



Employee movement form - temporary (higher duties/acting at level)

Privacy notice: Personal information collected by the Department of Health or a Hospital and Health Service (a health agency) is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the health agency (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law. For information about how the health agency protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au

Payment of Salary and Wages and Payroll Deductions HR Policy C13 only enables payroll forms older than 3 months to be accepted by Payroll Transactional Services where exceptional circumstances exist. An approved '[validation of claims older than three months form](#)' must be provided in addition to this form if this claim is older than three months from the effective date.

This form is only to be used where an approved myHR exception or user exemption exists, or as advised by Payroll Transactional Services. This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity. Please refer to HR Policy B30 in relation to the payment of higher duties on public holidays.

Employee details

Person ID [REDACTED]	Personnel assignment number (if applicable) [REDACTED]	Please indicate (tick) here if you work in more than one (1) position in QLD Health. <input type="checkbox"/>
Family name Keller	First name/s Lara	

Visa notification (if applicable)

If the employee to whom this movement applies holds a Queensland Health sponsored Temporary Work (Skilled) visa (subclass 457), the Department of Home Affairs must be notified within 28 working days of the transfer to a new location or position. Email address: sponsor.notifications@border.gov.au
Note: The sponsorship obligations for visa holders are transferred to the new HR unit (refer to HR Policy B46 for details).

Proposed position details

Request to fill a vacancy form attached <input type="checkbox"/>	Position title Executive Director (FSS)	Classification (e.g. AO4) HES2.3
Position ID [REDACTED]	Start date 04.10.2021	End date 30.10.2021
Percentage of higher duties allowance payable does not apply to health service employees, with exception of specified employees under HED 01/18' <input type="checkbox"/>	Percentage of allowance %	
Organisational unit number [REDACTED]	Organisational unit name PQ Office of General Manager	
Facility address Forensic and Scientific Services, Coopers Plains	Job advertisement reference (if applicable)	
Current occupant (if applicable) [REDACTED]		

New appointment details

Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/>	No. of part-time hours/fortnight (hh:mm) [REDACTED]	Concurrent/aggregate: Please Indicate (tick) here if the employee will continue to hold their existing position in conjunction with the proposed position. <input type="checkbox"/>
Appointment Type must be selected prior to Appointment Reason being selected		
Appointment type Higher Duties Across Streams	Appointment Reason Backfill - Pending Perm Recruitmt	
Reason for vacancy [REDACTED]		

Indicate (tick) where the employee is currently employed immediately prior to this appointment

From within current HHS/DoH <input checked="" type="checkbox"/>	Outside of current HHS/DoH <input type="checkbox"/>
Other public sector employee <input type="checkbox"/>	Public Sector Agency [REDACTED]
First day contact name [REDACTED]	First day contact phone number [REDACTED]
Award/contract Hospital and Health Board Act 2011 Terms & Conditions of Employment (HES)	



Employee movement form - temporary (higher duties/acting at level)

Employee details

Person ID



Personnel assignment number

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Vaccinations

Does this position require the employee to be vaccinated against vaccine preventable diseases as per *Recruitment and Selection HR Policy B1 and HED 01/16?* Yes No

If yes, please provide details of the vaccinations below which may or may not be relevant to the position.

Does the position the employee is moving into require them to be vaccinated against or non-susceptible to Hepatitis B? Yes* No

*If yes complete the following table:

Vaccination type	Evidence of vaccination or non-susceptibility received	Next dosage due (if applicable):		Requirement pre-position engagement	Continuing engagement
		Date	N/A		
Hepatitis B	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum two (2) doses	Third dose must be administered within six (6) months of commencement.

Is the employee moving into this position from a different employing entity? (employing entities are HHS's and DoH) Yes* No

If yes, does the position require the employee to be vaccinated against or non-susceptible to any of the VPD's listed in the table below *below table must be completed Yes* No

Vaccination type	Evidence of vaccination or non-susceptibility received	Next dosage due (if applicable):		Requirement pre-position engagement	Continuing engagement
		Date	N/A		
Measles, Mumps, Rubella (MMR)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum one (1) dose	Second dose must be administered within three (3) months of commencement.
Varicella (chicken pox)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum one (1) dose	Second dose (if required) must be administered within three (3) months of commencement.
Pertussis (whooping cough)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose in the last 10 years	One (1) dose every ten (10) years.

Other vaccinations that may be relevant:

Hepatitis A	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	These vaccinations may be mandated by your local HHS. Consult your local HR unit for more information.
Tuberculosis	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	
Japanese Encephalitis	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	

Refer to *Recruitment and Selection HR Policy B1 section 13.7* and *HED 01/16*. For future doses or to notify payroll of any non-mandated vaccinations received, employee must complete the 'vaccination notification form' available on PARIS.

QLD Health HR Solutions, S/4HANA and local IT system User Access Review

Where access to systems is required (eg. new modify/remove), the relevant access request form must be completed.

Qld Health HR solutions is located on QHEPS - Forms (PARIS)

S/4HANA is located on QHEPS - Tools and templates (S/4HANA)

Supervisor certification

I certify that I have:

- (where the employee has been appointed to a position from another work unit) successfully negotiated the release date with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment contract
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster
- undertaken all required checks and cited all relevant documentation including, where required, verification against the AHPRA Register of Practitioners.
- where the employee is required to work in a position which requires evidence of vaccination or proof that they are not susceptible to specified vaccine preventable diseases (VPDs); that the relevant vaccination status in accordance to their assigned position has been sighted.

Supervisor's signature	Date	Area code	Contact number
	29/9/21	07	3646 6277

Supervisor's full name (please print)	Supervisor's position title
Brett Bricknell	General Manager - PQ & FSS

Note: Vaccination records must be retained in a manner that conforms with both the *Information Privacy Act 2009 (QLD)* and the *Public Records Act 2002 (QLD)*

This area is provided for ease of filing



Employee movement form - temporary (higher duties/acting at level)

Employee details

Person ID

[REDACTED]									
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Personnel assignment number

[REDACTED]									
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Delegate approval (mandatory completion required)

If the employee's entitlement to recurring allowance/s changes, please complete and forward the relevant form/s

I, the authorised Delegate for Appointments, approve:

- Any increase above the position's AFT as a consequence of this appointment, and
- The above appointment subject to the receipt of acceptable criminal history report (where necessary) in accordance with

[REDACTED]

HES / SES higher duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief? Yes No

Delegate's signature

[REDACTED]

Date

[REDACTED]

Area code

07

Delegate's contact number

3708 5344

Delegate's full name (please print)

Prof Keith McNeil

Delegate's position title

A/DDG and CMO Prevention Division

Employee certification (mandatory completion required - refer note* below)

I accept the appointment to this position and confirm my acceptance of the change in terms of employment contained in this form.

Further, I certify that I have been:

- informed by my line manager of the consequences of any change to the FBT Concession Eligibility status that may result from this variation to my employment contract, and
- made aware of the consequences of this change to my position, employment status, terms of employment and/or roster.

I understand that my current existing superannuation scheme and/or contribution arrangements will continue to apply to my new health employer within Queensland Health (where applicable), with any future changes to superannuation arrangements to be applicable to current and past health employer entities within Queensland Health, unless otherwise specifically advised.

Disclosure of personal information:

I understand that personal information in relation to my employment may be disclosed by my current health employer to another health or government agency, in accordance with Part 3 of the *Public Service Regulation 2008*, in the event of my transfer/movement to that other health or government agency.

I consent to my current employer disclosing my criminal history information, if any, to another health or government agency, in the event of my transfer/movement to that other health or government agency.

Employee's signature

[REDACTED]

Date

[REDACTED]

Line manager's signature in lieu*

[REDACTED]

Date

[REDACTED]

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.

[REDACTED]



Please submit completed form to Payroll Transactional Services via myHR.

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Employee details

Person ID [REDACTED]	Personnel assignment number (If applicable) [REDACTED]	Please indicate (tick) here if you work in more than one (1) position in QLD Health. <input type="checkbox"/>
Family name Keller	First name/s Lara	

Visa notification (if applicable)

If the employee to whom this movement applies holds a Queensland Health sponsored Temporary Work (Skilled) visa (subclass 457), the Department of Home Affairs must be notified within 28 working days of the transfer to a new location or position. Email address: sponsor.notifications@border.gov.au
Note: The sponsorship obligations for visa holders are transferred to the new HR unit (refer to HR Policy B46 for details).

Proposed position details

Request to fill a vacancy form attached <input type="checkbox"/>	Position ID [REDACTED]	Position title Executive Director (FSS)	Classification (e.g. AO4) HES 2.3
Start date 01-12-2021	End date 01-04-2022	Percentage of higher duties allowance payable does not apply to health service employees, with exception of specified employees under HED 01/18'	Percentage of allowance %
Organisational unit number [REDACTED]	Organisational unit name PQ Office Of the General Manager	Facility address Forensic and Scientific Services, Coopers Plains	Job advertisement reference (if applicable) Nil
Current occupant (if applicable) [REDACTED]			

New appointment details

Full-time <input checked="" type="checkbox"/>	Part-time <input type="checkbox"/>	No. of part-time hours/fortnight (hh:mm) [REDACTED]	Concurrent/aggregate: Please indicate (tick) here if the employee will continue to hold their existing position in conjunction with the proposed position. <input type="checkbox"/>
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Appointment Type must be selected prior to Appointment Reason being selected

Appointment type Higher Duties Extension	Appointment Reason Backfill - Pending Perm Recruitmt
Reason for vacancy [REDACTED]	

Indicate (tick) where the employee is currently employed immediately prior to this appointment

From within current HHS/DoH <input checked="" type="checkbox"/>	Outside of current HHS/DoH <input type="checkbox"/>
Other public sector employee <input type="checkbox"/>	Public Sector Agency [REDACTED]

First day contact name [REDACTED]	First day contact phone number [REDACTED]
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Award/contract Hospital and Health Board Act 2011 Terms & Conditions of Employment (HES)
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Employee details

Person ID

Personnel assignment number

Work contract (*Please refer to definition of 'day shift' as prescribed under the relevant award/Industrial Instrument)

Working arrangements	Day / Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input type="checkbox"/>	Day Work (Mon - Sun) <input checked="" type="checkbox"/>	4 weeks/annum <input checked="" type="checkbox"/>	Working public holidays <input type="checkbox"/>
Standard hours (non ADO accrual) <input checked="" type="checkbox"/>	Shift Worker (either afternoon or night shift) <input type="checkbox"/>	5 weeks/annum <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>
Variable working hours <input type="checkbox"/>	Shift Worker (2 out of 3 shift types) <input type="checkbox"/>	6 weeks/annum <input type="checkbox"/>	Working with radiation (applicable to radiation professionals only) <input type="checkbox"/>
9 day fortnight <input type="checkbox"/>	Continuous shift worker <input type="checkbox"/>		LoCation (Northern and Western Region) <input type="checkbox"/>
	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions and allowances

Special conditions/allowances (e.g. RANIP Nurses, uniform, laundry allowance etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.

Is this employee eligible for Professional Development Allowance under section 64.1 of the Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019? No Yes - Specify category type below (refer to HR Policy C42 - Schedule 2)

Category Type: Non category A and B \$1781 per annum Category A \$2378 per annum Category B \$2973 per annum

Qualification payments

Does the employee possess any approved qualifications that will entitle them to additional payment (e.g. relevant AQF qualifications) under Queensland Health policy?

No Yes If yes, please provide details here:

Work schedule

Please indicate (tick) here if this employee works either: A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly/monthly) OR A non-cyclic roster (a roster pattern that varies from one cycle to the next)

Complete the Monday to Friday day work roster section below for Day Worker employee: Meal break (unpaid)

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Meal break (unpaid)
Week 1:	Monday <input checked="" type="checkbox"/>	Tuesday <input checked="" type="checkbox"/>	Wednesday <input checked="" type="checkbox"/>	Thursday <input checked="" type="checkbox"/>	Friday <input checked="" type="checkbox"/>	30 mins <input checked="" type="checkbox"/>
Week 2:	Monday <input checked="" type="checkbox"/>	Tuesday <input checked="" type="checkbox"/>	Wednesday <input checked="" type="checkbox"/>	Thursday <input checked="" type="checkbox"/>	Friday <input checked="" type="checkbox"/>	45 mins <input type="checkbox"/>
						1 hour <input type="checkbox"/>

Enter Start and End time per day using 24 hour time format (eg. 08:00 - 16:30)

Day Start Time: Day End Time:

Please complete the table using 24 hour time format (e.g. 07:00 - 15:30) to advise the employee's roster for their initial four week period of employment.

*Where the start and end times per day are different, complete the table below.

Roster Commencing Indicate here (tick) if the ADO/RDO nominated below is to be a permanent arrangement for that specific day of the roster period until otherwise advised.

Week	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Total Hours per week
	Start Time	End Time													
1															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		
2															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		
3															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		
4															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		



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Employee details

Person ID

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Personnel assignment number

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Vaccinations

Does this position require the employee to be vaccinated against vaccine preventable diseases as per *Recruitment and Selection HR Policy B1 and HED 01/16*? Yes No

If yes, please provide details of the vaccinations below which may or may not be relevant to the position.

Does the position the employee is moving into require them to be vaccinated against or non-susceptible to Hepatitis B? Yes* No
*If yes complete the following table:

Vaccination type	Evidence of vaccination or non-susceptibility received	Next dosage due (if applicable):		Requirement pre-position engagement	Continuing engagement
		Date	N/A		
Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum two (2) doses	Third dose must be administered within six (6) months of commencement.

