departments to require deficit funding. Am I to take  
5 from that that it would have been unusual for the Governor  
6 in Council to be receiving requests for unforeseen  
7 expenditure approvals from multiple departments?  
8 A. Probably what I would say - and apologies if I used  
9 the word "unusual", but it would not be - probably what I'd  
10 like to clarify, that the purpose of a budget provided to a  
11 department is to operate within the appropriation provided.  
12  
13 Q. Yes.  
14 A. So --  
15  
16 Q. I mean, do you have any sort of visibility about how  
17 frequent it was amongst the various departments for deficit  
18 funding to be requested?  
19 A. No, I don't, no, given that normally it's quite  
20 confidential.  
21  
22 Q. Yes. So just looking at this table we can see that in  
23 the fiscal year ending in 2019 there was deficit funding of  
24 around \$20 million. Are you able to say whether or not  
25 that was using the unforeseen expenditure mechanism or was  
26 it the overdraft or something else?  
27 A. Normally the way this would work is that particular -  
28 in that particular financial year those - CBRC, so  
29 government, approved the additional appropriation, so the  
30 70 - the 20 million, for example, and the 50 million. It  
31 would only - and - so they approved the additional  
32 appropriation which would flow to the department to meet a  
33 deficit, if you like.  
34  
35 Q. Yes.  
36 A. It's only at the end of the year in - when the  
37 government - when government publishes its budget  
38 documents there's a budget paper called the appropriation  
39 statement.  
40  
41 Q. Yes.  
42 A. And that will include unforeseen expenditure, as you  
43 say, lapsed appropriation. The unforeseen piece would  
44 include any additional appropriation provided through the  
45 year.  
46  
47 Q. Right. Thank you. That's helpful. You made a

1 comment a little while ago that sometimes unforeseen  
2 expenditure of deficits are taken care of in the next  
3 financial year's budget?  
4 A. They can be. So we can seek - so, for example, you'll  
5 see on that particular page --  
6  
7 Q. Yes.  
8 A. -- the one commencing from the 21/22 year where  
9 additional appropriation has been provided across multiple  
10 financial years.  
11  
12 Q. Yes.  
13 A. And indeed I can say with that one that that's  
14 actually a recurrent, so that continues. But it's not  
15 always - that's probably the exception rather than the  
16 rule.  
17  
18 Q. Right. Does that mean that the next budget cycle  
19 you're sort of starting from behind because you've had to  
20 account for some deficit funding component?  
21 A. Yes.  
22  
23 Q. Right. In any of the years that you've been the Chief  
24 Finance Officer of the department has the department's  
25 deficit not been funded in full by the government?  
26 A. No, it's always been funded more or less in full.  
27  
28 Q. What do you mean by "more or less"?  
29 A. So that funding's - so you may be provided, you know,  
30 X - I'll use that example - 20 million, but you're provided  
31 that funding in April or May based upon a forecast. So by  
32 the time your financial statements are audited by the end  
33 of August, the following August, you may have a small  
34 surplus or you may have indeed a small deficit. Completely  
35 immaterial.  
36  
37 Q. Yes.  
38 A. But for all intents and purposes that funding,  
39 additional funding, had fully funded the deficit.  
40  
41 Q. Yes. And does that mean that within the department  
42 there's never a great sense of anxiety that a deficit that  
43 is run up won't be funded?  
44 A. No, I wouldn't go that far. I think - maybe my view's  
45 a bit biased, but there's certainly a heightened level of -  
46 I wouldn't call it anxiety either, but concern that we're  
47 operating as a going concern, if you like.

1  
2 Q. Yes. And presumably that concern has risen across the  
3 financial years that we can see in that table because the  
4 deficit has grown very, very substantially?  
5 A. It has.  
6  
7 Q. And is it true, Mr Short, that the deficit in all of  
8 those years has been primarily driven by out-of-home care  
9 funding?  
10 A. Yes, it has.  
11  
12 Q. And would you also accept that the deficit in all of  
13 those years has primarily been driven by an overreliance on  
14 IPS arrangements?  
15 A. Yes, I - yes, I would, yes.  
16  
17 Q. Yes. Could I just ask you to take up the master  
18 bundle, which is one of the other bundles?  
19 A. Yep.  
20  
21 Q. It's tab 62, and that's going to be in volume 2. And  
22 so --  
23 A. 62?  
24  
25 Q. 62. So this should be an annual report of  
26 the department?  
27 A. M'hmm.  
28  
29 Q. And if I could ask you to go to page 1296?  
30 A. Yep.  
31  
32 Q. So this is a financial statement that you've prepared  
33 for that year and has then been annexed to the annual  
34 report. Is it right that at least part of the deficit  
35 funding for that year is recorded as the line item  
36 "Unforeseen expenditure", and we can see the figure of  
37 92 million?  
38 A. Yes, that's correct.  
39  
40 Q. I wanted to ask you about that because I wanted to  
41 understand - if we could just go back to - you perhaps  
42 don't need to go back to it, but if it could just be popped  
43 back up on the screen - the table we were looking at which  
44 is at tab 26 of the PII bundle. Of the PII bundle,  
45 I think. I think we may be on the wrong bundle on the  
46 screen.  
47

1 COMMISSIONER: Perhaps if Mr Short were just to go back to  
2 that document it would be easier.

3

4 MR FORREST: Yes. Do you have that handy, so the table of  
5 deficits?

6 A. Yes, I do, yep.

7

8 Q. So I just wanted to understand. So we've got the  
9 unforeseen expenditure line item of about 92 million, and  
10 then in the table there seems to be two deficit funding  
11 amounts, one that's - they're both in the 90 millions or  
12 so. Can you help me understand where those amounts would  
13 be found in the financial statements?

14 A. Yeah. So ordinarily we would find those amounts in  
15 the "Unforeseen expenditure" row.

16

17 Q. Right.

18 A. The particular statement here, though, is for the  
19 department as a whole. So there may be other unforeseen  
20 expenditure in other activities of the department, you  
21 know, youth justice, for example, or wherever. I can't  
22 recall the circumstances, but certainly I would say that  
23 that's 70 million for - sorry, the - we're speaking the  
24 2021 financial year.

25

26 Q. Yes.

27 A. Certainly the 98, but that would be - that's where it  
28 would be included.

29

30 Q. All right. Thank you. That's very helpful. You  
31 accepted earlier that one of the - the real driver of  
32 the deficits in the financial years that we've been looking  
33 at was the overreliance on IPS arrangements, and is it  
34 right, Mr Short, that one of the reasons that IPS  
35 arrangements drive deficits is because of their funding  
36 source?

37 A. It would be fair - yes, that would be fair to say.  
38 I probably would add to that, though, that the overreliance  
39 on IPS agreements is as a result of that supply mix that  
40 you referred to.

41

42 Q. Yes.

43 A. So - and, depending on which year we're talking about,  
44 there has been a greater - you know, demand has risen, so -  
45 as I think - as we've seen in the 2019/20 year, demand  
46 was - doubled to 10.5 per cent --

47

1 Q. Yes.

2 A. -- as opposed to what - in the past it has been, you  
3 know, 3 or 4 per cent. So that growth there, the -  
4 generally because of that growth those placements have  
5 ended up - because there's not available placements in  
6 family-based care or indeed OSD, that they have overflowed,  
7 if you like, to those higher cost short-term contracts.

8

9 Q. Yes. So what you're saying there is that the  
10 increased cost growth from IPS is because it's been used  
11 essentially as an overflow service?

12 A. Yeah, it's being met - it's being used because that's  
13 in a lot of cases the only available placement.

14

15 Q. It's the place of last resort?

16 A. Yes.

17

18 Q. Yes. And so when the supply mix at the lower cost end  
19 isn't right and there's not enough spaces with family or  
20 OSD places the overflow falls to IPS?

21 A. That's right. That's right.

22

23 Q. Yes. I want to ask you about a slightly different  
24 issue, which is the way that financial delegations operate  
25 with respect to OSD and family-based payments as opposed to  
26 IPS arrangements. One thing that the Commission has heard  
27 is that payments to family-based care and OSD arrangements  
28 come from the base budget?