Is the employee moving into this position from a different employing entity? (employing entities are HHS's and DoH) Yes* No

If yes, does the position require the employee to be vaccinated against or non-susceptible to any of the VPD's listed in the table below? Yes* No
*below table must be completed

Vaccination type	Evidence of vaccination or non-susceptibility received	Next dosage due (if applicable):		Requirement pre-position engagement	Continuing engagement
		Date	N/A		
Measles, Mumps, Rubella (MMR)	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum one (1) dose	Second dose must be administered within three (3) months of commencement.
Varicella (chicken pox)	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum one (1) dose	Second dose (if required) must be administered within three (3) months of commencement.
Vaccination type	Evidence of vaccination or non-susceptibility received	Next dosage due (if applicable):		Requirement pre-position engagement	Continuing engagement
Pertussis (whooping cough)	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose in the last 10 years	One (1) dose every ten (10) years.

Other vaccinations that may be relevant:

Hepatitis A	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	These vaccinations may be mandated by your local HHS. Consult your local HR unit for more information.
Tuberculosis	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	
Japanese Encephalitis	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	

Refer to *Recruitment and Selection HR Policy B1 section 13.7 and HED 01/16*. For future doses or to notify payroll of any non-mandated vaccinations received, employee must complete the 'vaccination notification form' available on PARIS.

QLD Health HR Solutions, S/4HANA and local IT system User Access Review

Where access to systems is required (eg. new modify/remove), the relevant access request form must be completed.

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S/4HANA is located on QHEPS - Tools and templates (S/4HANA)

Supervisor certification

I certify that I have:

- (where the employee has been appointed to a position from another work unit) successfully negotiated the release date with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment contract
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster
- undertaken all required checks and cited all relevant documentation including, where required, verification against the AHPRA Register of Practitioners.
- where the employee is required to work in a position which requires evidence of vaccination or proof that they are not susceptible to specified vaccine preventable diseases (VPDs); that the relevant vaccination status in accordance to their assigned position has been sighted.

Supervisor's signature		Date	Area code	Contact number
		29/11/21	(07)	3646 6277
Supervisor's full name (please print)		Supervisor's position title		
Brett Bricknell		General Manager - PQ and FSS		

Note: Vaccination records must be retained in a manner that conforms with both the *Information Privacy Act 2009 (QLD)* and the *Public Records Act 2002 (QLD)*



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Employee details

Person ID [REDACTED]	Personnel assignment number (if applicable) [REDACTED]	Please indicate (tick) here if you work in more than one (1) position in QLD Health. <input type="checkbox"/>
Family name Keller	First name/s Lara	

Visa notification (if applicable)

If the employee to whom this movement applies holds a Queensland Health sponsored Temporary Work (Skilled) visa (subclass 457), the Department of Home Affairs must be notified within 28 working days of the transfer to a new location or position. Email address: sponsor.notifications@border.gov.au
Note: The sponsorship obligations for visa holders are transferred to the new HR unit (refer to HR Policy B46 for details).

Proposed position details

Request to fill a vacancy form attached <input type="checkbox"/>	Position ID [REDACTED]	Position title Executive Director (FSS)	Classification (e.g. A04) HES 2.3
Start date 30-06-2022	End date 23-12-2022	Percentage of higher duties allowance payable: does not apply to health service employees, with exception of specified employees under HED 01/18'	Percentage of allowance %
Organisational unit number 7 0 0 6 9 8 0 6	Organisational unit name PQ Office of the General Manager		
Facility address Forensic and Scientific Services, Coopers Plains	Job advertisement reference (if applicable) N/A		
Current occupant (if applicable) [REDACTED]			

New appointment details

Full-time <input checked="" type="checkbox"/>	Part-time <input type="checkbox"/>	No. of part-time hours/fortnight (hh:mm) [REDACTED]	Concurrent/aggregate: Please Indicate (tick) here if the employee will continue to hold their existing position in conjunction with the proposed position. <input type="checkbox"/>
Appointment type Higher Duties Extension		Appointment Reason Backfill - Pending Perm Recruitmt	
Reason for vacancy [REDACTED]			

Indicate (tick) where the employee is currently employed immediately prior to this appointment

From within current HHS/DoH <input checked="" type="checkbox"/>	Outside of current HHS/DoH <input type="checkbox"/>
Other public sector employee <input type="checkbox"/>	Public Sector Agency [REDACTED]
First day contact name [REDACTED]	First day contact phone number [REDACTED]
Award/contract Hospital and Health Board Act 2011 Terms & Conditions of Employment (HES)	



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Employee details

Person ID

Personnel assignment number

Work contract (*Please refer to definition of 'day shift' as prescribed under the relevant award/industrial instrument)

Working arrangements	Day / Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input type="checkbox"/>	Day Work (Mon - Sun) <input checked="" type="checkbox"/>	4 weeks/annum <input checked="" type="checkbox"/>	Working public holidays <input type="checkbox"/>
Standard hours (non ADO accrual) <input checked="" type="checkbox"/>	Shift Worker (either afternoon or night shift) <input type="checkbox"/>	5 weeks/annum <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>
Variable working hours <input type="checkbox"/>	Shift Worker (2 out of 3 shift types) <input type="checkbox"/>	6 weeks/annum <input type="checkbox"/>	Working with radiation (applicable to radiation professionals only) <input type="checkbox"/>
9 day fortnight <input type="checkbox"/>	Continuous shift worker <input type="checkbox"/>		Location (Northern and Western Region) <input type="checkbox"/>
	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions and allowances

Special conditions/allowances (e.g. RANIP Nurses, uniform, laundry allowance etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.

Is this employee eligible for Professional Development Allowance under section 64.1 of the Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019? No Yes - Specify category type below (refer to HR Policy C42 - Schedule 2)

Category Type: Non category A and B \$1781 per annum Category A \$2378 per annum Category B \$2973 per annum

Qualification payments

Does the employee possess any approved qualifications that will entitle them to additional payment (e.g. relevant AQF qualifications) under Queensland Health policy?

No Yes If yes, please provide details here:

Work schedule

Please indicate (tick) here if this employee works either: A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly/monthly) OR A non-cyclic roster (a roster pattern that varies from one cycle to the next)

Complete the Monday to Friday day work roster section below for Day Worker employee: Meal break (unpaid)

Week 1: Monday	<input checked="" type="checkbox"/>	Tuesday	<input checked="" type="checkbox"/>	Wednesday	<input checked="" type="checkbox"/>	Thursday	<input checked="" type="checkbox"/>	Friday	<input checked="" type="checkbox"/>	30 mins	<input checked="" type="checkbox"/>
Week 2: Monday	<input checked="" type="checkbox"/>	Tuesday	<input checked="" type="checkbox"/>	Wednesday	<input checked="" type="checkbox"/>	Thursday	<input checked="" type="checkbox"/>	Friday	<input checked="" type="checkbox"/>	45 mins	<input type="checkbox"/>
										1 hour	<input type="checkbox"/>

Enter Start and End time per day using 24 hour time format (eg. 08:00 - 16:30)

Day Start Time: Day End Time:

Please complete the table using 24 hour time format (e.g. 07:00 - 15:30) to advise the employee's roster for their initial four week period of employment.

*Where the start and end times per day are different, complete the table below.

Roster Commencing Indicate here (tick) if the ADO/RDO nominated below is to be a permanent arrangement for that specific day of the roster period until otherwise advised.

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	Start Time	End Time													
1															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		
2															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		
3															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		
4															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		



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Employee details

Person ID

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Vaccinations

Does this position require the employee to be vaccinated against vaccine preventable diseases as per *Recruitment and Selection HR Policy B1 and HED 01/16*? Yes No

If yes, please provide details of the vaccinations below which may or may not be relevant to the position.

Does the position the employee is moving into require them to be vaccinated against or non-susceptible to Hepatitis B? Yes* No

*If yes complete the following table:

Vaccination type	Evidence of vaccination or non-susceptibility received	Next dosage due (if applicable):		Requirement pre-position engagement	Continuing engagement
		Date	N/A		
Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum two (2) doses	Third dose must be administered within six (6) months of commencement.

Is the employee moving into this position from a different employing entity? (employing entities are HHS's and DoH) Yes* No

If yes, does the position require the employee to be vaccinated against or non-susceptible to any of the VPD's listed in the table below? Yes* No

*below table must be completed

Vaccination type	Evidence of vaccination or non-susceptibility received	Next dosage due (if applicable):		Requirement pre-position engagement	Continuing engagement
		Date	N/A		
Measles, Mumps, Rubella (MMR)	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum one (1) dose	Second dose must be administered within three (3) months of commencement.
Varicella (chicken pox)	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum one (1) dose	Second dose (if required) must be administered within three (3) months of commencement.
Vaccination type	Evidence of vaccination or non-susceptibility received	Next dosage due (if applicable):		Requirement pre-position engagement	Continuing engagement
Pertussis (whooping cough)	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose in the last 10 years	One (1) dose every ten (10) years.

Other vaccinations that may be relevant:

Hepatitis A	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	These vaccinations may be mandated by your local HHS. Consult your local HR unit for more information.
Tuberculosis	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	
Japanese Encephalitis	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	

Refer to *Recruitment and Selection HR Policy B1 section 13.7 and HED 01/16*. For future doses or to notify payroll of any non-mandated vaccinations received, employee must complete the 'Vaccination notification form' available on PARIS.

QLD Health HR Solutions, S/4HANA and local IT system User Access Review

Where access to systems is required (eg. new modify/remove), the relevant access request form must be completed.

Qld Health HR solutions is located on QHEPS - Forms (PARIS)

S/4HANA is located on QHEPS - Tools and templates (S/4HANA)

Supervisor certification

I certify that I have:

- (where the employee has been appointed to a position from another work unit) successfully negotiated the release date with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment contract
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster
- undertaken all required checks and cited all relevant documentation including, where required, verification against the AHPRA Register of Practitioners.
- where the employee is required to work in a position which requires evidence of vaccination or proof that they are not susceptible to specified vaccine preventable diseases (VPDs); that the relevant vaccination status in accordance to their assigned position has been sighted.

Supervisor's signature

Date

Area code

Contact number

	9/6/22	(07)	3646 6277
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Supervisor's full name (please print)

Supervisor's position title

Dr Petra Derrington	Chief Pathologist PQ&FSS
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Note: Vaccination records must be retained in a manner that conforms with both the *Information Privacy Act 2009 (QLD)* and the *Public Records Act 2002 (QLD)*



Employee movement form - temporary (higher duties/acting at level)

Employee details

Person ID

Personnel assignment number

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Delegate approval (mandatory completion required)

If the employee's entitlement to recurring allowance/s changes, please complete and forward the relevant form/s

I, the authorised Delegate for Appointments, approve:

- Any increase above the position's AFT as a consequence of this appointment, and
- The above appointment subject to the receipt of acceptable criminal history report (where necessary) in accordance with

Part 6 of the Public Service Act 2008 (Assessing suitability of persons to be engaged in particular employment)

HES / SES higher duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief? Yes No

Delegate's signature

Date

10.06.2022

Area code

(07)

Delegate's contact number

3708 5344

Delegate's full name (please print)

Prof. Keith McNeil

Delegate's position title

A/DDG and CMO Prevention Division

Employee certification (mandatory completion required - refer note* below)

I accept the appointment to this position and confirm my acceptance of the change in terms of employment contained in this form.

Further, I certify that I have been:

- Informed by my line manager of the consequences of any change to the FBT Concession Eligibility status that may result from this variation to my employment contract, and
- made aware of the consequences of this change to my position, employment status, terms of employment and/or roster.

I understand that my current existing superannuation scheme and/or contribution arrangements will continue to apply to my new health employer within Queensland Health (where applicable), with any future changes to superannuation arrangements to be applicable to current and past health employer entities within Queensland Health, unless otherwise specifically advised.

Disclosure of personal information:

I understand that personal information in relation to my employment may be disclosed by my current health employer to another health or government agency, in accordance with Part 3 of the *Public Service Regulation 2008*, in the event of my transfer/movement to that other health or government agency.

I consent to my current employer disclosing my criminal history information, if any, to another health or government agency, in the event of my transfer/movement to that other health or government agency.

Employee's signature

Date

Line manager's signature in lieu*

Date

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.

Please submit completed form to Payroll Transactional Services via myHR.



Employee movement form - temporary (higher duties/acting at level)

Privacy notice: Personal information collected by the Department of Health or a Hospital and Health Service (a health agency) is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the health agency (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law. For information about how the health agency protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

Payment of Salary and Wages and Payroll Deductions HR Policy C13 only enables payroll forms older than 3 months to be accepted by Payroll Transactional Services where exceptional circumstances exists. An approved '*validation of claims older than three months form*' must be provided in addition to this form if this claim is older than three months from the effective date.

This form is only to be used where an approved myHR exception or user exemption exists, or as advised by Payroll Transactional Services. This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity. Please refer to HR Policy B30 in relation to the payment of higher duties on public holidays.

Employee details

Person ID [REDACTED]	Personnel assignment number (if applicable) [REDACTED]	Please Indicate (tick) here if you work in more than one (1) position in QLD Health. <input type="checkbox"/>
Family name Keller	First name/s Lara	

Visa notification (if applicable)

If the employee to whom this movement applies holds a Queensland Health sponsored Temporary Work (Skilled) visa (subclass 457), the Department of Home Affairs must be notified within 28 working days of the transfer to a new location or position. Email address: sponsor.notifications@border.gov.au
Note: The sponsorship obligations for visa holders are transferred to the new HR unit (refer to HR Policy B46 for details).

Proposed position details

Request to fill a vacancy form attached <input type="checkbox"/>		Position title Executive Director (FSS)	Classification (e.g. AO4) HES 2.3
Position ID [REDACTED]	Start date 02-04-2022	End date 30-06-2022	Percentage of allowance %
Organisational unit number 7 0 0 6 9 8 0 6		Organisational unit name PQ Office of the General Manager	
Facility address Forensic and Scientific Services, Coopers Plains		Job advertisement reference (if applicable) N/A	
Current occupant (if applicable) [REDACTED]			

New appointment details

Full-time <input checked="" type="checkbox"/>	Part-time <input type="checkbox"/>	No. of part-time hours/fortnight (hh:mm) [REDACTED]	Concurrent/aggregate: Please Indicate (tick) here if the employee will continue to hold their existing position in conjunction with the proposed position. <input type="checkbox"/>
Appointment Type must be selected prior to Appointment Reason being selected			
Appointment type Higher Duties Extension		Appointment Reason Backfill - Pending Perm Recruitmt	
Reason for vacancy [REDACTED]			
Indicate (tick) where the employee is currently employed immediately prior to this appointment			
From within current HHS/DoH <input checked="" type="checkbox"/>	Outside of current HHS/DoH <input type="checkbox"/>		
Other public sector employee <input type="checkbox"/>	Public Sector Agency [REDACTED]		
First day contact name [REDACTED]		First day contact phone number [REDACTED]	
Award/contract Hospital and Health Board Act 2011 Terms & Conditions of Employment (HES)			



Employee movement form - temporary (higher duties/acting at level)

Employee details

Person ID

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Personnel assignment number

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Work contract (*Please refer to definition of day shift as prescribed under the relevant award/industrial instrument)

Working arrangements	Day / Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input type="checkbox"/>	Day Work (Mon - Sun) <input checked="" type="checkbox"/>	4 weeks/annum <input checked="" type="checkbox"/>	Working public holidays <input type="checkbox"/>
Standard hours (non ADO accrual) <input checked="" type="checkbox"/>	Shift Worker (either afternoon or night shift) <input type="checkbox"/>	5 weeks/annum <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>
Variable working hours <input type="checkbox"/>	Shift Worker (2 out of 3 shift types) <input type="checkbox"/>	6 weeks/annum <input type="checkbox"/>	Working with radiation (applicable to radiation professionals only) <input type="checkbox"/>
9 day fortnight <input type="checkbox"/>	Continuous shift worker <input type="checkbox"/>		Location (Northern and Western Region) <input type="checkbox"/>
	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions and allowances

Special conditions/allowances (e.g. RANIP Nurses, uniform, laundry allowance etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.

Is this employee eligible for Professional Development Allowance under section 64.1 of the Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019? No Yes - Specify category type below (refer to HR Policy C42 - Schedule 2)

Category Type: Non category A and B \$1781 per annum Category A \$2378 per annum Category B \$2973 per annum

Qualification payments

Does the employee possess any approved qualifications that will entitle them to additional payment (e.g. relevant AQF qualifications) under Queensland Health policy?

No Yes If yes, please provide details here:

Work schedule

Please indicate (tick) here if this employee works either: A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly/monthly) OR A non-cyclic roster (a roster pattern that varies from one cycle to the next)

Complete the Monday to Friday day work roster section below for Day Worker employee: Meal break (unpaid)

Week 1: Monday <input checked="" type="checkbox"/>	Tuesday <input checked="" type="checkbox"/>	Wednesday <input checked="" type="checkbox"/>	Thursday <input checked="" type="checkbox"/>	Friday <input checked="" type="checkbox"/>	30 mins <input checked="" type="checkbox"/>
Week 2: Monday <input checked="" type="checkbox"/>	Tuesday <input checked="" type="checkbox"/>	Wednesday <input checked="" type="checkbox"/>	Thursday <input checked="" type="checkbox"/>	Friday <input checked="" type="checkbox"/>	45 mins <input type="checkbox"/>
					1 hour <input type="checkbox"/>

Enter Start and End time per day using 24 hour time format (eg. 08:00 - 16:30)

Day Start Time: Day End Time:

Please complete the table using 24 hour time format (e.g. 07:00 - 15:30) to advise the employee's roster for their initial four week period of employment.

*Where the start and end times per day are different, complete the table below.

Roster Commencing Indicate here (tick) if the ADO/RDO nominated below is to be a permanent arrangement for that specific day of the roster period until otherwise advised.

Week	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Total Hours per week
	Start Time	End Time													
1															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		
2															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		
3															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		
4															
	Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		Total Hrs/day		



Employee movement form - temporary (higher duties/acting at level)

Employee details

Person ID

Personnel assignment number

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Vaccinations

Does this position require the employee to be vaccinated against vaccine preventable diseases as per *Recruitment and Selection HR Policy B1 and HED 01/16*? Yes No

If yes, please provide details of the vaccinations below which may or may not be relevant to the position.

Does the position the employee is moving into require them to be vaccinated against or non-susceptible to Hepatitis B? Yes* No
*If yes complete the following table:

Vaccination type	Evidence of vaccination or non-susceptibility received		Next dosage due (if applicable):		Requirement pre-position engagement	Continuing engagement
			Date	N/A		
Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum two (2) doses	Third dose must be administered within six (6) months of commencement.

Is the employee moving into this position from a different employing entity? (employing entities are HHS's and DoH) Yes* No

If yes, does the position require the employee to be vaccinated against or non-susceptible to any of the VPD's listed in the table below? Yes* No
*below table must be completed

Vaccination type	Evidence of vaccination or non-susceptibility received		Next dosage due (if applicable):		Requirement pre-position engagement	Continuing engagement
			Date	N/A		
Measles, Mumps, Rubella (MMR)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum one (1) dose	Second dose must be administered within three (3) months of commencement.
Varicella (chicken pox)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input checked="" type="checkbox"/>	Minimum one (1) dose	Second dose (if required) must be administered within three (3) months of commencement.
Pertussis (whooping cough)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose in the last 10 years	One (1) dose every ten (10) years.

Other vaccinations that may be relevant:

Hepatitis A	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	These vaccinations may be mandated by your local HHS. Consult your local HR unit for more information.
Tuberculosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	
Japanese Encephalitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>		<input checked="" type="checkbox"/>	One (1) dose	

Refer to *Recruitment and Selection HR Policy B1 section 13.7 and HED 01/16*. For future doses or to notify payroll of any non-mandated vaccinations received, employee must complete the 'vaccination notification form' available on PARIS.

QLD Health HR Solutions, S/4HANA and local IT-system User Access Review

Where access to systems is required (eg. new modify/remove), the relevant access request form must be completed.

Qld Health HR solutions is located on QHEPS - Forms (PARIS)

S/4HANA is located on QHEPS - Tools and templates (S/4HANA)

Supervisor certification

I certify that I have:

- (where the employee has been appointed to a position from another work unit) successfully negotiated the release date with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment contract
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster
- undertaken all required checks and cited all relevant documentation including, where required, verification against the AHPRA Register of Practitioners.
- where the employee is required to work in a position which requires evidence of vaccination or proof that they are not susceptible to specified vaccine preventable diseases (VPDs); that the relevant vaccination status in accordance to their assigned position has been sighted.

Supervisor's signature		Date	Area code	Contact number
		25/2/22	(07)	3646 6277
Supervisor's full name	Supervisor's position title			
Brett Bricknell	General Manager PQ and FSS			

Note: Vaccination records must be retained in a manner that conforms with both the *Information Privacy Act 2009 (QLD)* and the *Public Records Act 2002 (QLD)*

This view is provided for ease of filing



Employee movement form - temporary (higher duties/acting at level)

Employee details

Person ID

Personnel assignment number

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Delegate approval (mandatory completion required)

If the employee's entitlement to recurring allowance/s changes, please complete and forward the relevant form/s

I, the authorised Delegate for Appointments, approve:

- Any Increase above the position's AFT as a consequence of this appointment, and
- The above appointment subject to the receipt of acceptable criminal history report (where necessary) in accordance with

Part 6 of the Public Service Act 2008 (Assessing suitability of persons to be engaged in particular employment)

HES / SES higher duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief? Yes No

Delegate's signature

Date

Area code

Delegate's contact number

Delegate's full name (please print)

Delegate's position title

Employee certification (mandatory completion required - refer note* below)

I accept the appointment to this position and confirm my acceptance of the change in terms of employment contained in this form.

Further, I certify that I have been:

- Informed by my line manager of the consequences of any change to the FBT Concession Eligibility status that may result from this variation to my employment contract, and
- made aware of the consequences of this change to my position, employment status, terms of employment and/or roster.

I understand that my current existing superannuation scheme and/or contribution arrangements will continue to apply to my new health employer within Queensland Health (where applicable), with any future changes to superannuation arrangements to be applicable to current and past health employer entities within Queensland Health, unless otherwise specifically advised.

Disclosure of personal information:

I understand that personal information in relation to my employment may be disclosed by my current health employer to another health or government agency, in accordance with Part 3 of the *Public Service Regulation 2008*, in the event of my transfer/movement to that other health or government agency.

I consent to my current employer disclosing my criminal history information, if any, to another health or government agency, in the event of my transfer/movement to that other health or government agency.

Employee's signature

Date

Line manager's signature in lieu*

Date

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.



Please submit completed form to Payroll Transactional Services via myHR.

This area is provided for ease of filing

NAME Ms Lara Keller

CONTACTS Telephone (Work):
Email (Work):

Telephone (Personal):
Email (Personal):

PERSONAL STATEMENT

I am a highly experienced Medical Laboratory Scientist and Laboratory Manager with more than 25 years' experience in both private and public pathology laboratories. I have a proven track record of leading and managing large teams, and have strengths in client service, leadership and developing others.

KEY SKILLS SUMMARY

Medical Science, Strategic Management, Operations Management, Human Resource Management, Financial Management, Change Management, Leadership, Quality Systems, Project Management

TERTIARY EDUCATION

1990 Bachelor of Applied Science – Medical Laboratory Science
Graduated with Distinction
Queensland University of Technology, Brisbane, Queensland

POST GRADUATE EDUCATION

2021 Mental Health First Aider Accreditation, MHFA Australia,
Brisbane

2019 PROCSI Change Management Practitioner Certification
Brisbane

2017 PRINCE2 Project Management Foundation Accreditation
YellowHouse, Brisbane

2014 Certificate in Laboratory Quality Management Systems
Clinical and Laboratory Standards Institute (CLSI), USA

2011 Certificate in Corporate Investigations and Certificate in Investigation Report Writing
Sydney Institute of Professional Studies, Brisbane

2007 Practitioners Certificate in Mediation
Institute of Arbitrators and Mediators Australia (IAMA), Brisbane

2005 Graduate Certificate of Health Management (Queensland Health),
Queensland University of Technology, Brisbane

2002 Certificate IV in Assessment and Workplace Training
University of Queensland, Brisbane

PROFESSIONAL MEMBERSHIPS

Fellow of Australian Institute of Managers and Leaders (FIML)

Member of Australian Institute of Medical Scientists (MAIMS)

OTHER QUALIFICATIONS

Authorised Technical Assessor, Medical Testing, National Association of Testing Australia (NATA)

Authorised Technical Expert, Medical Testing, International Accreditation New Zealand (IANZ)

Qualified Warden, Royal Brisbane and Women's Hospital Campus

Health Practitioner Role Evaluator – Vader System

AWARDS

- 2020 Health Support Queensland "Purpose" Award
- 2017 Australian Institute of Managers and Leaders - Chartered Manager Recognition (CMgr)
- 2015 Health Support Queensland "Customers First" Award
- 2010 Clinical and Statewide Services (CaSS) "Walk the Talk" Leadership Award
- 2005 Graduate Certificate of Health Management (Queensland Health)
Highest Overall Academic Achievement Award, Queensland University of Technology
- 2005 Queensland Health Pathology and Scientific Services Staff Excellence Award - Awarded for Excellence in Partnerships

NOMINATIONS

- 2020 Health Support Queensland "Customers First" Award
- 2020 Health Support Queensland "Integrity" Award
- 2020 Health Support Queensland "Respect" Award
- 2020 Health Support Queensland "Accountability" Award
- 2020 Gold Coast Health Chief Executive Value Award – Excellence
- 2018 HSQ Staff Excellence Award - Vision
- 2012, 2008 Australian Institute of Management Professional Manager of the Year
- 2012 QuARRIE Award (RBWH) – AUSCARE "Switched On" Project
- 2011 QuARRIE Award (RBWH) – Oncology Project \$1M Pathology Savings
- 2006 Queensland Health Pathology and Scientific Services Quality Award Finalist, QHPS-Central Core Laboratory

EMPLOYMENT HISTORY**Substantive Position**

Health Practitioner Level 7

November 2020 to date

(Secondment February 2020 to November 2020)

Group Laboratory Manager, Gold Coast Group

Pathology Queensland

Gold Coast Laboratory

GCUH Campus, Southport, Queensland

Overview of Role

I have been engaged full time in this role, initially backfilling long service leave until the recent retirement of the substantive officer. This role manages the Gold Coast University Hospital and Robina Hospital Pathology Queensland Laboratories.

Achievements to Date

Some of my achievements whilst in this role include:

Organisational Change:

- Introduction of COVID-19 testing at Gold Coast and Robina Laboratories (Panther and GeneXpert). This has involved installation of Panther Fusion, rapid recruitment, contingency planning, roster expansion and considerable liaison with GCHHS clinical and executive stakeholders and our staff. Gold Coast achieved states best turnaround times in June 2020.

- Increase in number CSR continuous shift staff, through roster trial, business case for change and consultation with staff and Union.
- GCUH Mortuary Service Review, which involves consultation with GCHHS, FSS, Queensland Police, and Pathology Queensland to optimise roles, reporting relationships and interactions. A business case for change has been prepared.
- Planning for GCIA installations Gold Coast Training Room and Level 1, and Robina Laboratory. This has required consultation with GCHHS, Siemens Healthineers and the Supervisory teams.
- Guided staff through the uncertainty associated with three different A/Supervising Scientists in Microbiology within a seven-month period.
- Currently negotiating permanent recruitment of Senior Scientist Flow Laboratory, Gold Coast and transfer of staff member from GCHHS to Pathology Queensland.