29 A. Probably for clarity, there - it's probably difficult  
30 to --

31

32 Q. Let me rephrase that.

33 A. Yeah.

34

35 Q. If you're paying money to family-based placements or  
36 for OSD placements there needs to be funding available; do  
37 you agree with that?

38 A. There does. In all cases there needs to be funding -  
39 there needs to be an identified funding source.

40

41 Q. But that's - what do you mean by "an identified  
42 funding source"?

43 A. So what I mean by that is before you enter into any  
44 sort of contract, for example, the financial delegate must  
45 be able to say to certify or have comfort in that there is  
46 a funding source where those funds are being drawn from.

47

1 Q. In the case of OSD and family-based funding there  
2 needs to be actual funds available to the department; is  
3 that correct?

4 A. Yes, there needs to be --

5

6 Q. There needs to be budgeted funds?

7 A. Yes.

8

9 Q. So if you're just entering into those sort of  
10 arrangements it's very difficult to run up a deficit  
11 because if the financial delegations are working well  
12 you're confined to the money that you have?

13 A. You are, and that's one of the tensions that I think  
14 I spoke about in my statement, is that the requirements  
15 under the Child Protection Act, if you like, trump the  
16 Financial Accountability Act insofar as the protection of  
17 the child is greater than the financials. So we're  
18 operated in an environment where we have been in a  
19 structural deficit environment.

20

21 Q. Yes.

22 A. So under no - under no - there is no example where we  
23 would not enter into the best placement we could because we  
24 don't have the funding available.

25

26 Q. And where that tension bites is in the overflow  
27 scenario, isn't it, because if 0 - sorry, if family-based  
28 is unavailable and there's no funds for OSD, then the  
29 departmental official at the coalface is faced with that  
30 tension, because entering into an IPS arrangement wouldn't  
31 be something that the Financial Accountability Act would  
32 normally promote because it's poor value for money, but on  
33 the other hand your obligations under other laws to the  
34 child means that the child must be placed?

35 A. That's right.

36

37 Q. Is that the tension you're describing?

38 A. Yeah, that there is - there is no other option.

39

40 COMMISSIONER: Just for clarification, IPS funding is  
41 available also for family-based care, is it not?

42 A. It can be, yes, in a small proportion.

43

44 COMMISSIONER: So if the budget, the appropriated amount,  
45 for the department has been exceeded for the period in  
46 question, and let's suppose a suitable family-based  
47 placement is identified, the only way that could be funded

1 is via the IPS funding model?

2 A. Yes. Yes.

3

4 COMMISSIONER: So do you agree that if the base funding is  
5 not set at a realistic level, having regard to forecast  
6 demand in the system for child protection services - and by  
7 that I mean the ability to place children - then at a  
8 grassroots level, so to speak, there is no choice to be  
9 made because the choice - that is, the choice as between  
10 IPS and OSD - because OSD funding is, on that scenario,  
11 exhausted?

12 A. Under that scenario it is exhausted, although there  
13 are options that, you know, additional top-up funding or  
14 additional funding can be provided if there is placements  
15 that can be bought, OSD placements that could be bought,  
16 and obviously because it presents a better placement  
17 outcome.

18

19 COMMISSIONER: And how responsive in terms of the  
20 practical timeframe that the department at the front end  
21 faces in terms of placing a child is the availability of  
22 such top-up funding?

23 A. Probably limited, which goes back to, you know,  
24 operating in an environment where that ability to enter  
25 into and agree long-term OSD contracts is somewhat  
26 constrained.

27

28 COMMISSIONER: Yes. Thank you. Mr Forrest.

29

30 MR FORREST: So the situation at least until recently and  
31 certainly in the period 2020 to 2023 was this: a child  
32 needs to go into residential care and, if there is not  
33 budgeted OSD funding available, the departmental officer at  
34 the coalface can only put them into IPS because otherwise  
35 they would breach their financial delegation?

36 A. I would probably, to be more specific, say if there  
37 was an OSD placement available then funding would be sought  
38 or transferred or topped up to allow that placement to be  
39 entered into rather than go to an IPS agreement.

40

41 Q. What do you mean by "an OSD placement available"? A  
42 funded placement?

43 A. A funded - if a funded OSD placement was available,  
44 then certainly funding could be transferred or topped up to  
45 allow that to happen, albeit it probably wouldn't or hasn't  
46 happened to a great volume. Obviously the alternative is,  
47 though, that the IPS contract would be entered into.

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COMMISSIONER: Wouldn't you expect that if there was no OSD-funded place available which was suitable to the child in question - and there are a variety of factors that bear upon the placement of the child, all sorts of factors, including, for example, the child might have siblings and it's desirable to place the child with siblings, and many other variables. But assuming, as I think is the predicate of your last answer, that there was an OSD place available you would expect, all things being equal in the sense I've just described, that that placement would be chosen?  
A. You would.

COMMISSIONER: Yes.  
A. Yes.

COMMISSIONER: But if the placements that are funded are either not suitable to the child or capacity has been reached then there isn't a practical choice to be made, is there, between OSD funding and IPS-funded places because the current budget for OSD on that scenario has been exhausted; isn't that, as it were, the long and the short of it?  
A. That's correct.

COMMISSIONER: Yes.

MR FORREST: Could I ask you to take up the master bundle volume 3, and can I ask you to go to tab 123, at page 2474?  
A. 24?

Q. 2474. Thank you, Mr Short.  
A. Yep.

Q. And can I ask you to just focus on the text that starts at the bottom of that table. This is an email, you'll see from the first page, that you sent to some colleagues last year. What you're describing in this paragraph is the dilemma that you referred to earlier, which is that the obligation to place the child is paramount, and so if the only option is an IPS agreement the child would be placed in an IPS place irrespective of whether there is funding available. Focusing only on that dilemma as a matter of economics or finance, from a purely economic standpoint a system that operates that way is not operating rationally, is it, because it is making it very difficult for the department to enter into better value

1 long-term contracts but making it possible to enter into  
2 worse value short-term contracts?

3 A. It's certainly the more - the easier option.

4  
5 Q. Yes.

6 A. What I would say is in the environment where there are  
7 not - you know, where the availability of OSD placement is  
8 not there, that's the environment we're - it gives us no  
9 option. Yes.

10  
11 Q. Yes. And I suppose you're alluding to the fact that  
12 this all comes back to the supply mix. So if you get the  
13 supply mix right you don't have this dilemma. But, if you  
14 don't, you do?

15 A. That's right. If the supply mix is reflective of  
16 actual lived experience, what's occurring, then, yes, you  
17 do - you can then focus on, you know, improving outcomes  
18 and indeed improving that supply mix around family-based  
19 care.

20  
21 Q. In terms of the relationship between the deficits that  
22 the department was running and the availability of  
23 OSD-funded places, did the constant cycle of deficits  
24 reduce the availability of funded OSD places?

25 A. In real terms it probably did, and that's because the  
26 structural deficit, the deficit, did not provide an  
27 environment - does not provide an environment where  
28 development of an OSD supply market can occur at the rate  
29 it should occur.

30  
31 Q. Yes.

32  
33 COMMISSIONER: Could you just explain what you mean by a  
34 structural deficit just so that I'm clear about it? It's  
35 an expression widely used in financial circles?

36 A. Yes. A structural deficit is an environment where the  
37 drivers of the deficit require significant intervention.  
38 So the deficit hasn't arisen because petrol prices went up,  
39 for example. It has been caused because we know that the  
40 supply mix, in this instance, does not provide enough  
41 funding for what the lived experience is, and the tin tuck  
42 of that is the real cost of contracts we have entered into,  
43 both in the OSD space and the IPS space, are not reflective  
44 of the funding we're being provided.