Operational and Financial Management

- Introduction of monthly supervisory visits to Robina Laboratory to ensure that staff feel part of the Gold Coast Group and to support the Robina Laboratory Manager.
- Operational activities as part of COVID-19 response, including provision of daily ordering statistics to the GCHHS, monitoring and reporting turnaround times, responding to client requests, managing client expectations and ensuring that COVID-19 testing did not negatively impact delivery of other pathology testing.
- Rationalisation of position occupancy reports to separate nine former staff from the organisation.
- Asset management, including HTER replacements, emergent capital requests (e.g. microscopes, Polystainer), asset stocktakes and general equipment purchases, e.g. MFD.

Strategic Focus

- COVID-19 planning activities including:
 - Mortuary surge capacity planning with GCHHS
 - Tier 5 facility planning with GCHHS
 - Gold Coast and Robina Laboratory COVID-19 contingency planning workshop and actions
- Membership of the Statewide Mortuary Working Group, which is working towards standardisation across Pathology Queensland Mortuaries.
- Involvement in GCHHS future state activities:
 - Coomera Health Precinct planning group
 - Crisis Now Facility Robina planning group
- Membership of the GCIA Board, which fulfils the Pathology Queensland Operational Plan, action 13 to enhance productivity through automation.
- Development of Working for Queensland Action Plan for Gold Coast Group, and initiation of a Focus Group including supervisors and interested staff.

Human Resource Management

- Since arriving at Gold Coast, I have dealt with difficult and complex HR matters, and have received favourable feedback from HSQ-Safety and Rehabilitation Advisor and PQ HR Business Partners.
- Fostering improved working relationships between Pathology Queensland and FSS Mortuary managers and facilitating sharing of staff between sites.
- Initiation of the Robina Laboratory cultural pulse survey in July 2020. Actions are being addressed and this was considered a very valuable exercise.

Client Service

- Operational contact for the GCHHS as part of COVID-19 response, including
 - Panther notification emails and other communications when instrument failures occur
 - Extension of hours to accommodate GCHHS patient flow bottlenecks
 - Preparation of request forms for GCHHS pop up COVID community clinics, and liaison with clinic managers to optimise pathology service
 - Regular updates for HEOC via Executive Director DASS

Quality Management

- Acting on long-overdue OQIs for the Gold Coast Group such that the group is now performing very well compared with peer sites.

- Escalation of Mortuary patient identification and shroud issues and concerning Endoscopy patient labelling practices to DASS Quality and Safety Committee via Riskman incidents. Follow up meetings with GCHHS to discuss shrouding and training of portage and nursing staff.

Secondment at Level

Health Practitioner Level 7

May 2018 to February 2020

LIS Project Subject Matter Expert (SME) – Full Time

LIS Project

[REDACTED]
[REDACTED]

Overview of Role

I was engaged full time within the LIS Project, with the specialty of specimen management (including Phlebotomy and Specimen Reception).

Pathology Queensland was scheduled to replace its laboratory information system within the next two years. As a full-time SME, I was responsible for consulting with PQ stakeholder groups and the vendor Sunquest to deliver an optimised LIS for the future.

Key Achievements

The project unfortunately ceased; however, I was involved in documenting the value chain for specimen management from order receipt to distribution. I liaised with the specimen managers at FSS to include their requirements in the process maps. I was the Chair of the LIS Specimen Management Working Group, which included representatives from Pathology Queensland, FSS, Billing and eHealth (ieMR). As part of this role, I assisted with process maps, and authored more than twenty discussion/action papers, including those regarding specimen collection, rapid data entry, added tests, rejected tests, shared samples, and storage.

I commenced population of the Sunquest LAB product SMART (Specimen Management, Routing and Tracking) for specimen locations (SPOTs). SPOTs were to drive specimen distribution across PQ and to FSS. I received training in the build aspects of the ordering within the CCE (Clinisys Clinical Environment).

I attend various meetings when the Lead SME for the LIS Project was unavailable, e.g. LIS Leadership Meeting.

I also prepared informal updates for PQ staff, to keep them involved in the happenings on the program. These received widespread praise.

Higher Duties Role

SES Level 1 / HP8

October 2010 to July 2012

When incumbent was on leave (most recently August to November 2017).

Acting Central Laboratory Operations Manager

Pathology Queensland

[REDACTED]
[REDACTED]
[REDACTED]

Overview of Role

This role managed the entire Central Laboratory, including the Core Laboratory and the specialised laboratories for Haematology, Chemical Pathology, Immunology, Microbiology and Anatomical Pathology. It also supervised the Laboratory Manager of the Queensland Children's Hospital. The Central Laboratory performed 3.4 million pathology tests in FY 2016-17 and has more than 490 FTE.

The position had nine direct reports, being the LCCH Laboratory Manager, Core Laboratory Manager, Support Services Manager; the Principal Chief Scientists for Haematology, Chemical Pathology, Microbiology, Immunology and Anatomical Pathology; and one Executive Support Officer. The position reported to the General Manager Laboratory Operations.

Key Achievements

I undertook this role continuously for 18 months whilst the substantive officer was on secondment and have regularly acted in the role when the incumbent took leave. My achievements have included:

- Pathology lead role for the implementation of AUSCARE results management system at the RBWH. This involved development of tailored report delivery strategies for clients, education and training, and assessment of implementation post go-live. This rollout was successful, and I was part of the team nominated for an RBWH QuaRRIE Award.
- Initiatives with Cancer Care Services to reduce pathology costs and assign billing to Medicare. This initiative is ongoing and in its first year saved approximately \$1M, for which our team was nominated for an RBWH QuaRRIE Award.
- Business case for LCCH laboratory senior staff, to improve the scientific capability as the site is a tertiary hospital.
- Assisting the RBWH Bone Marrow Transplant Laboratory to report using AUSLAB. This unit had previously not used AUSLAB, and the primary benefit was delivering clinician access to results.
- RBWH initiatives including trauma kits and AUSLAB review list for the Emergency Department, pre-printed forms for Cancer Care Services and other clients, Kleihauer request project, and check of outpatient histology reports which have no ward.
- Royal Children's Hospital initiatives including implementation of RCHUNK ward for the RCH campus, to clearly delineate pathology expenditure for this client, and development of RESUS request forms to expedite testing.
- Membership of the Milk Bank Steering Committee, which delivered the first milk bank for the RBWH.
- Chair of the Statewide Phlebotomy Working Party, a committee dedicated to improving Phlebotomy activities across the state. Key initiatives included generation of policy to ensure the safety of Phlebotomists attending mental health units; submission to provide artificial collection arms for training; and delivery of a new corporate uniform.
- Pathology lead in establishing clinics to assist patients to have essential testing in a community setting. Clinics established to date are the Testing Point and Easy Access Clinics.

Former Substantive Position

Health Practitioner Level 7
July 2005 to November 2020

Core Laboratory Manager

Pathology Queensland
Central Laboratory

██
██

Overview of Role

The Core Laboratory is located within the Central Laboratory at the Royal Brisbane and Women's Hospital. It was formed as a strategic initiative to combine high volume units into one integrated model, and includes the work units of Central Specimen Reception, Haematology and Coagulation, Chemistry and Immunoassay and is a 24-hour, 7-day laboratory. It is the largest multi-discipline laboratory in the state and delivers testing on behalf of four of the five scientific disciplines.

As the Core Laboratory Manager, my site-specific role was to ensure that client service delivery expectations were delivered, and to ensure the provision of an integrated, comprehensive, cost effective and quality diagnostic service. The Core Laboratory includes the Client Services Unit, which is responsible for managing client enquiries, quoting for clinical trials and research projects, and preparing specialised request forms for clients.

In addition, I had a state-wide role as the Chairperson for the Specimen Reception Working Party. As such I provided leadership, advocacy and strategic direction for this pre-analytical service across Pathology Queensland.

Key Achievements**Organisational Change**

- Successful establishment of the Core Laboratory in 2005, involving integrating three standalone work units into one.

- Successful relocation of the entire Core Laboratory from Block 8 to Block 7 in 2006.
- Delivery of a whole of Core Laboratory roster template in 2009. This was a large undertaking, and required extensive union and staff consultation, as there were three different roster models to integrate.
- Participation in Models of Care project (Steering Committee role and pilot site participation), involving analysis of laboratory officer roles, development of appropriate model, and pilot of Analytical Assistant role.
- Led project to centralise Architect serology from Toowoomba, Nambour, TPCH and Rockhampton laboratories to the Central Laboratory.
- Collaboration with scientific Disciplines to introduce tests and platforms into Core Laboratory, e.g. Sebia Minicap, Werfen Acustar, Abbott Architect i2000, Biomerieux Mini Vidas, beta trace protein, HTLV I and II, and HE4.

Operational and Financial Management

- Consistent high-quality service delivered by the Core Laboratory aligned with financial, client, quality system and human resource management indicators.
- Responsibility for Core Laboratory financial position, including forecasting, budget build, surveillance, and capital acquisition. Elimination of rostered overtime in Core Laboratory through introduction of 5-from-7 rosters and cross-training. Reduced expenditure by \$1.9M in FY2015.
- Initiation of group laboratory oversight role for LCCH Laboratory, which included site visits and ongoing support for that team.
- Business improvement activities including redesign of specimen reception workflow and Haematology analyser bay, development of Core Laboratory KPI Dashboard, standardized aliquot tubes across CSRs, corporate documentation review for CSRs, streamlined stores processes, and changes to models of care.
- Chairperson role for site specific and corporate committees including CSR Working Party, Core Laboratory Supervisors meeting, and Client Services meeting.
- Member of site specific and corporate committees including Central Laboratory Operations Group (CLOG), Pathology Services Operations Committee (PSOC), Pathology Queensland Quality Committee (PQQC), Quality Coordinators Committee, Pathology Queensland ieMR Reference Group, Clinical Trials Advisory Committee and Specialist Ambulatory and Rehabilitation Centre (SRACC) Committee.

Strategic Focus

- Development of Core Laboratory annual business plans, and workforce plans including revised models of care.
- Board member and Strategic Evaluation Team member for the general chemistry and immunoassay replacement project 2018.
- Second chair role in recent evaluation process for laboratory information system renewal program. Representative for Specimen Reception, taking part in scenario development and planning for this changeover.
- Delivery of Pathology Queensland Business Intelligence Report: Workforce, which provided a comprehensive analysis of the workforce across FY2016, and made a number of recommendations. Assistance with the development of the Cairns business case for increased FTE for Anatomical Pathology.
- High level involvement during the rollout of the digital hospital (ieMR) program, including writing the three procedural manuals (QIS 33957, 33958, 33597), on site assistance at PAH, Cairns and Mackay, and ongoing participation in the ieMR Reference Group,.
- Lead role in the statewide review of clinical trials and research projects, with the outcome being new service delivery models for clients and staff, corporate procedures and key performance indicators (e.g. time taken to provide quote).
- Participation in tender panels for equipment, logistics and collection devices.
- Initiation of the ACCEPT protocol for precious samples which cannot be recollected. Formerly these were rejected, but now a robust process is in place to accept and test these samples.
- Pathology lead for Alert Allies Project, which involved changing the statewide approach to fatigue management in the workplace through effective rostering and staff education programs.

Human Resource Management

- Fostering a culture of respect, through own behaviour and attitude, and educating others about safe, respectful workplaces, generational respect, teamwork, critical conversations, managing up, and the speed of trust.

- Address of challenging HR issues including but not limited to independent medical evaluations, ill-health retirement, show cause processes, workplace investigations, theft allegations, absence management, relinquishments, performance improvement plans and address of negative workplace behaviours.
- Development of direct reports including Gallup Strengths Assessment, conference attendance (SERC), written succession plans, performance and development conversations, and training.
- Participation in selection committees within Pathology Queensland, Biomedical Technology Service, Clinical Information Systems Support Unit, and Royal Brisbane and Women's Hospital Bone Marrow Transport Laboratory.
- Submission of business cases and briefs for additional resources, e.g. point to point pneumatic tube for Cancer Care Services, additional staff.
- Qualified Mediator involving assistance across Health Support Queensland as required.
- Attaining competency in corporate investigations and investigation report writing.
- HSQ Mentor role, involving mentoring an employee from the HSQ Procurement Team, and three Graduate Scientists within Pathology Queensland.
- Initiating with another colleague the Ready, Set, Lead project for staff in junior positions who show potential. This was part of the Queensland Health Growing our Leaders Program.
- Initiation of the HR Community of Practice Group via email (circulation of articles and event information) and at monthly forums (group discussion over lunch) to share knowledge and develop junior managers.
- Presenting "Workplace Harmony" seminars at induction and "Managing Up" seminar for Managing People in Pathology participants.

Client Service

- Statewide resource for Disease Test Orders, involving development of corporate protocols (QIS 18506) and regular engagement with Queensland Police, Clinical Forensic Medical Unit and within Pathology Queensland. Development of QHEPS resource page, excellent working partnerships and consistent processes for Police and HHS clients.
- Statewide scientific resource role as part of the Ebola response for Pathology Queensland. Involved development of corporate specimen management protocols and creating QHEPS resource page.
- Delivery of a suite of dynamic testing forms for Chemical Pathology, to improve compliance by clinicians and streamline workflow in the laboratory. This project included writing QIS 33990. This project has since been handed on to the Principal Chief Scientist Chemical Pathology to enable QHEPS access for clinicians.
- Pathology lead for the APE (Appropriate Pathology in the ED) project, which introduced the "no form, no ADDON" policy at RBWH. This has eliminated phone calls to CSR, and capped ADDONS despite increased activity in the Emergency Department.
- Health Support Queensland (HSQ) Customer Champion role for RBWH, involving client engagement activities and educating staff about the HSQ Customer Charter. I was also the Pathology representation on the HSSA (now HSQ) Stakeholder Engagement Committee, involving liaison and development of a client engagement strategy. Some of the client focused activities particularly within Metro North HHS include:
 - Liaison with clients to determine how our service can best meet their needs, e.g. DEM, PREAC, MHU, ONC.
 - Intensive Care Unit project to deliver forms which clearly identify the pod in which the patient is located.
 - Pathology Utilisation in Medical Practice (PUMP) and Choosing Wisely resource role for RBWH campus, membership of PUMP Steering Committee and Choosing Wisely Pathology Working Group, generation of regular reports, and orientation for junior doctors.
 - Gastroenterology projects to amend pathology forms to reduce errors, review billing allocations and streamline AUSCARE results management for clinicians across campuses.
 - Intensive Care Nursery project to review the number of rejected samples due to collection difficulties, leading to Phlebotomy training for ICN staff and order of draw posters. PUMP data was also extracted for ICN.
 - SCALPEL project with RBWH Surgical Wards to identify those patients at collection which are pre-op, urgent or being discharged. This assisted with improved patient flow within the hospital

- Pre-Admission Clinic project to generate pre-printed PREAC forms and reduce the number of wards in AUSLAB.
- Infection Monitoring and Prevention Service project to generate specific request forms for each of the IMPS lists.
- Royal Children's Hospital (prior to relocation) initiatives to introduce RCHUNK ward to clearly delineate pathology expenditure for this client; development of RESUS request forms to expedite testing; and monthly PUMP data reports for Emergency Department.
- RBWH X-ray Department project involving pre-printed request forms so that invoicing was directed to the initiating unit, and copy doctors always received reports.
- Project with RBWH Bone Marrow Transplant Laboratory to develop AUSLAB reports for Cancer Care clinicians where none previously existed.
- Various projects within the Department of Emergency Medicine, RBWH such as restricted ordering for junior clinicians, added test minimisation project, review of turnaround times, in services for staff, and development of trauma collection kits.
- Preparation of the business case to deliver a point to point pneumatic air tube system for Cancer Care Services to the laboratory. The system was installed in 2015.
- Regular review of billing enquiries from various clients, e.g. Cancer Care Services.
- Membership of RBWH Patient Flow Committee when in A/Central Laboratory Manager role

Quality Management

- Quality Officer Role in the Core Laboratory (ISO 15189). As there is no dedicated Quality Coordinator for the Core Laboratory, I generate audit schedules, allocate audits, perform quarterly management review, and address quality events using the QIS2 (Quality Information System) program. In 2006, the Core Laboratory was a Quality Award Finalist for Queensland Health Pathology and Scientific Services.
- Effective resolution of complaints. One example was a missed A. galactomannan result reported by the Microbiologist on call. I made arrangements after hours for the sample to be urgently tested, followed up with an OQI and contacted with the client. This incident led to changes in the management of sendaways and turnaround times for this assay as delays can result in negative patient outcomes and unnecessary treatment.
- Role of corporate auditor, undertaking comprehensive vertical audits at Queensland Children's Hospital, Gold Coast University Hospital, QEII, Gladstone, Maryborough, Gympie and Hervey Bay Pathology Queensland Laboratories.
- National Association of Testing Authority (NATA) and International Accreditation New Zealand (IANZ) technical assessor, undertaking audits in other states and also in New Zealand.
- QIS2 update responsibility for 56 documents, 47 of which apply to the entire organisation.

April 2003 – July 2005

Supervising Scientist, Haematology Main Laboratory

Health Practitioner Level 5
 Royal Brisbane and Women's Hospital
 Queensland Health Pathology Service
 Butterfield Street, Herston, Queensland

Overview of Position

This position was responsible for the scientific and operational aspects of the Haematology Main Laboratory (now called Core Haematology). The work unit had approximately 20 staff, and delivered a 24/7 routine and specialised Haematology and Coagulation service. This work unit also has the Malaria Reference Laboratory for Queensland, where all positive cases are referred for confirmation.

Key Achievements

In 2005, I initiated a project to review turnaround times (TAT) for DEM Haematology samples. This involved applying URGENT stickers to all unused DEM EDTA tubes and monitoring TAT. For the improvements this achieved, I was awarded the 2005 QHPS Staff Excellence Award.

One of my proudest achievements in this role was to initiate (with two colleagues) the HaemCEP or Haematology Continuing Education Program. HaemCEP is a statewide competency assessment and education program which delivers blood films and case studies to Haematology scientists across the state.

Nov 2002 - April 2003**Scientist, Transfusion**

Health Practitioner Level 3
 Haematology Department
 The Prince Charles Hospital
 Queensland Health Pathology Service
 Rode Road, Chermside, Queensland

Overview of Position

This was one of a small team of scientists delivering Transfusion services for The Prince Charles Hospital.

Key Achievements

In this role, I achieved competency in routine and complex transfusion for patients at The Prince Charles Hospital, including neonates undergoing cardiac surgery. I was also trained in Haematology and Coagulation testing.

Mar 1991 - Nov 2002**Assistant Manager, Quality Systems Officer, and Scientist Positions**

Haematology Department
 Sullivan Nicolaides Pathology, Taringa, Queensland

Overview of Positions

Whilst at Sullivan Nicolaides Pathology, I entered the organisation as a Scientist, and then was promoted to Quality Systems Officer then Assistant Manager in the Haematology Department. Whilst Assistant Manager I still undertook Haematology shifts and reported blood films and bone marrow aspirate films and participated in the evening and weekend shift rosters. I was one of the primary morphology trainers and developed a standard training program for blood films. I also continued with the role of Quality Officer, which included audits, non-conformance management and management review reporting. When I left the organisation, the position I held was made into two positions.

Other positions at Sullivan Nicolaides Pathology

- Multi-Skilled Scientist, Greenslopes Laboratory (1997 – 98)
- On Call Scientist, Taringa Laboratory (1996 –97)
- Blood Bank Scientist (1993 – 97)

PROFESSIONAL DEVELOPMENT SEMINARS/MEETINGS**Leadership and Management**

Women in Public Sector Leadership 3-Day Summit, The Leadership Institute (2020)
 Managing Up Masterclass, IML ANZ (2020)
 Organisational Culture Webinar, IML ANZ (2020)
 Trust and Ethics in the Workplace, IML ANZ (2020)
 How to Emerge as a Successful Female Leader, WIT (2020)
 Designing your Transformation Strategy Workshop, QUT (2020)
 Time Management for your Team, AIM (2020)
 Understanding Leadership Authenticity, AIM (2020)
 Avoid Burnout – Effective Energy Management Techniques, WIT (2020)
 Public Pathology QUAD State meeting (2018)
 AIM Masterclass – The Future of Work: Leading in Disruptive Times (2017)
 Queensland Health Next Generation Leadership Program (2016)
 AIM Authentic Leadership Seminar (2016)
 ACHSM Engagement, Leadership and Building a Culture of Accountability Seminar (2016)
 Queensland Health Work Evaluation & Governance – Health Practitioner Evaluation Program (2015)

ACHSM Leading Women Seminar (2015)
 Growing our Leaders Program, Queensland Health (2014)
 Managing Harassment and Bullying Complaints Workshop (2014)
 Women in Leadership – Achieving and Flourishing Program, ANZSOG (2014)
 Critical Conversations Master Class, Wise Workplaces (2013)
 Investigative Interviewing Masterclass (2013)
 Practical Tools for Work Life Balance Seminar, AIM (2013)
 Franklin Covey “Great Leaders, Great Teams, Great Results” Seminar (2012)
 Queensland Health Code of Conduct (annual)
 The Experienced Manager, AIM (2011)
 Executive Renewal Workshop, ACHSE, Brisbane (2009)
 Innovation – An Introduction, AIM (2010), Brisbane (2009)
 Coaching for Leaders Workshop, Brisbane (2009)
 5th Australasian Redesigning Health Summit, Brisbane (2009)
 Neuro-Linguistic Programming, Australian Institute of Management, Brisbane (2008)
 Mental Fitness for Managers, Australian Institute of Management, Brisbane (2008)
 Generational Diversity, RBWH Campus (2008)
 Positive Self-Leadership On-Line Program, QUT (2008)
 Lean Thinking Workshop, Queensland Health, Brisbane (2007)
 Client Service Workshop, Pathology Queensland, Brisbane (2007)
 Managing the Chemical Analysis Laboratory, QHSS, Brisbane (2007)
 Implementing Good Clinical Laboratory Practice, BARQA, Brisbane (2007)
 Laboratory Managers Conference, Australian Laboratory Managers Association (ALMA) (2007)
 Leading with Emotional Intelligence, CPA Australian Women’s Development Network (2006)
 7 Deadly Sins of Cultural Leadership, ACHSE Forum, Brisbane (2006)
 Recruitment and Selection for Panel Members, Queensland Health, Brisbane (2005)
 Giving and Receiving Feedback, Institute Public Administration Australia, Brisbane (2005)
 Australian Institute of Management Seminars, Brisbane (2004)

- Leadership in the Workplace
- Exceptional Customer Service
- Conflict Resolution Skills
- Effective Communication
- Writing Effective Reports and Documentation
- Developing High Performance Teams

 University of Queensland Community Education Seminars (2002 – 5)

- Negotiation Skills
- Accelerate Your Learning
- Workload and Time Management
- Introduction to Mediation
- Leadership for Frontline Supervisors

 Harassment Awareness Seminar, The Prince Charles Hospital (2003)
 Sullivan Nicolaidis Pathology Management Seminars (1991-2002)

- EEO Responsibilities of Managers
- Recruitment and Appraisal
- Dealing with Difficult Behaviour
- “Train the Trainer”

Quality Systems

Public Interest Disclosure Training (2013, 2015)
 Introduction to Record Keeping (2012)
 QIS2 Competency Modules – OQI, Document Control (2010)
 Pathology Queensland Auditor Training, Pathology Queensland (2004)
 NATA Training Courses

- Assessor Training Course (2002)
- ISO 17025 – New Laboratory Accreditation Requirements (2001)
- Internal Quality Systems Audits (1997)

 Guidelines and Requirements for Managers and Supervisors (SNP, 2000)

Workplace Health and Safety

Annual Evacuation Awareness Training
 Occupational Violence Awareness Training (2012)

- Musculoskeletal Disorders Awareness Training (2011)
- Fatigue Risk Management Seminar (2009)
- Workplace Behaviour Seminar, Royal Brisbane and Women's Hospital, (2005)
- Site-Safe Health Safety and Risk Management Consultants, Workplace Health and Safety Committee Course, Brisbane (2003)
- Royal Brisbane and Women's Hospital Safety Courses
 - Fire Warden Training Course (2004, 6, 8, 9, 10, 12, 14, and 15)
 - Annual Fire Awareness Lectures
 - Merck Safety Seminar (2003)

Scientific Seminars

- Laboratory Automation and Quality Management Conference, Melbourne (2013)
- AIMS State Scientific Meetings, Brisbane (2007, 2008, 2009, 2010)
- The Business of Pathology Conference, incorporating Lean Management, Australian Association of Clinical Biochemists, Melbourne (2007)
- AIMS Clinical Review Meetings, Brisbane (2005-8)
- AIMS Pathology for Life Symposium, Melbourne (2007)
- BARQA Clinical Trials and Research GCP Seminar, Brisbane (2006)
- Laboratory Smart Solutions for Automation Conference, Singapore (2005)
- AIMS NZIMLS South Pacific Congress, Gold Coast (2005)
- AIMS National Scientific Meeting, Sydney (2005)
- HAA (ASTH, HSANZ and ANZSBT) Conference, Melbourne (2004)
- AIMS State Scientific Meetings, Queensland (2001, 2004)
- AIMS South Pacific Congress, Gold Coast (2003)
- Coagulation and Haematology Special Interest Group (CHIGM) meetings (2004-8)
- RBWH Haematology In-House Seminars, Lymphoma meetings, and Morphology, Immunology and Cytogenetics (MIC) meetings (2004-7)
- Pathology Grand Rounds, Royal Brisbane and Women's Hospital (2004 - date)
- DiaMed-ID Blood Bank Technology, ID-Microtyping Workshop, Brisbane (2002)
- Malaria Diagnosis Workshop, Chaired by Dr John Walker, University of Sydney, Sydney (1999)
- RCPA / AIMS Morphology Workshop, Sydney (1999)
- Chiron Diagnostics Sysmex SE-Alpha Factory Training Course, Brisbane (1998)
- Coulter STK-S Analyser Key Operator/Factory Training Course, Brisbane (1997)

Computer Literacy

- Training and Competency:
 - AUSLAB and AUSCARE Laboratory Information Systems
 - S/4HANA
 - MyHR
 - Sunquest suite – ongoing learning process in preparation for LIS
 - ieMR (Cerner Millennium)
 - DSS Necto
 - VADER Role Evaluation software
 - HSQ Turnaround Times and Benchmarking Web Modules QHEPS (SAS)
 - FAMMIS, OfficeMax, Winc
 - Pathology Queensland Digital Data Storage Database (SAS)
 - Pathology Utilisation in Medical Practice (PUMP) Databases
 - MS Excel, Word, PowerPoint, Visio, Sharepoint, MS Teams
 - RiskMan Clinical Incident system
 - PRIME Clinical Incident System
 - QIS2 Quality Information System

REFEREES**Long Term Line Manager (>10 years)**

Mr. Matthew Ford
Central Laboratory Operations Manager
Pathology Queensland

████████████████████

Long Term Former Senior Manager (> 10 years)