45  
46 COMMISSIONER: So if the department had reliable  
47 forecasts - allowing for the inherent variability as

1 between actual and forecast, but let's say reasonably  
2 reliable forecasts as to increase in demand, and here in  
3 particular the growth in the gross demand for caring for  
4 children because the numbers are on an identifiable upward  
5 trend, and the budget allocation on a recurring basis, the  
6 appropriation, it does not match those forecasts such that  
7 the department at a frontline level can do no more than  
8 rely upon the IPS funding, would you describe the  
9 circumstance where there is a mismatch between forecast  
10 demand and the appropriation as being a structural deficit?  
11 A. I would probably expand by saying not just the  
12 forecast but the actual - even the actual demand being  
13 experienced now.

14  
15 COMMISSIONER: So that's a structural deficit by design,  
16 is it not?

17 A. You might say that. I would also add to that, and  
18 this is what we have and it's in some of my evidence, if  
19 the supply mix reflected what was actually being  
20 experienced in the 22/23 financial year, for example, then  
21 the deficit that - and we were funded on that basis, then  
22 the deficit by and large would be taken care of - the  
23 deficit would be significantly lower. But it's - but  
24 that - you know, the supply mix has not changed since that  
25 financial year.

26  
27 COMMISSIONER: Yes.

28  
29 MR FORREST: More generally, Mr Short, looking at the  
30 period that we saw the deficit figures for, 2018 to 26, is  
31 it broadly true that if the supply mix had - I'll rephrase.  
32 If you had received adequate funding to get the supply mix  
33 right in each of those years you would not have run a  
34 deficit?

35 A. Probably - it's probably not as straightforward as  
36 that for those early years because the parameter-based  
37 funding did not come in until 2023/24 financial year.

38  
39 Q. Right.

40 A. And it was - the model was introduced to address what  
41 had been experienced in those earlier years.

42  
43 Q. Yes.

44 A. The essence of your question is correct. Yeah, if you  
45 are funded on what is actual - you know, actual demand and  
46 supply mix, then, yes, you don't have a deficit because  
47 that's the essence of a funded budget.

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Q. Yes. And so earlier you referred to forecasting on the basis of lived experience. Do I understand what you meant by that to be actual demand, or is it something else?

A. What I mean by that is actual demand, but I would also extend that to, you know, the actual price - both the actual price of contracts being entered into.

Q. So forecasting based on inputs that are reality based rather than goals based; is that another way of putting it?

A. Yes. That's correct.

Q. Earlier you accepted that the department running deficits made it more difficult for the department - I'll rephrase. Running deficits meant there was less money available for OSD funding?

A. Yes. However, I would also say that it made it more difficult to develop a supply market where OSD placements were actually available.

Q. Can you explain what you mean by that?

A. So what I mean by that is because we're at - we operate in an environment where we have a structural deficit in place there is those - as I've alluded - include in my evidence around financial accountability requirements and so forth, that I would say made it more difficult to develop a placement - market where there were OSD placements even available.

Q. Right.

A. Because IPS agreements were more easy to - well, easier to enter into.

COMMISSIONER: To put that simply, Mr Short, if you're not funded on the recurrent basis at an adequate level that coincides with reality both as to demand and cost, then that fact leading to this structural deficit impedes the department's ability to act proactively to address known difficulties or problems with the supply mix, because I assume that you can't use IPS funding as a means by which to effect the sort of market re-design that I understand is now underway because it's a retrospective funding, that is to say it can be used for the purposes of engaging in services or entering into contracts that are immediately required but not for prospective or proactive action?

A. Yes, that's correct.

1 COMMISSIONER: Yes.

2

3 MR FORREST: I mean, on one view, Mr Short, it occurs to  
4 me that what you're describing is essentially a vicious  
5 cycle where, if the department is not funded upfront to get  
6 the supply mix right, the overflow goes to IPS, IPS drives  
7 deficits and then deficits make it more difficult for you  
8 to have the upfront funding you need to get the supply mix  
9 right next year; is that the dynamic?

10 A. Yep, that would mostly be correct, yes. And indeed  
11 probably limited ability to really grow the family-based  
12 care side of the equation.

13

14 COMMISSIONER: And limited ability to grow family-based  
15 care results in a very significant cost differential  
16 because, as was pointed out to you and I'm sure you're  
17 aware in any event, there is approximately a 15 times  
18 difference of price as between non-family-based care and  
19 residential care?

20 A. That's correct, yes.

21

22 COMMISSIONER: So it has an escalating effect in financial  
23 terms?

24 A. It does.

25

26 COMMISSIONER: Yes.

27

28 MR FORREST: I want to move to focusing on the family  
29 based versus non-family-based dynamic, something that  
30 you've just pointed to and you address very helpfully, if  
31 I may say, in your witness statement. If you can generate  
32 new supply of family-based carers, that is the biggest  
33 opportunity for the department to avoid wasted costs; is  
34 that right?

35 A. Yes, and I'd say biggest opportunity to avoid costs,  
36 to avoid --

37

38 Q. To avoid costs?

39 A. M'hmm.

40

41 Q. And I want to explore the extent to which costs can be  
42 avoided. Could I ask you to take up again your witness  
43 statement in the public interest immunity bundle, which is  
44 behind tab 3, sorry, and the passage that I'm interested in  
45 is on page 41 at paragraph 55?

46 A. Yep.

47

1 Q. So in this section you're talking about supply -  
2 sorry, the proportion of children that are in family-based  
3 care rather than in non-family-based care, and then at 55  
4 you say that:

5  
6 *In terms of cost sensitivity we know that*  
7 *for each 1 per cent the supply mix target*  
8 *is missed the cost impact is approximately*  
9 *\$50 million.*

10  
11 Can you unpack that statement for the Commission, Mr Short?

12 A. Yes, I can. So the parameter-based funding model came  
13 into effect for the 2023/24 financial year. That was as a  
14 result of work over the previous 18 to two years whereby  
15 the department engaged with Queensland Treasury in  
16 particular to further be able to explain how these deficits  
17 were arriving and to avoid the need to constantly go back  
18 for appropriation top-ups, as we've seen, which then, as  
19 we've discussed, there's an array of issues - associated  
20 issues with that.

21  
22 So the parameter-based funding model came into being. At  
23 the same time it reflected and its whole intent was to  
24 forecast costs based on demand, demand inputs, and to be  
25 accommodating of spikes and troughs in that. Obviously at  
26 that time demand was growing, so there was greater pressure  
27 on the Child Safety financial position. So part of  
28 the model is - an important part of the model was setting  
29 supply mix targets so that the percentage of placements -  
30 family-based care placements and the percentage of  
31 non-family-based care placements, obviously family-based  
32 care placements being the preferred option.

33  
34 At the time I think we were experiencing, I'm going to say,  
35 about, on average, maybe 85 per cent or maybe - of  
36 placements in family-based care and 15 per cent in  
37 non-family-based care. However, since that time and more  
38 or less as of now that percentage has moved to 80 per cent  
39 in family-based care --

40  
41 Q. Yes.

42 A. -- and 20 per cent in non-family-based care. What my  
43 statement there says, if we were able to move 1 per cent of  
44 those placements from non-family-based care to family-based  
45 care we would avoid \$50 million in cost just on supply.

46  
47 Q. Yes. Can I try and get some more detail about what

1 you mean by the 1 per cent. So when you say 1 per cent  
2 you're talking there, are you, about 1 per cent of  
3 the total number of children in care?

4 A. Yeah, indeed, the placements, yes. Yes, I am.

5

6 Q. And we've heard evidence earlier that the current  
7 numbers of children in care are about 12,000 or so kids.  
8 So 1 per cent, we're talking about moving about 120 kids  
9 who are in residential care into family-based care is a  
10 saving of \$50 million?

11 A. Yeah, thereabouts.

12

13 Q. And for kids that are in that cohort of being suitable  
14 for a family but are in residential care you've mentioned  
15 earlier that there's also not just a \$50 million benefit  
16 but there's probably a very significant welfare benefit for  
17 that cohort of kids. Does it stand to reason that one of  
18 the key objectives of getting the supply mix right is  
19 reducing to the absolute minimum the cohort of children who  
20 are suited to be with families but are instead in  
21 residential care?

22 A. Sorry, could you just repeat that one again?

23

24 Q. What I'm suggesting is that there is a cohort of  
25 children who actually are suitable to being placed with  
26 families but they're instead in residential care. Based on  
27 your supply mix figures, I'm suggesting that it's  
28 financially prudent to ensure that that cohort is as small  
29 as possible?

30 A. Absolutely, yes.

31

32 Q. Because for every child that's in residential care  
33 that could be with a family it's essentially wasted cost,  
34 isn't it?

35 A. That's right.

36

37 Q. Yes. I just want to explore the size of this cohort.  
38 Do you have any rough idea of what the size of the cohort  
39 who could be with families but are in residential care  
40 broadly was throughout 2020 and 2023?

41 A. No, I don't. No.

42

43 Q. Could I ask you to go to another --

44

45 COMMISSIONER: But before you leave that I just want to be  
46 absolutely clear that in paragraph 55 of your statement  
47 when you talk about 1 per cent you're talking about the

1 supply mix, but I had understood the 1 per cent, perhaps  
2 wrongly, as being a reference to 1 per cent of the children  
3 or young people in non-family-based residential care, that  
4 is to say if you reduce that number by 1 per cent,  
5 transferred those children, as it were, to family-based  
6 care, that would result in a saving of \$50 million; is  
7 that --  
8 A. Yes. That's correct.  
9  
10 COMMISSIONER: That's the correct assumption?  
11 A. Yes, that is, yes. Yes. Sorry.  
12  
13 MR FORREST: So is it 1 per cent of the overall children  
14 in residential care or 1 per cent of the cohort in - sorry,  
15 is it 1 per cent of the number of children that are in care  
16 or 1 per cent of the children that are in residential care?  
17  
18 COMMISSIONER: That was what I was trying to clarify,  
19 Mr Forrest.  
20  
21 WITNESS: Yeah. Sorry, to be clear, if we could move  
22 1 per cent - if we could reduce the - so currently, of  
23 total placements, 20 per cent are in non-family-based care.  
24  
25 MR FORREST: Yes.  
26 A. On average. If we could reduce that to 19 per cent,  
27 that would result in a \$50 million cost reduction.  
28  
29 Q. So you must be talking about a 1 per cent change in  
30 the overall cohort of children in care?  
31 A. Yes.  
32  
33 Q. Because - yes. Okay. Could I ask you to turn up  
34 tab 7 of the public interest immunity bundle - sorry,  
35 before I do, just on the \$50 million saving or cost impact,  
36 is that for all time or is that on an annual basis?  
37 A. That's on an annual basis. So --  
38  
39 Q. An annual basis. So it's \$50 million a year?  
40 A. Yes.  
41  
42 Q. Yes.  
43 A. Yes.  
44 Q. All right. So public interest immunity folder, tab 7.  
45 I'd like you to look at --  
46 A. Sorry, can I just clarify that just a little bit  
47 further, too?

1  
2 Q. Sure.  
3 A. The 1 per cent relates to the funding provided to the  
4 department.  
5  
6 Q. Yes.  
7 A. So that would - you know, we would - if we could - it  
8 would be the same result, but it's a funding - additional  
9 funding provided to the department.  
10  
11 Q. So is this an explanation of the cost impact; is  
12 that --  
13 A. That's right. It's then flow-on effect to the  
14 deficit; yes.  
15  
16 Q. Are you saying that if you could move 120 children  
17 from residential care to family-based care that the  
18 department would save \$50 million; is that essentially --  
19 A. Yeah, the same result; yeah, yeah.  
20  
21 Q. I see. All right.  
22 A. Yeah.  
23  
24 Q. So on page 172 of the public interest immunity bundle  
25 is a slide from the report that was done by the Queensland  
26 Treasury Corporation in 2020. I take it, Mr Short, you're  
27 familiar with the report?  
28 A. Yes, I am now; yes, yeah.  
29  
30 Q. So this was from report number 1. And, as you can  
31 see, here in 2020 they're testing one hypothesis about  
32 what's driving the increased costs of the out-of-home care  
33 system, and the hypothesis is that a shortage of  
34 fit-for-purpose placement options is leading to higher  
35 cost. And it seems to me, looking at this report, that it  
36 suggests that around 50 per cent of occupied residential  
37 care bed days in financial year 2018/2019 were occupied by  
38 a cohort of kids that could have been in a form of  
39 family-based care; is that your understanding of that  
40 table?  
41  
42 COMMISSIONER: It's what it says in terms, isn't it, in  
43 the annotation?  
44  
45 MR FORREST: Do you agree with the annotation?  
46 A. Yes, I - yes.  
47

1 Q. So, I mean, was there a broad awareness in 2020 that  
2 you already had a significant cohort of kids in the  
3 category you've talked about who could be with families but  
4 were in residential care?

5 A. I probably can't comment on that. I'm not sure.

6

7 COMMISSIONER: Well, that's the express assumption that is  
8 made in this report.

9

10 MR FORREST: Yes.

11

12 COMMISSIONER: The question is, I suppose, whether that is  
13 merely an assumption or a fact.

14

15 MR FORREST: Yes. That notion of about 50 per cent of  
16 residential care capacity being occupied by kids who could  
17 be with families, is that broadly in line with your  
18 understanding, Mr Short?

19 A. I can't comment on the percentage.

20

21 Q. You don't know?

22 A. No, I don't know. No.

23

24 Q. Yes. All right. I want to take you back to the topic  
25 of financial delegations, and the problem that you  
26 identified in your evidence earlier was that departmental  
27 officials at the coalface were put in a situation where  
28 they could breach their financial delegations by entering  
29 into OSDs where there wasn't funding available but they  
30 wouldn't if they entered into IPS?

31 A. That's correct. There's certainly that tension of  
32 not - the funding tension where that if funding was not  
33 available then that would bring into play the ability to  
34 enter into - you know, to approve a contract.

35

36 Q. So is it correct that a solution has now been put in  
37 place which gives a permission structure to departmental  
38 officials in that position that allows them now to enter  
39 into better value OSD contracts without breaching their  
40 financial delegations?

41 A. Yes, there is. The authorising environment is clearly  
42 there and provides that comfort to delegates; yes.

43

44 COMMISSIONER: What does that mean, authorising  
45 environment? If you could just unpack that expression it  
46 would be helpful.

47 A. Through budget outcomes it's been made clear to the

1 department that the transition of IPS to OSD contracts  
2 should be pursued under all - where at all possible.  
3  
4 COMMISSIONER: And when was that change in the authorising  
5 environment? When did that occur?  
6 A. That occurred a number of months ago.  
7  
8 COMMISSIONER: So in very recent months?  
9 A. Yes.  
10  
11 COMMISSIONER: Yes, thank you.  
12  
13 MR FORREST: Can I just ask you to pick up the email that  
14 I showed you a little while ago? That's at page 2474 of  
15 the master bundle, volume 3, tab 123.  
16 A. Of 247?  
17  
18 Q. You've got that?  
19 A. Sorry, which one was that?  
20  
21 Q. Sorry, 247 - so it's volume 3.  
22 A. Yep.  
23  
24 Q. Tab 123, and the page number is 2474.  
25 A. 2474; yes, got it.  
26  
27 Q. So below the paragraph that I took you to before  
28 there's another paragraph starting "with the above in  
29 mind", and you set out to your colleagues some narrations  
30 that can be included in placement approval briefing notes.  
31 A. M'hmm.  
32  
33 Q. And there's sort of pro forma iterations for OSD  
34 contracts and IPS agreements. And am I right in  
35 understanding that the purpose of these narrations is to  
36 resolve the tension that you were describing before and to  
37 give a permission structure to delegates at the frontlines  
38 to enter into OSD contracts on the basis that they're  
39 better value long term?  
40 A. Yes, it is. So these would - these would appear in  
41 approval briefing notes or whatever. But, yes, you're  
42 correct.  
43  
44 Q. And what is the reason, Mr Short, that it took until  
45 2025 to settle on this solution to that problem?  
46 A. This particular email is July 25. So this pre-dates  
47 the more recent authorising environment that I just spoke

1 about.