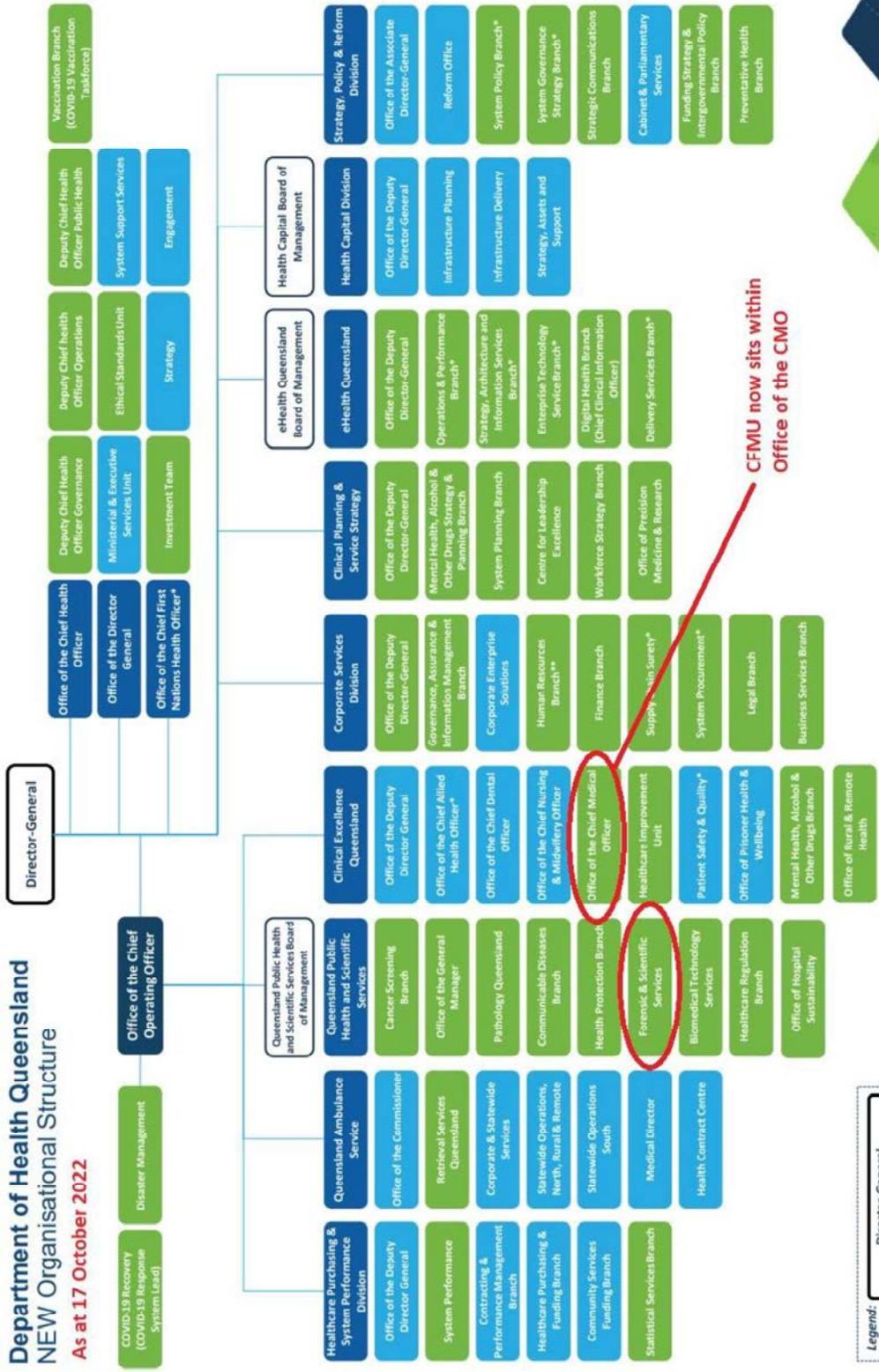
Mr. Mark Tandy
Former General Manager Laboratory Operations
Pathology Queensland

████████████████████

Other referees are available upon request.

Attachment: Statement of Suitability Lara Keller

Department of Health Queensland NEW Organisational Structure As at 17 October 2022



CFMU now sits within Office of the CMO

Legend:

- Director-General
- Office
- Board of Management
- Division
- Branch
- Team/Unit

This colour indicates proposed change

Note* = Name Change



Forensic DNA Analysis Team Chart

27/06/2022

Max Forel
Director F55

Managing Scientist
Cathie Allen (CJA)

Administration Support Officer
Administration
Wendy Harmer (WAH)

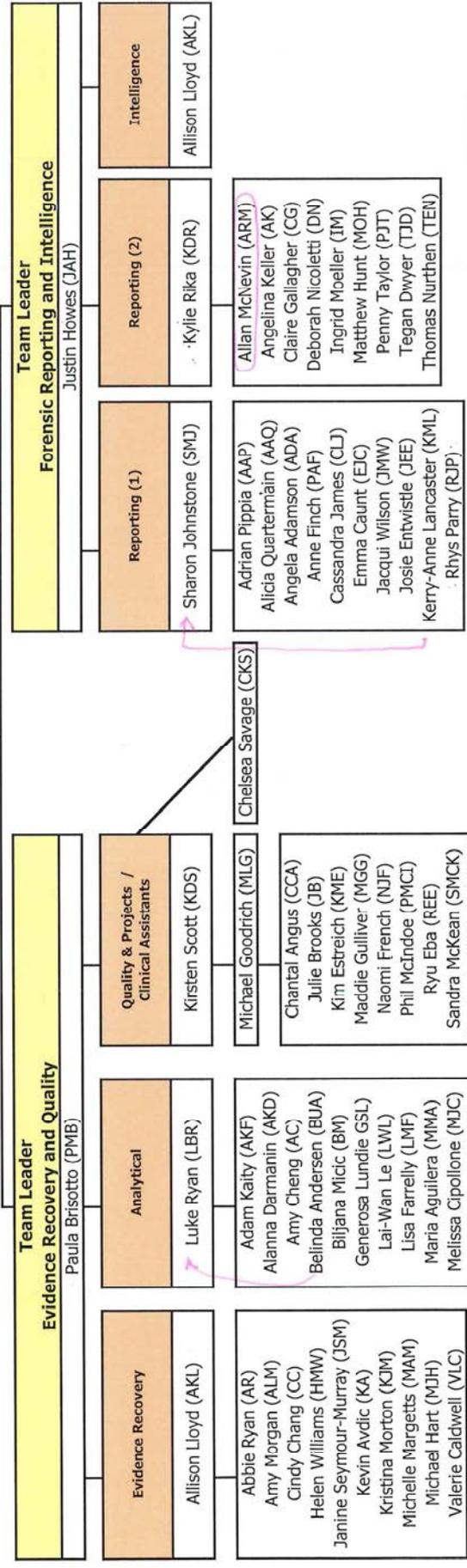
Dasuni Tennakoon (DVT)
Cecilia Flanagan (CBF)
Vicki Pendlebury-Jones (VPJ)
Yvonne Connolly (YC)

No forensic DNA

BACKFILL

PPA identified or
EOI for JH role

HP5



Extra

- 4 x HP3 temp
- 2 x HP3 perm
- 1 x HP4 trainer
- 1 x HP5 mgt

Other
Susan Brady (on extended leave)

Risks: Scientific governance to team leader level
: Scientific expertise not maintained for dept until JH role filled.

From: Lara Keller
Sent: Tuesday, 5 October 2021 4:53 PM
To: Abbey Matheson; Abigail Ryan; Adam Griffin; Adam Kaity; Adedoyin Adebajo; Adrian Pippia; Alanna Darmanin; Alex Forrest; Alex Pintara; Alex Skocic; Alicia Quartermain; Alison Slade; Alistair Soon; Allan McNevin; Allison De Tina; Allison Lloyd; Alyssa Pyke; Amanda De Jong; Amanda May; Amanda Thompson; Amy Cheng; Amy Jennison; Amy Morgan; Amy Pascoe; Andrea Norton; Andrew Griffiths; Andrew Hardman; Andrew Kedziora; Andrew Siely; Andrew Van Den Hurk; Angela Adamson; Angelina Keller; Ann Wallace; Anna Brischetto; Anne Finch; Annette Edser; Annu Nangia; Asha Kakkanat; Ashley Tronoff; Ayinde Adekunbi; Barbara Sendall; Becky Coggins; Belinda Andersen; Ben Huang; Beng Ong; Benjamin Tan; Bianca Moore; Bianca Phillips; Biljana Micic; Bill Demos; Brendan Miller; Brett Heron; Brett Swann; Bronwyn Lind; Brooke Fitzgerald; Caiping Li; Caitlin Stringfellow; Camilla Burnett; Carmel Taylor; Carol Church; Carol Kistler; Cassandra James; Cassandra Kelly; Cassie Jones; Cathie Allen; Cathy Hurst; Cecilia Dal Santo; Cecilia Flanagan; Chantal Angus; Charles Naylor; Chelsea Savage; Chenwei Wang; Chris Lock; Christopher Day; Cindy Chang; Claire Gallagher; Corinna Lange; Courtney La Spina; Craig Price; Craig Thompson; Cristina Vasquez; Damien Cass; Daniel Smart; Danielle Johnston; Daphne Huang; Darina Hnatko; Dasuni Tennakoon; David Pass; David Warrilow; Deborah Nicoletti; Deborah Whelan; Dianne Keller; Dimitri Nikolakopoulos; Donna Martin; Dora Bertini; Doris Genge; Drew Pascoe; Drew Watson; Eamaandeeep Singh; Elizabeth Gierach; Elizabeth Harrison; Ellen Riedel; Ellena Heading; Emily Bennett; Emily Heaphy; Emma Caunt; Emma Louise Day; Erica Clarke; Erin Rhoades; Eva Comino; Frederick Moore; FSS Security; Gary Fedrick; Gary Hall; Gary Prove; Gemma Bright; Gemma Mockler; Generosa Lundie; Georgina Mayhew; Georgina Patterson; Gino Micalizzi; Giuseppe Scuderi; Glen Buchanan; Glen Hewitson; Glenn Wensor; Graeme Smith; Hans Yates; Hazel Batson; Helen Eldridge; Helen Gregg; Helen Smith; Helen Williams; Helena Granroth; Helene Jacmon; Henghang Tsai; Heping Liu; Holly PETERS; Ian Home; Ian Mackay; Ian Mahoney; Ilce Ristanovski; Imelda Keen; Inga Sultana; Ingrid Moeller; Irani Rathnayake; Ishvi Williams; Jack Thompson; Jackie Sungsri; Jacqui Thomson; Jacqui Wilson; Jaisy Arikatt; James Hocking; James Nunn; Jamie McMahon; Jamie Paul Du Bois; Jane Kim; Janine Seymour-Murray; Jean Barcelon; Jeff Herse; Jeffrey Chen; Jenna Wolf; Jenni Smith; Jennie Wallace; Jenny McGowan; Jenny Tam; Jessica Dixon; Jessica Vidler; Jim Carter; Jo Bayliss; Jo Langdon; John Powell; Jordan Sheppard; Josie Entwistle; Josleen Daher; Judith Dalgity; Judy Northill; Julie Bergeon; Julie Brooks; Justin Howes; Ka Huen MO; Kadell Fotinos; Karen Blakey; Karen Reardon; Karina Streets; Karyn Loughran; Kate Angus; Kate Holzer; Kate Ryan; Katherine Hopewell; Katherine Jones; Katherine Robinson; Kathryn Keighran; Katrina Goodchild; Kelly Flatley; Ken Miller; Kerri Le; Kerry Watson; Kerry-Anne Lancaster; Kevin Avdic; Kevin Melksham; Kim Estreich; Kim Mosley; Kirsten Scott; Kirstyn Jory; Kristina Morton; Kristine McDonald; Kylie Rika; Lara Keller; Laura Parsons; Lawrence Ariotti; Lee Smythe; Lee Wallace; Leonie Cover; Les Griffiths; Lesley Sharp; Li Ma; Liam McIntyre; Linda Cox; Linda Morley; Lisa Farrelly; Lisa Leckie; Lorinda Swann; Louise Benincasa; Lucy Bahr; Ludwika Nieradzic; Luke Ryan; Maddison McLaughlin; Madeleine Farrell; Madison GULLIVER; Mai Nguyen; Marcus Cotton; Maree Sinclair; Margaret Woolcock; Maria Aguilera; Mark Lindsay; Mark Stephenson; Mark Waterson; Martha du Plessis; Mary-Anne Burns; Mathew PILLAI; Matt Meredith; Matthew Cross; Matthew Hunt; Matthew Wiggins; Mckenzie Lim; Megan Bull; Megan Mathieson; Megan Staples; Melanie Fuenzalida; Melissa Cipollone; Melissa Illin; Melissa Trujillo Uruena; Merissa Missingham; Michael Geyer; Michael Goodrich; Michael Hart; Michael Meehan; Michelle Johnston; Michelle Margetts; Michelle Meli; Michelle Neil; Michelle Thomas; Michelle Warry; Mitchell Finger; Murari Bhandari; Nadine Forde; Naomi Everson; Naomi French; Natalie A MacCormick; Natalie