2

3 Q. Yes.

4 A. But guidance such as this has been provided at various  
5 times throughout previous years, but it's one of those  
6 things that is - I guess the level of anxiety attached to  
7 it increases the greater the deficit is, I guess; and, as  
8 you can see, the deficit has grown.

9

10 Q. Yes.

11 A. So the more the deficit has grown the greater anxiety  
12 financial delegates have to enter into - to commit the  
13 department to a financial --

14

15 COMMISSIONER: Mr Short, the deficits have been  
16 significant for some years now, so going back to about  
17 2023; you agree? We can go back to your table if you like?

18 A. Absolutely, yes.

19

20 COMMISSIONER: Right. And, allied to that, by around the  
21 same time there was detailed modelling undertaken by the  
22 Treasury that demonstrated that the demand at an aggregate  
23 level was on a continuous upward trajectory. A consequence  
24 of the baseline funding, if I can call it that, remaining  
25 at the levels it did led to the vicious cycle, as  
26 Mr Forrest described earlier. So what was there to stop in  
27 the period from when this issue became manifest, as it  
28 would seem it had, the department entering into or devising  
29 a solution of the kind that is revealed in your email at  
30 page 2474 or in the arrangements now part of  
31 the authorising environment that have recently been  
32 implemented? Why couldn't it have been done earlier, is my  
33 simple question?

34 A. Certainly the advice in this email - there had been  
35 earlier advice, of similar advice, that - because there was  
36 no - there is no choice, you know, for - you know, to enter  
37 into a placement as we spoke about earlier.

38

39 COMMISSIONER: Well, that's the thing. You've got this  
40 inelastic demand.

41 A. Yes.

42

43 COMMISSIONER: And you have to deal with it. And it would  
44 seem that the way it has been addressed by the department  
45 over many years - and I don't mean the department alone;  
46 let's say the government - has been to allow the vicious  
47 cycle to continue leading to escalating deficits, and it's

1 only at a point in time when the deficits become so large  
2 and extraordinary that action is actually taken to do  
3 something rational in terms of providing latitude for the  
4 frontline operators in the department to enter into more  
5 rational contracts.

6 A. You could say that.

7

8 MR FORREST: Who creates the authorising environment? Is  
9 this something that's created by the government, by  
10 Treasury, by the department?

11 A. In terms of financial legislation it's set by the  
12 Financial Accountability Act and related legislation. In  
13 terms of - but, you know, depending on the circumstances  
14 and what gave rise to the most recent decision or outcome  
15 that the department received to, you know, transition IPS  
16 to OSD, that's the authorising - that's obviously a level  
17 that is relied upon. The advice that I have included  
18 here - this is obviously balancing a situation that  
19 obviously, as the Commissioner alluded to, has been in  
20 existence for some years, but gives greater clarity for the  
21 delegate.

22

23 Q. So I had understood from your evidence that emails  
24 like this were consistent with the department's  
25 understanding about what needed to be done, but what was  
26 missing was the authorising environment which has just  
27 arrived, and I'm trying to understand who creates the  
28 authorising environment?

29 A. So the accountable officer.

30

31 Q. The Director-General?

32 A. The Director-General in this case.

33

34 Q. Right.

35 A. That's right.

36

37 COMMISSIONER: But is not the Director-General in turn  
38 dependent upon being authorised by the minister and/or the  
39 Cabinet of the day?

40 A. Yes, yes, yes. And I should say this advice doesn't  
41 provide a solution to the placement pressures being  
42 experienced. It provides a level of, you know, governance  
43 or governance comfort to the delegate.

44

45 COMMISSIONER: But doesn't it partly provide a solution in  
46 this sense, that it allows for decision-making to be  
47 aligned with more rational economic choices in terms of

1 allowing a longer term, more stable OSD arrangement to be  
2 entered into where that is appropriate - and I'm leaving  
3 aside the necessity for particular individual contracts to  
4 deal with complex needs, but leaving that exception aside -  
5 this authorising environment does provide part of  
6 the solution, doesn't it?

7 A. It certainly increases that ability; yes.

8

9 COMMISSIONER: Yes.

10

11 MR FORREST: Mr Short, we're on the home stretch so I want  
12 to tie off supply mix by just talking briefly about  
13 forecasting, and we have two authority topics to go.

14

A. Sure.

15

16 Q. We've already touched on the PBFM and its use of  
17 aspirational targets rather than targets that are based in  
18 reality. The problem or one of the problems the PBFM was  
19 designed to address was the deficit funding cycle. It's  
20 correct, isn't it, that the PBFM can't solve that problem  
21 unless it is using reality based figures because it's going  
22 to constantly underestimate forward demand, and that's  
23 what's happened?

24

A. That's correct.

25

26 Q. All right. We heard evidence earlier in this session  
27 from KPMG. I don't know if you've seen their report.

28

A. I have, yes.

29

30 Q. I might just bring it up. It's at the master bundle,  
31 tab 79, and at page 1954 they set out a model which  
32 suggests using both reality based figures and goal based  
33 inputs and then you generate at the end two numbers. One  
34 is a reference case and one is a base case.

35

36 COMMISSIONER: Could we have a look at that document on  
37 the screen, please?

38

39 MR FORREST: Yes.

40

41 COMMISSIONER: And perhaps take - do you have it available  
42 to you, Mr Short?

43

A. I haven't got it in front of me.

44

45 MR FORREST: Sorry, Mr Short. So it's master bundle  
46 tab 79, which is in volume 3.

47

1 COMMISSIONER: You have to go to a different bundle, I'm  
2 afraid, Mr Short.  
3 A. Okay.  
4  
5 MR FORREST: And then they set out the model I think at  
6 page 1954?  
7 A. Yep.  
8  
9 Q. I don't want to ask you about it in any great level of  
10 detail, but I wondered what you thought about the idea of  
11 including both actuals and goal based inputs into a model?  
12 A. I absolutely agree. I mean, the PBFM can do that  
13 right now.  
14  
15 Q. Right. Can and should, in your view?  
16 A. Well, the original intent of the PBFM, it did set what  
17 was known as aspirational targets but at the same time it  
18 made it very clear that they were to be reviewed regularly  
19 through ongoing monitoring of actual experience and be  
20 adjusted accordingly. And, in terms of the targets, they  
21 were the targets agreed to which were to be obviously  
22 regularly updated, but I guess as part of what KPMG I think  
23 are alluding to sort of KPIs even, you know, those  
24 benchmarks that should be, you know, sought.  
25  
26 COMMISSIONER: There's the reality and the aspiration,  
27 isn't there?  
28 A. Yes.  
29  
30 COMMISSIONER: You're saying that the model, as  
31 I understand KPMG to be recommending, should have both  
32 elements. But the reality - that is the inputs that  
33 correlate the actual experience as to demand and as to cost  
34 - need to be updated presumably on at least a yearly basis?  
35 A. Absolutely.  
36  
37 COMMISSIONER: Yes.  
38  
39 MR FORREST: All right. Second to last topic. I want to  
40 ask you in this topic about the response in the period  
41 following the two QTC reports in early 2020. You have a  
42 good working memory of those reports, I take it?  
43 A. I was not involved in the development of those two  
44 reports. They were - at the time I provided input into it.  
45  
46 Q. Yes.  
47 A. And I'm obviously aware of those now.

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Q. Yes. And you're aware basically of their overall conclusions?

A. I am, yes.

Q. And you agree with the conclusions, I take it?

A. Yes, yeah, they're pretty consistent themes.

Q. Yes. And is it correct to say that the QTC reviews broadly endorsed a care system investment plan the department had worked up?

A. Yes. Yes, from memory; yes.

Q. And the QTC reports identified that there was going to be exponentially growing cost pressures ahead?

A. Yes.

Q. And they identified as the most powerful solutions immediate up front investment in building family-based care capacity and a significant up front increase to the ODS budget to catch the family-based overflow supply. The department then took the care system investment plan, as I understand it, through the budget process seeking funding for that plan?

A. M'hmm.

COMMISSIONER: That's "yes"?

A. Sorry, yes.

COMMISSIONER: Just for the transcript. Thank you.

MR FORREST: We've seen in another document in the significant procurement plan that didn't go ahead and I just want to take you to the reference in that plan; perhaps you can comment on it. So that's at master bundle tab 61, and I'm interested in page 1190. And about midway down the page there's a paragraph starting "in January 2020". Now, before I ask you about that paragraph, do you accept that the time period 2019 to 2021 was a window of opportunity to address cost growth?

A. Yes, I - yes, yes, I would.

Q. Because the QTC analysis suggests, as the Commissioner has said, that there was going to be exponential cost growth, but it also suggested that if you immediately invested in low-cost options there would be some time lag but there would also be exponential cost savings?

1 A. Yes.

2

3 Q. Yes. And do you accept that meant that you really  
4 needed to - the department really needed to act in the next  
5 couple of years to avoid getting hit by the exponential  
6 curve and the problem getting out of control?

7 A. Yes, I do.

8

9 Q. So that probably meant, didn't it, that getting the  
10 care system investment plan funded that year was very  
11 important?

12 A. Yes.

13

14 Q. Yes. All right. So the paragraph that I have up on  
15 the screen suggests that it was drafted for the 2020/21  
16 budget process but it did not proceed, given pandemic  
17 related budget pressures. Now, Mr Short, when it says that  
18 it didn't proceed does that mean that the department didn't  
19 proceed to propose it to Cabinet, to CBRC, or that it was  
20 rejected?

21 A. To the best of my knowledge, it - I don't - I don't  
22 recall it proceeding to CBRC.

23

24 Q. It was shelved?

25 A. Shelved. Certainly not progressed.

26

27 COMMISSIONER: So, as far as you're aware, it wasn't a  
28 Cabinet decision or a CBRC decision not to implement the  
29 CSIP but rather a departmental decision not to propound it  
30 to the CBRC?

31 A. Yes.

32

33 COMMISSIONER: And who would make that decision?

34 A. In the normal course of proceedings it would be the  
35 Director-General and the minister because --

36

37 COMMISSIONER: The minister at the time and the  
38 Director-General at the time?

39 A. The minister at the time - at the time; yes, yes.

40

41 COMMISSIONER: So what timeframe are we talking about?  
42 Would that have been in somewhere around March 2021 or  
43 2020, I should say?

44 A. 2020.

45

46 COMMISSIONER: In the preceding year for the following  
47 budget year?

1 A. Yeah, for the budget year 21/22; yes.

2

3 COMMISSIONER: Yes.

4

5 MR FORREST: And, to your knowledge, was something like  
6 the care system investment plan proposed by the department  
7 in the later budget years?

8 A. There has been other initiatives, similar initiatives,  
9 that have been proposed and indeed approved in some - in  
10 part; yes, yes.

11

12 Q. Just take the year after that. So the next - the very  
13 next budget cycle after the 2020/21 budget cycle, do you  
14 know whether or not the care system investment plan was  
15 proposed again or something like it?

16 A. No, I can't recall.

17

18 Q. All right. Can I just ask you to --

19

20 COMMISSIONER: Presumably there would be a record  
21 indicating one way or the other whether that plan was  
22 propounded in the following budget year and year after  
23 that?

24 A. I can't recall - not by that name but certainly  
25 initiatives to do with, you know, foster care recruitment  
26 and retention, finding kin, for example, certainly  
27 initiatives that were certainly funded in those case. But  
28 not by that particular name.

29

30 COMMISSIONER: Yes. But, irrespective of the name given  
31 to the proposal, the proposal back in 2020 involved a sum  
32 of funding, and presumably the level of funding was a  
33 critical element in the proposal?

34 A. Yes.

35

36 COMMISSIONER: And are you aware of whether subsequent  
37 proposals of the kind similar to or containing elements of  
38 the CSIP proposal were propounded and, if so, to what  
39 levels of funding?

40 A. I can't recall - I can't recall precisely the level of  
41 funding of the care system investment plan, but certainly  
42 in subsequent years there have been initiatives of somewhat  
43 significant funding levels --

44

45 COMMISSIONER: Isn't the question if the opportunity, as  
46 Mr Forrest described it as a window of opportunity, were to  
47 be seized a critical element of that is the level of

1 funding necessary to take the steps that would have an  
2 effect of abating the escalating costs? So what I'm asking  
3 is whether the subsequent proposals put forward to the  
4 budget committee were at a level to make a material  
5 difference to the trajectory that existed at least by 2021?  
6 A. Yes, if I'm to understand the question --

7  
8 COMMISSIONER: I'll unpack it for you. Was enough funding  
9 subsequently being sought to have a material effect on the  
10 trend in the growth of the deficit and to have a material  
11 effect on abating the trend that had been identified by  
12 that time?

13 A. Yes, certainly there was; probably not in the 21/22  
14 year. The focus of certainly the 21/22 budget was on  
15 economic recovery post-COVID. So it was quite a - all  
16 budget process was focused on that. But certainly for the  
17 22/23 financial year and subsequent year or two there was  
18 quite substantial budget submissions proposed in these  
19 areas.

20  
21 COMMISSIONER: And were they accepted or rejected?

22 A. A combination, is fair to say.

23  
24 COMMISSIONER: Well, in the net result was there over the  
25 period, say, 2020 to 2023 an injection or increase in  
26 funding to the department to allow it to take steps that  
27 would have a material impact on abating the increasing  
28 costs associated with what had been modelled in the earlier  
29 Treasury model?

30 A. I think at the time the impact was thought to have -  
31 was going to have a greater impact. I don't think that has  
32 come to pass. But there was certainly - you know, the  
33 impact of additional investment in foster and - foster and  
34 kinship carer recruitment and retention, finding kin, a  
35 boost to our service procurement capability in regions was  
36 provided. But it's probably fair to say that the impact of  
37 that hasn't flown through to the degree that may have been  
38 originally anticipated, coupled with the fact that I think  
39 factually initiatives put forward were either not funded or  
40 not funded to the level sought.

41  
42 COMMISSIONER: So not funded to the level sought and, in  
43 the events that turned out, not funded to a level that had  
44 the effect that was desired?

45 A. That's correct.

46  
47 COMMISSIONER: Yes.

1  
2 MR FORREST: So what ended up happening was this  
3 significant procurement plan. Can I ask you to just scroll  
4 down the page to 5, which is "Value of the purchase". Are  
5 we on page 1192?  
6 A. 1192.  
7  
8 Q. Sorry.  
9 A. Sorry.  
10  
11 Q. Sorry, if the operator could actually bring up 3  
12 first. My apologies. I got ahead of myself. So this was  
13 the plan that went ahead instead of the shelved CSIP plan,  
14 and this is the plan that states the objective that you've  
15 already mentioned about halving the number of children in  
16 residential care.  
17 A. M'hmm.  
18  
19 Q. Now, based on what you've told us today, Mr Short,  
20 achieving that objective required, didn't it, significant  
21 additional funding?  
22 A. Yes.  
23  
24 Q. Yes. And can I ask you then to go down to 5, "Value  
25 of the purchase", and we see that the procurement plan is  
26 not accompanied by any new funds?  
27 A. That's correct, yes.  
28  
29 Q. And what's described there you'll probably understand  
30 much better than me but sort of scrimping and saving from  
31 different budget items and shifting things around?  
32 A. That's correct.  
33  
34 Q. This was a plan that was doomed to fail without new  
35 funds, wasn't it?  
36 A. It's probably worthy of additional investment; yes.  
37  
38 Q. Yes. And indeed it has failed at least in terms of  
39 that primary objective of reducing the number of children  
40 in residential care?  
41 A. Yes, that's evident.  
42  
43 Q. Right. Mr Short, the last topic is a very short one,  
44 you'll be pleased to know. You mention in one of your  
45 earlier witness statements - so if you could take up master  
46 bundle tab 8, I think it is?  
47 A. Yep.