To: Simpson; Nathan Gerchow; Nathan Milne; Neelima Nair; Neil Evans; Neil Holling; Neville Capra; Nicole Aitken; Nicole Martin; Nicole Roselt; Nikole Hynard; Ning-Xia Fang; Olivia Jessop; Olivia Whelan; Pam Kahlon; Paran Rayan-Samuel; Patrick Clements; Paul Venz; Paula Blacker; Paula Brisotto; Penelope Taylor; Pete Clausen; Peter Bakker; Peter Bonny; Peter Burtonclay; Peter Culshaw; Peter Harris; Peter Johnston; Peter Medley; Peter Moore; Philip Storey; Phillip McIndoe; Pierre Acedo; Pierre Bouchereau de Pury; Polly Williams; Pushpendra Chauhan; Rachel Whalen; Randall Nelson; Rebecca Morgan; Rebecca Williams; Renay Almond; Renu Patel; Rhys Parry; Rikki Graham; Robert Dickson; Robert Lee; Robin Finch; Rochelle Lemon; Rodney White; Rohan Samarasinghe; Rose Wallis; Russell Lingard; Ruth Holland; Ryan Gallagher; Ryu Eba; Sadia Chowdhury; Samantha Granato; Samantha Porter; Samuel Lemon; Sandra McKean; Sandy Sinclair; Sanmarie Schlebusch; Sarah Atkinson; Sarah Clark; Sarah Mullins; Sarah Wheatley; Saxon Campbell; Scott Craig; Scott Turner; Sean Davis; Sean Moody; Selina Prevorsek; Shalona Anuj; Sharelle Nydam; Sharon Byrne; Sharon Hickey; Sharon Johnstone; Sharonika Williamson; Sherri Hasted; Sherry Turner; Shiona Croft; Sima Mala; Simon Collett; Son Nguyen; Sonia Johnson; Sonia Sant; Sonja Hall-Mendelin; Soon-Chee Chan; Stan Thomsen; Stephan Petry; Stephanie Waiariki; Steve Carter; Stewart Carswell; Sue Enfield; Sumeet Sandhu; Susan Brady; Susan Moss; Suzanne Sanderson; Tara Prowse; Tasman Scanlan; Tatiana Komarova; Tegan Dwyer; Thomas Nurthen; Timothy Currie; Tommy Fuenzalida; Tony Peter; Tracey Moran; Tracy Dawson; Trish Murphy; Trudy Graham; Tuyet Nguyen; Ujang Tinggi; Urs Wermuth; Valerie Caldwell; Vesna Jancic; Vicki Hicks; Vicki Hume; Vicki Pearce; Vicki Pendlebury-Jones; Vicky Cusack; Wendy Harmer; Xiaohong Yang; Yolanda Dickeson; Yvonne Connolly

Cc: Brett Bricknell

Subject: Hello from Lara Keller A/EDFSS

Good Afternoon FSS Colleagues

I have finally emerged from back-to-back meetings and induction requirements today, so I would like to take a brief moment to introduce myself and to thank you for the warm welcome and introductions I have had today and during last week's tour with the A/DDG.

I have worked with some of you on various projects over the years, so hello again! If I'm yet to meet you, here is a little bit of my story....

I am all about being kind to people, and I value respect and integrity.

I'm a Medical Scientist who specialised in Haematology. Half of my career has been in private pathology, and the other half in public pathology. My permanent role is that of Gold Coast Group Laboratory Manager within Pathology Queensland, and prior to that, I was the Central Core Laboratory Manager, based at RBWH. So, as you can now see, I have been raised in pathology, and have an almost vertical learning curve for the activities on FSS campus! I'm just hoping you will forgive me and take that little more time to help me orientate.

In my outside life, I love to cook, go to the movies, and spend time with my family and friends. I have two beautiful dogs (a standard poodle and a boxer, both 12) and I love to volunteer for The Orangutan Project. One of the best experiences I've had was to trek through the Sumatran jungle in 2019 where I met Citrawan. Here's a photo of me with Leif Cocks (Founder TOP) and Citrawan. Citrawan was rescued as a trafficked baby, underwent many years of rehabilitation, and was released into Bukit Tigapuluh reserve in late 2019.



I have been temporarily appointed to the Acting Executive Director FSS role until early January 2022, and part of my role will be to help lead FSS through phase 2 of the DoH Business Case for Significant Change. I am looking forward to working closely with each of you, to ensure we can continue to deliver our highly-regarded services and expertise to the Queensland community through this phase of Departmental change.

I look forward to meeting more of you over the coming weeks, so please feel free to say hello if you happen to see me around, or if you find me looking lost in the maze of corridors on campus!

I hope you all have a great week.

Thanks and best regards

Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health

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From: Lara Keller
Sent: Friday, 22 October 2021 6:25 AM
To: Paula Brisotto; Cathie Allen; Justin Howes; Sharon Johnstone; Allison Lloyd; Allan McNevin; Kylie Rika; Luke Ryan; Kirsten Scott; Wendy Harmer; Tegan Dwyer
Subject: About the Clifton Strengths Finder
Attachments: The Language of Strengths.pdf; The 34 Strengths.docx

Dear Colleagues

It was great to meet most of you yesterday, and I look forward to getting to know you all better.

As mentioned, there is an opportunity for us to undertake a positive activity which I'm hoping will help us better understand our natural talents and what we positively contribute to the workplace. It is the Clifton Strengths Finder.

Here is a link to the website which gives an overview of the exercise and what you can expect:

<https://www.gallup.com/cliftonstrengths/en/253676/how-cliftonstrengths-works.aspx>

I propose that we each complete the Top 5 Strengths activity, and then prepare a matrix like this for the FDNA Team. This has names removed, but is the growing one from the teams I've done this with.



Participants	EXECUTING										INFLUENCING					RELATIONSHIP BUILDING					STRATEGIC THINKING										
	Achiever	Arranger	Belief	Consistency	Deliberative	Discipline	Focus	Responsibility	Restorative	Activator	Command	Communication	Competition	Maximizer	Self-Assurance	Significance	Woo	Adaptability	Connectedness	Developer	Empathy	Harmony	Includer	Individualization	Positivity	Relator	Analytical	Context	Futuristic	Ideation	Input
Lara Keller	X																		X	X					X	X					
	X							X											X	X						X					X
		X						X										X				X				X					
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	X							X													X			X							X
	X	X						X														X			X						X
	X							X													X			X							X
				X				X													X			X							X
							X	X													X			X		X					X

Then we can start to talk in terms of talents and strengths, and acknowledge the natural abilities we each have.

I will leave it with you to discuss with Cathie, and of course you are not obliged to participate. I hope though that you will see this as a positive activity, and will lean in.

(Justin, sorry I didn't meet you yesterday. Cathie can talk you through this, or please call me to discuss).

Thanks and Kind Regards
 Lara



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The Language of Strengths

Exactly What Is “Strength”?

Consistent, near-perfect performance: That’s strength.

“Strength” sounds good, doesn’t it? Think about the qualities associated with strength. Strength always delivers. Strength gets the job done and does it right. You can count on strength.

Obviously, strength is a good thing, regardless of whether it is one of your strengths or you are benefiting from others’ strengths. But what exactly is strength?

Well, in slightly more technical terms, strength is the ability to consistently produce a nearly perfect positive outcome in a specific task.

Strengths: Gallup defines strengths as those activities for which one can provide consistent, near-perfect performance. Strengths are composed of skills, knowledge and talent.

People count on and appreciate strengths.

Consider these people who consistently deliver a nearly perfect performance in a specific task:

- a waiter who is consistently one step ahead of your needs
- a call center representative who quickly “wins over” every upset customer
- a nurse who routinely administers injections so smoothly that patients “don’t feel a thing”
- a bank teller who always recommends the perfect services for each customer’s financial needs
- a salesperson who consistently builds long-term loyalty in client relationships

These are examples of people performing with strength.

But, how did these people get there? How did these strengths develop?

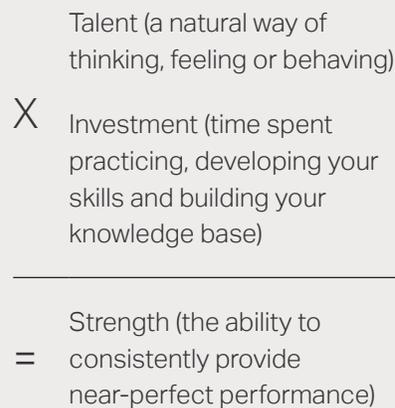
First, strength requires talent.

Our talents help us understand who we are.

Talents are a person’s innate abilities — what we do without even thinking about it. They are what a person does well — naturally. You might even say our talents are hard-wired.

Second, strength develops from investment.

If we want to use our talents productively, we must invest in them. We do this by thinking about how we can add our current knowledge and skills to our talents. Additionally, we want to think about what new knowledge and skills we need to be even more effective.



The Language of Strengths

We invest in our talents through practice.

Skills: Skills represent the abilities to perform the fundamental steps of specific tasks, such as operating specific machinery. Skills are not naturally recurring; you must acquire them through formal or informal training and practice.

Knowledge: Knowledge is what you know. You can acquire knowledge through formal or informal education.

Talents: Talents are natural ways of thinking, feeling and behaving, such as an inner drive to compete, sensitivity to the needs of others or the tendency to be outgoing at social gatherings. Talents come into existence naturally, and you are less likely to acquire them as you do skills and knowledge.

Building your talents into real strengths requires practice and hard work, much like developing physical strength.

When we become aware of our talents, we can practice using them every day. And we can add to or develop new knowledge and skills to help us be more effective. This investment of skills, knowledge and practice propels us to strength — the ability to consistently produce a specific positive outcome.

As you use your talents repeatedly, they become refined. You gain experience, and through that experience, you gain knowledge and skills that will combine with your talents to create strength.

Of course, before you can begin to develop strengths, you must identify your talents. That's where CliftonStrengths comes in.

Grounded in decades of the study of talents, strengths and success, the StrengthsFinder is an invaluable tool to help you seek the source of your natural talent.

Achiever	Activator	Adaptability	Analytical
Arranger	Command	Connectedness	Context
Belief	Communication	Developer	Futuristic
Consistency	Competition	Empathy	Ideation
Deliberative	Maximizer	Harmony	Input
Discipline	Self-Assurance	Includer	Intellection
Focus	Significance	Individualization	Learner
Responsibility	Woo	Positivity	Strategic
Restorative		Relator	

The Language of Strengths

By analyzing your instinctive reactions to 177 sets of paired statements, the assessment pulls together important clues to the ways in which you most naturally think, feel and behave as a unique individual.

Creating a list of every talent is an impossible task. But, if you step back, you will see that talents often have something in common: a theme that connects them.

Some talents — like a natural tendency to share thoughts, to create engaging stories and to find the perfect word — relate directly to communication. That's what they have in common — their theme — so to begin thinking and talking about them, we can call them COMMUNICATION talents.

Themes are the basic language of talent.

Talent Theme: A theme is a category of talents. Themes help you begin to discover and talk about your greatest talents. Decades of research into talents and success have shown that the talents most related to potential for success can be grouped into 34 themes. Each theme comprises many talents.

Understanding ourselves starts with knowing our top themes, and then it advances to understanding the talents within those themes that we can apply in our lives every day.

Themes are a starting point for thinking and talking about talents.

- ✓ The Clifton StrengthsFinder is a tool that can help you discover the source of your natural talents.
- ✓ Themes are the basic language of talent. They help you begin to discover and talk about your greatest talents. Each StrengthsFinder theme comprises many talents.
- ✓ Strengths develop when people tap into their talents and intentionally invent ways to apply them to accomplish tasks or reach desired outcomes.

The StrengthsFinder® list of talents/themes/strengths

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[REDACTED]

From: Lara Keller
Sent: Monday, 22 November 2021 7:19 AM
To: Kathryn Keighran; Josleen Daher
Cc: Brett Bricknell
Subject: FW: Clifton Strengths
Attachments: The Language of Strengths.pdf; Thinking about your signature themes.pdf; Name it Claim it Aim it.pdf; Journey from Ahhh to Aha.pdf; The 34 Strengths.docx; Clifton Strengths.xlsx

Hello All

FYI I have commenced the Clifton Strengths program with the DNA team, to try to help them work through their trust and misalignment issues.

Their strengths matrix is attached, and I have also set them homework (below).

It may or may not work, but in my experience, it has merit. I have self-funded this for >25 people I've worked with over the years (\$33 pp) and also submitted a SERC application for GC but unfortunately this was not supported.

Wish me luck!

Thanks and Kind Regards
 Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
 A/Executive Director

Forensic and Scientific Services
 Prevention Division, Queensland Health

[REDACTED]

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From: Lara Keller [REDACTED]
Sent: Monday, 22 November 2021 7:07 AM
To: Justin Howes [REDACTED]; Allison Lloyd [REDACTED] Cathie Allen
 [REDACTED]; Kirsten Scott [REDACTED]; Kylie Rika
 [REDACTED]; Luke Ryan [REDACTED]; Paula Brisotto
 [REDACTED]; Sharon Johnstone [REDACTED]; Wendy Harmer
Cc: Lara Keller [REDACTED]
Subject: RE: Clifton Strengths

Good morning All

Hope you had a relaxing weekend.

Thanks for participating in the first strength sharing activity last week. I hope you enjoyed hearing about the strengths your colleagues have, and are starting to see how strengths can be used as a tool to increase understanding.

As a group you have a wonderful collection of strengths, in that you have representation in each of the themes. This, to me, represents huge potential!

Now for some homework....

Between now and when we meet again, I encourage you to reflect upon:

- Your five strengths
- How these help you to lead others
- What you wish people understood more about your strengths
- The strengths matrix of the leadership team
- Strengths you have in common with others
- Any strengths which only you have
- Why it is important to nurture your strengths and apply them positively at work
- The impacts of applying strengths in a too inward-focussed manner which may damage team interactions

This week I would like you to:

1. catch one of your colleagues positively demonstrating one of their strengths
2. tell them what you observed
3. tell them why you thought it represented display of a strength, and
4. acknowledge them

When we meet next, I will ask you to share this.

Next week I would like you to:

1. monitor your week, with the intent to catch yourself positively demonstrating one of your strengths
2. consider how you applied the strength
3. consider how easy it was for you to demonstrate that strength
4. tell a different colleague about the experience

When we meet next, I will ask you to share this.