1  
2 Q. So the topic I want to ask you about is the IPS  
3 standard form contract, and at page 139 and paragraph --  
4 A. Sorry, wrong folder.  
5  
6 Q. At paragraph 6 you talk about - sorry, it's in the  
7 first volume of the master bundle.  
8 A. Number 9, was it?  
9  
10 Q. Tab 8, sorry, at page 139.  
11 A. 8. Yep.  
12  
13 Q. So you talk there about the standard IPS agreements,  
14 and earlier this week we've seen the IPS standard form  
15 agreement and the terms and conditions. Now, you say in  
16 this statement that that is being rewritten?  
17 A. Which actual paragraph?  
18  
19 Q. Sorry, paragraph 6 I'm looking at.  
20 A. 6, yep.  
21  
22 Q. So at the end you say, "Accordingly, the department  
23 has commenced a full rewrite of the IPS documentation  
24 suite."  
25 A. Yes.  
26  
27 Q. And we've heard earlier about some of the deficiencies  
28 in the IPS agreement; it's very short and it doesn't have  
29 many of the protections that the department has under the  
30 OSD contracts. Is the intention of the rewrite to bring it  
31 into line with the sort of standard that we see in the OSD  
32 contract to increase the level of protections for the  
33 department?  
34 A. From my understanding, yes.  
35  
36 Q. Yes. And you've said in this statement that a process  
37 is under way. Presumably that's a priority process because  
38 the IPS agreement is being used to write contracts  
39 totalling hundreds of millions of dollars. Can you tell  
40 the Commission the status of the rewrite project? Has it  
41 concluded?  
42 A. It's probably outside my area right at this point.  
43 I'm not able to provide a status update.  
44  
45 Q. You don't know?  
46 A. No, not --  
47

1 Q. To your knowledge it's not been finished? You haven't  
2 seen it?  
3 A. No, I haven't - I haven't seen it.  
4  
5 Q. All right.  
6 A. And - no, I haven't.  
7  
8 MR FORREST: That's okay. That's all from me. Thank you,  
9 Mr Short.  
10  
11 COMMISSIONER: Thank you, Mr Forrest. Mr Hastie.  
12  
13 MR HASTIE: No further questions.  
14  
15 COMMISSIONER: Yes.  
16  
17 MS McMILLAN: No, thank you.  
18  
19 COMMISSIONER: Yes.  
20  
21 MS GREENWOOD: Thank you, Commissioner.  
22  
23 **<EXAMINATION BY MS GREENWOOD [12.12 pm]**  
24  
25 MS GREENWOOD: If I can ask for tab 46 of the master  
26 bundle to be brought up at page 855. I'm going to have to  
27 rely on my friends as to what binder that might appear in.  
28  
29 MR FORREST: Did you say tab 40?  
30  
31 MS GREENWOOD: Tab 46.  
32  
33 MR FORREST: That's in volume 1.  
34  
35 MS GREENWOOD: Thank you. Much obliged.  
36  
37 COMMISSIONER: Do you have that, Mr Short?  
38 A. I do.  
39  
40 COMMISSIONER: Thank you. Ms Greenwood.  
41  
42 MS GREENWOOD: Thank you, Commissioner.  
43  
44 COMMISSIONER: There's some problem with the display of  
45 the documents on the screen at present. So you have a copy  
46 at least electronically?  
47

1 MS GREENWOOD: Yes. And I can, with the Commission's  
2 indulgence, just read out a bit of this to assist. So what  
3 you're looking at on page 855 is an infographic taken from  
4 a review of resi care which currently describes 11,593  
5 Queensland children in care and --  
6  
7 COMMISSIONER: What page?  
8  
9 MS GREENWOOD: Sorry, it's page 855 of tab 46,  
10 Commissioner.  
11  
12 COMMISSIONER: That can't be right. The document,  
13 "Specialist residential care internal working group",  
14 that's the document you wish to go to?  
15  
16 MS GREENWOOD: Yes, it seemed to be weirdly tabbed,  
17 Commissioner, so --  
18  
19 COMMISSIONER: Never mind the tabs. Is that the right  
20 document?  
21  
22 MS GREENWOOD: Inside it is another document. Page 855  
23 refers to --  
24  
25 COMMISSIONER: You're talking about the paginated numbers  
26 on the court book?  
27  
28 MS GREENWOOD: Yes. So our pagination 855 refers to  
29 page 10 of the review into Queensland's system of  
30 residential care review report.  
31  
32 COMMISSIONER: I don't think it's in volume 1 and it's not  
33 behind tab 46. So use the paginated --  
34  
35 MS GREENWOOD: Sorry, Commissioner, apparently it's  
36 tab 56.  
37  
38 COMMISSIONER: That's all right. Okay. So that's  
39 volume 2 at 855. So, Mr Short, you have to move from one  
40 volume to the other.  
41  
42 MS GREENWOOD: So it should be a green infographic.  
43  
44 COMMISSIONER: Yes, I think I have the right page now.  
45 Figure 3, "Profile of children and young people in care  
46 arrangements in Queensland"; that's the right document?  
47

1 MS GREENWOOD: That's the right document. Thank you,  
2 Commissioner. And so really the purpose of taking you to  
3 this infographic is to describe the size of the problem,  
4 which I'm sure you are extremely familiar with, that there  
5 is at the time of this infographic 11,593 children in care.  
6 I think from your statement you were saying you had started  
7 to work in this area about 2018. So that 28 per cent  
8 increase would have been what you have experienced in the  
9 time that you were working there.

10  
11 But earlier on at the very start of the opening of this  
12 Commission there was a reference of 7,999 children in  
13 2011/2012. So the increase from just shy of 8,000 to over  
14 11,500 is a considerable increase which, in its own terms,  
15 must be a considerable financial headache for all concerned  
16 in terms of doing that. And my particular slant on this is  
17 I represent the Aboriginal and Torres Strait Islander Legal  
18 Service and am part of the Closing the Gap initiatives.  
19 And further down in the infographic when we look at the  
20 number of children in residential care at the time of this  
21 infographic it's 1,763, and there are a number of  
22 percentages around the number of First Nations children  
23 that are in those resi care facilities. But it is --

24  
25 COMMISSIONER: 42 per cent overall, isn't it?

26  
27 MS GREENWOOD: 42 per cent overall; thank you,  
28 Commissioner. So a substantial number of a substantial  
29 number wrapped inside an even more substantial number. If  
30 I can now --

31  
32 COMMISSIONER: Is there a question you wish to ask the  
33 witness about that data or that breakdown, or is that just  
34 contextual?

35  
36 MS GREENWOOD: I'm attempting to supply some context to my  
37 next question. Now, obviously working with public moneys  
38 and, as you've outlined briefly in your evidence, there are  
39 quite substantial accountability requirements, and you have  
40 already described to Counsel Assisting the demands  
41 especially of the non-family based residential care upon  
42 the budget and the fairly unusual tensions for a government  
43 department where the financial accountability requirements  
44 can get trumped by the need to - well, the need to meet the  
45 need will result in often operating in a deficit  
46 environment.

1 COMMISSIONER: I don't understand that question. Perhaps  
2 you need to break that up just a little bit. You said the  
3 financial accountability requirements trump - or perhaps  
4 you could just rephrase it. I didn't understand it.

5

6 MS GREENWOOD: If I can put it pithily, Commissioner.

7

8 COMMISSIONER: Yes, please.

9

10 MS GREENWOOD: If you work in a government department and  
11 you exceed your budget, there are executions at dawn.

12

13 COMMISSIONER: I see; yes.

14

15 MS GREENWOOD: So what makes it very unusual is that you  
16 can have this sort of financial environment operating in a  
17 department, and that's purely because of the particular  
18 needs that are placed upon this particular budget this  
19 particular way. Is that a fair assessment?

20 A. Yes, and in particular the Child Protection Act  
21 I think which is --

22

23 Q. Placing the particular demands upon you?

24

25

26 Q. I'm going to swap from a very top-level view to a very  
27 grassroots level view with the scenario I've put to other  
28 witnesses in earlier evidence, but this is a scenario with  
29 a question about how money could be shifted to respond to  
30 it. So the scenario I put forward is there is an agency  
31 which is already funded for 90 kinship placements --

32

33 COMMISSIONER: Ms Greenwood, I understand the scenario you  
34 are about to put. But what's already plain from the  
35 analysis that has been revealed in the course of evidence  
36 over a few days and specifically in Mr Short's statement,  
37 and I think it was paragraph 55 --

38

39 MS GREENWOOD: Yes.

40

41 COMMISSIONER: -- that referred to the 1 per cent  
42 difference between the supply mix of residential care  
43 vis-à-vis family-based care is a saving of approximately  
44 \$50 million. That subject was unpacked in questions that  
45 Mr Forrest asked which makes the point I think that you  
46 want to make - and correct me if I'm wrong - that if there  
47 is available family-based care and specifically apropos

1 kinship carers who are available to take children from  
2 residential care to kinship care that would produce the  
3 economically rational outcome that you would save a  
4 significant amount of money, probably in the order of 15  
5 times the cost of residential care.  
6  
7 MS GREENWOOD: Yes.  
8  
9 COMMISSIONER: Or when compared to the cost of residential  
10 care. Now, if that's the proposition --  
11  
12 MS GREENWOOD: No, no, Commissioner, because I think we're  
13 all in furious agreement on that proposition.  
14  
15 COMMISSIONER: All right.  
16  
17 MS GREENWOOD: My question which links into the financial  
18 accountability and other obligations which fall on anyone  
19 distributing public funds, my question is how high do you  
20 have to escalate my scenario in order to shift the funds to  
21 then come down and have the impact --  
22  
23 COMMISSIONER: Do you mean to ask at what decision-making  
24 level within the government decision-making hierarchy does  
25 a matter need to be raised for decision? Is that --  
26  
27 MS GREENWOOD: For a particular decision.  
28  
29 COMMISSIONER: In relation to a particular potential  
30 provider like Wuchopperen?  
31  
32 MS GREENWOOD: No, no, it's more the buckets of funding  
33 problem, Commissioner, which tends to be fairly  
34 compartmentalised. And the witness can correct me if I'm  
35 wrong, but you need to get money out of one bucket and put  
36 it in another bucket or to find money to add to a bucket in  
37 order to take pressure off that bucket, you need to go as  
38 high as the people in charge of the buckets, is essentially  
39 the question I'm trying to --  
40  
41 COMMISSIONER: All right.  
42  
43 MS GREENWOOD: I think the witness understands where I'm  
44 going --  
45  
46 COMMISSIONER: I'll allow you to ask the question. Carry  
47 on.

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MS GREENWOOD: -- where I'm going with this. And it's more that if you've got a solution how high do you have to escalate it --

COMMISSIONER: Perhaps see if you can put a question with the benefit of that background context.

MS GREENWOOD: I will, Commissioner, but unless he's already heard the scenario it's going to be a little bit difficult.

COMMISSIONER: All right. Well, I'll allow you to put the scenario.

MS GREENWOOD: Thank you. So, just bringing it back round, so we have an agency already funded for 90 kinship placements, has 20 further kinship carers available so there is spare capacity in the kinship care system from just one provider. So that capacity is available but unfunded. And in the further scenario we developed yesterday with the other witnesses we're saying that can turn into 18 children can be mapped to kinship carers and can be placed, two can't be mapped, and we're comparing the costs of 20 kids in resi care costing, back of the envelope figures, 10 million as opposed to 18 kids that could be placed in kinship care, approximately \$360,000 to place them, two left behind in resi, which accounts for 1 million.

So if you have an agency knocking on the door and, you know, they're not necessarily putting it in these terms but, "Hey, we've got an \$8.6 million saving per annum available for you if you can find us the extra funding," at what level do you have to rise in the different administration of the different buckets of money to be able to go, "Yep, we're going to put some extra funding for those 18 placements in order to achieve this much bigger saving and obviously much better outcome for the kids?" Where do we need to go in all of this?

A. Just on those base facts at a level within the department obviously at the very top could be the Director-General, but if we're in the vicinity of between 5 and 10 million you'd probably go to a senior executive. But it just depends on the financial delegation schedule and the circumstances. But that would not be an impediment. Certainly under that scenario I would support

1 that as the CFO; yes.

2

3 Q. Is there some way of elevating these offers because,  
4 as I understand it, there are not data metrics on further  
5 capability but for the fact that it's unfunded? So correct  
6 me if I'm wrong but you may not be aware, certainly not at  
7 that granular level, where there might be more capacity but  
8 for funding?

9 A. Yeah, certainly not aware of those details. But what  
10 I can comment on is if there were family-based care  
11 placements available and funding was the only sort of  
12 barrier then that barrier could be addressed.

13

14 Q. Is there a recommendation, for example, that the  
15 Commissioner could make to create a pathway for that sort  
16 of capacity to be announced, made available and then  
17 funded?

18 A. Probably outside of my area; probably not really able  
19 to comment on that, except to say that I think a normal  
20 process where we get a better outcome in every sense of  
21 the word is something that we would - I would have thought  
22 already exists.

23

24 Q. Who would have that eagle eye view to be able to  
25 comment for the Commission?

26 A. It probably would go to the Investment and  
27 Commissioning area. Yeah, so the Investment and  
28 Commissioning would be Michelle - the witnesses yesterday  
29 probably would have been able to provide some insights  
30 there, if asked.

31

32 MS GREENWOOD: All right. Thank you very much. Thank  
33 you, Commissioner.

34

35 COMMISSIONER: Thank you. Mr Creamer.

36

37 MR CREAMER: No questions, Commissioner.

38

39 COMMISSIONER: Well, it seems that we will have an early  
40 day today. There's no further witnesses for today, is  
41 there, Mr Diaz?

42

43 MR DIAZ: No, we'll be resuming with Mr O'Brien - pardon  
44 me, first Ms Lategan on Monday followed by Mr O'Brien.

45

46 COMMISSIONER: Thank you. Mr Short, thank you very much  
47 for coming along and contributing to the understanding of

1 what is plainly not a straightforward business because it  
2 concerns the business of government, which of course is  
3 necessarily complex. I've been most assisted by your  
4 evidence, both your witness statements and also your  
5 evidence here this morning. I'm grateful for it. Thank  
6 you again for your participation.

7 A. Thank you. Thank you.

8  
9 COMMISSIONER: Yes.

10  
11 MR HASTIE: Commissioner, there's just one thing that you  
12 asked me about and I meant to respond to you earlier --

13  
14 COMMISSIONER: Yes.

15  
16 MR HASTIE: -- and that was, you might recall, when  
17 I think my learned friend Mr Diaz was going through the  
18 Ernst & Young report he made reference to the number of  
19 entities that had moved from being unlicensed to licensed,  
20 and he referred to the comments in the report that  
21 allocated two providers becoming licensed in 23/24 and zero  
22 in 24/25.

23  
24 COMMISSIONER: Yes.

25  
26 MR HASTIE: That was on page 1774 of the bundle.

27  
28 COMMISSIONER: Yes.

29  
30 MR HASTIE: Those figures are correct.

31  
32 COMMISSIONER: Yes.

33  
34 MR HASTIE: And I can inform the Commission that since  
35 1 July last year to the present time there have been an  
36 additional seven new licences granted.

37  
38 COMMISSIONER: Thank you, Mr Hastie. Thank you for  
39 following up on that. And it's relevant data, so  
40 I appreciate that. All right. Well, we shall adjourn  
41 until 10 am on Monday.

42  
43 **THE HEARING WAS ADJOURNED AT 12.33 PM UNTIL MONDAY,**  
44 **13 APRIL 2026**

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