I've attached some further reading, and Justin has the resource packs if you wish to read about other strengths. If you have any level of concern about this program, the homework, or any other aspect, please come and see me so we can talk it over.

Wishing you a wonderful week ahead 😊

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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From: Justin Howes [redacted]
Sent: Thursday, 18 November 2021 2:18 PM
To: Allison Lloyd [redacted]; Cathie Allen [redacted] Kirsten Scott
[redacted]; Kylie Rika [redacted] Luke Ryan
[redacted]; Paula Brisotto [redacted] Sharon Johnstone
[redacted] Wendy Harmer [redacted]
Cc: Lara Keller [redacted]
Subject: Clifton Strengths

Hi all
Thanks for participating today and thinking of how the strengths might describe yourself, and in listening to the #1 strength description of others.

The spreadsheet of the mgt team members Top 5 strengths is in the attached spreadsheet.

As Lara mentioned, it is now for us all to learn about each other's outcomes and see how it could be a collection of strengths. We know we have tailored descriptions, so please reach out to others and listen to their individual descriptions of their strengths and how you can use that knowledge in your daily work activities and interactions.

Thanks
Justin



Justin Howes
A/Managing Scientist

Police Services Stream, Forensic & Scientific Services
Prevention Division, Queensland Health





The Journey From 'Ahhh' to 'Aha'! What's Next Upon Delivering Your Strengths?

The first time you saw your CliftonStrengths results, which was it — “ahhh” (a moment of confirmation or clarity) or “aha” (a moment of true self-discovery)? And how did you move to the eventual aha that really helped you make a difference?

In my experience, people typically find themselves in awe that a 30-minute session on their computer could so accurately describe them. The other ahhh happens when they finally have a clear way to put into words what others often say when describing them. This ahhh is a revelation of clarity and confidence they can use to describe what they truly do best. Then there is occasionally the aha moment, where someone truly experiences self-discovery and enhanced self-awareness. Whether a person's strengths journey starts with awe, ahhh, or aha — what comes next is almost always the same question: “So now what?”

Helping people answer this question is something I truly enjoy. In fact, I tell my clients that they can depend on me to be their “strengths nag” — making sure they use their strengths in a very intentional way. I have found that for many people there is a strengths awareness that eventually progresses to application if the individual is willing to put forth some effort.

To help clients apply their strengths in everyday life, I encourage them to name, claim, and aim their strengths.

Name It

Just taking the CliftonStrengths assessment gives individuals an entirely new language to describe themselves in a positive way. They now have 34 new words in their vocabulary to describe what is right with them, and they can focus on the top five talent themes that are the strongest part of who they are. Like learning any new language, it is important to practice the vocabulary, so I encourage people to tell as many people as possible what their top five themes are and read their report regularly.

Claim It

After the initial reaction to the assessment results, it is then time to embrace the top five and stake ownership of the talents and how they fit. It is not until people take a close look at their talents that they begin to discover the amazing variety, intricacy, and power that they have. Sometimes, the title of a talent theme or certain phrases in a theme definition can feel counterintuitive, so a person may be reluctant to accept the description. I encourage them to share the CliftonStrengths report with others who know them well, and know them in different aspects of their life. They should invite others to read the report and point out specific examples of application of these talents in their interactions with the individual. I also encourage personalization of the talent theme definitions by highlighting words or phrases that resonate and crossing out anything that doesn't fit. I also suggest writing a synthesis of the five themes to create an individual strengths statement. This reshaping can provide heightened awareness of how a person's talents have supported their success to date.

The Journey From 'Ahhh' to 'Aha!' What's Next Upon Delivering Your Strengths?

Aim It

Now comes the work. Our ability to achieve excellence and get the most out of life is connected to the extent to which we intentionally build strengths from our talents. Unless a person commits to using their talents with greater intention, they may be leaving untapped potential on the table. To get others to increase their own success, I ask people to look at their personal and professional world and think about specific tasks where their talents are being used, draw connections between each task and the talents being applied, and then consider other potential talents that could also be in play. I ask them to think about tasks that are required of them, where they don't see an immediate link to their talent themes. Could any of their talents really come to life with more conscious application?

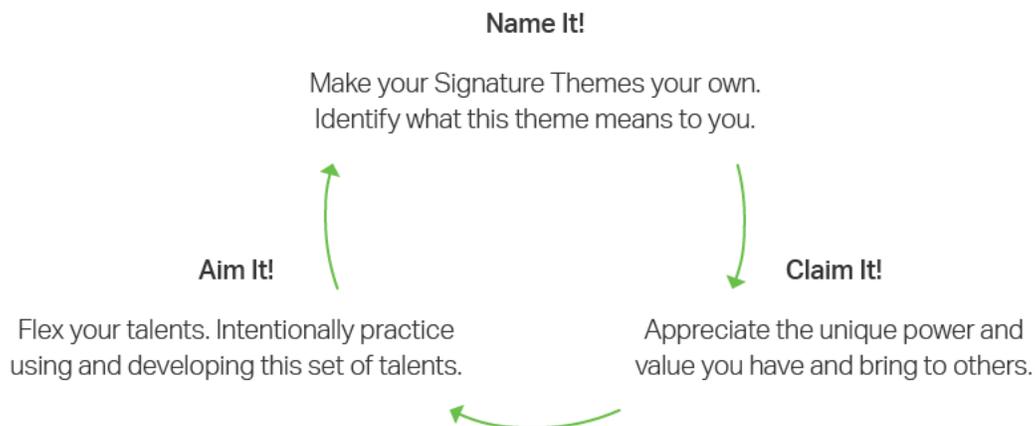
As an individual begins to turn their talents into strengths and increase their own performance, there is often a simultaneous awareness of other peoples' talents. They begin to notice how we each bring something unique to projects, processes, and relationships. When someone can fan the flames of their own talent so that it has an impact on the development or success of another person, they are truly using their talents for maximum impact. Conscious application of talents can be felt by others; it even inspires the flames to spread to others.

It isn't enough to simply identify talent. Where there is awareness, there needs to be action; when there is action, growth is more likely to occur. When we are willing to take that next step with talent, all the awes, ahhs, and ahas turn into awesome outcomes.

GALLUP®

Name It! Claim It! Aim It!

The top five themes on your CliftonStrengths 34 report are your most dominant themes of talent. These five themes influence how you interact with the world and the people in it.



To use the information in your report to enhance your personal development, apply these steps to each of your top five themes.

First, Name It!

This is the first step in making sense of your Signature Themes report. As you read your report, think about whether the theme description genuinely describes you.

For each of your top five themes, ask yourself:

What words or phrases in this theme description strongly resonate with me?

Name It! Claim It! Aim It!

Next, Claim It!

Begin to claim your talents by remembering times in the past that they contributed to your success. Consider how each theme helped you make things happen and how you applied it to your relationships.

For each of your top five themes, ask yourself:

When did this theme help me be successful in the past?

How does this theme help me be successful in my role?

Then, Aim It!

After naming and claiming your talents, start using them intentionally. Exercise your talents to help you focus on specific action items to achieve a goal.

For each of your top five themes, ask yourself:

In what two ways could I start using this theme more intentionally tomorrow?

To help you get started, read the action items for this theme that appear in your report.

Additional Ways to Help You Name, Claim and Aim Your Signature Themes

- Share your Signature Themes report (top five) with five people you are close to. Ask them to tell you specifically how they see you use your top five themes. Ask them the following questions, and write down what they say:
 - What was your initial reaction to my report?
 - Which theme or themes do you see most in me? Can you give me an example?
 - What do you see as my greatest strength?
 - Does anything on my report surprise you? Why?
- Share your Signature Themes report (top five) with your coworkers. Tell them you want to discuss how you could better work with them using your strengths to help them succeed in their roles. Set up individual meetings with your colleagues to discuss your report with each of them.
- Consider your talents as you prepare your to-do list for the week. For each task, think about how you can best use your talents to accomplish it. Also, consider the skills and knowledge you can add to your talents to build strength.
- Take a few moments each day to consider how your understanding of your strengths could help you appreciate others' strengths. Then, choose one person in your life and send him or her a brief note mentioning how you have witnessed his or her strengths in action.

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Exactly What Is “Strength”?

Consistent, near-perfect performance: That’s strength.

“Strength” sounds good, doesn’t it? Think about the qualities associated with strength. Strength always delivers. Strength gets the job done and does it right. You can count on strength.

Obviously, strength is a good thing, regardless of whether it is one of your strengths or you are benefiting from others’ strengths. But what exactly is strength?

Well, in slightly more technical terms, strength is the ability to consistently produce a nearly perfect positive outcome in a specific task.

Strengths: Gallup defines strengths as those activities for which one can provide consistent, near-perfect performance. Strengths are composed of skills, knowledge and talent.

People count on and appreciate strengths.

Consider these people who consistently deliver a nearly perfect performance in a specific task:

- a waiter who is consistently one step ahead of your needs
- a call center representative who quickly “wins over” every upset customer
- a nurse who routinely administers injections so smoothly that patients “don’t feel a thing”
- a bank teller who always recommends the perfect services for each customer’s financial needs
- a salesperson who consistently builds long-term loyalty in client relationships

These are examples of people performing with strength.

But, how did these people get there? How did these strengths develop?

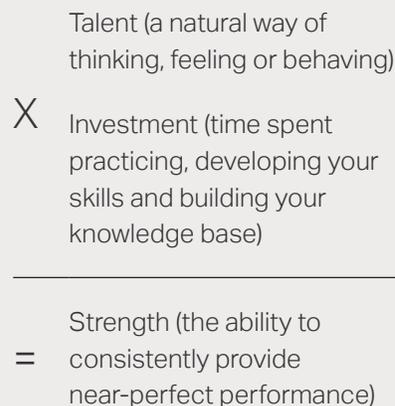
First, strength requires talent.

Our talents help us understand who we are.

Talents are a person’s innate abilities — what we do without even thinking about it. They are what a person does well — naturally. You might even say our talents are hard-wired.

Second, strength develops from investment.

If we want to use our talents productively, we must invest in them. We do this by thinking about how we can add our current knowledge and skills to our talents. Additionally, we want to think about what new knowledge and skills we need to be even more effective.



The Language of Strengths

We invest in our talents through practice.

Skills: Skills represent the abilities to perform the fundamental steps of specific tasks, such as operating specific machinery. Skills are not naturally recurring; you must acquire them through formal or informal training and practice.

Knowledge: Knowledge is what you know. You can acquire knowledge through formal or informal education.

Talents: Talents are natural ways of thinking, feeling and behaving, such as an inner drive to compete, sensitivity to the needs of others or the tendency to be outgoing at social gatherings. Talents come into existence naturally, and you are less likely to acquire them as you do skills and knowledge.

Building your talents into real strengths requires practice and hard work, much like developing physical strength.

When we become aware of our talents, we can practice using them every day. And we can add to or develop new knowledge and skills to help us be more effective. This investment of skills, knowledge and practice propels us to strength — the ability to consistently produce a specific positive outcome.

As you use your talents repeatedly, they become refined. You gain experience, and through that experience, you gain knowledge and skills that will combine with your talents to create strength.

Of course, before you can begin to develop strengths, you must identify your talents. That's where CliftonStrengths comes in.

Grounded in decades of the study of talents, strengths and success, the StrengthsFinder is an invaluable tool to help you seek the source of your natural talent.

Achiever	Activator	Adaptability	Analytical
Arranger	Command	Connectedness	Context
Belief	Communication	Developer	Futuristic
Consistency	Competition	Empathy	Ideation
Deliberative	Maximizer	Harmony	Input
Discipline	Self-Assurance	Includer	Intellection
Focus	Significance	Individualization	Learner
Responsibility	Woo	Positivity	Strategic
Restorative		Relator	

The Language of Strengths

By analyzing your instinctive reactions to 177 sets of paired statements, the assessment pulls together important clues to the ways in which you most naturally think, feel and behave as a unique individual.

Creating a list of every talent is an impossible task. But, if you step back, you will see that talents often have something in common: a theme that connects them.

Some talents — like a natural tendency to share thoughts, to create engaging stories and to find the perfect word — relate directly to communication. That's what they have in common — their theme — so to begin thinking and talking about them, we can call them COMMUNICATION talents.

Themes are the basic language of talent.

Talent Theme: A theme is a category of talents. Themes help you begin to discover and talk about your greatest talents. Decades of research into talents and success have shown that the talents most related to potential for success can be grouped into 34 themes. Each theme comprises many talents.

Understanding ourselves starts with knowing our top themes, and then it advances to understanding the talents within those themes that we can apply in our lives every day.

Themes are a starting point for thinking and talking about talents.

- ✓ The Clifton StrengthsFinder is a tool that can help you discover the source of your natural talents.
- ✓ Themes are the basic language of talent. They help you begin to discover and talk about your greatest talents. Each StrengthsFinder theme comprises many talents.
- ✓ Strengths develop when people tap into their talents and intentionally invent ways to apply them to accomplish tasks or reach desired outcomes.

GALLUP®

Thinking About Your Signature Themes

CliftonStrengths Provides Clues to Your Greatest Talents

After completing the CliftonStrengths assessment, you receive a customized report of your top five CliftonStrengths. Your top five are a ranked listing of the categories in which you can most likely find your most dominant talents. Your top five themes make you as unique as your signature. That is why Gallup calls them your Signature Themes.

Closely look at the descriptions of talents associated with your dominant themes, and use the following sections to help you understand and start to interpret the findings in your report.

At First Glance

What was your initial reaction to seeing your CliftonStrengths 34 report?

How well do your Signature Themes describe the ways in which you most naturally think, feel and behave?

Did any of your top five themes surprise you?

Thinking About Your Signature Themes

Getting Started With Your Signature Themes

Does CliftonStrengths capture everything about you? Not at all. You are unique. In fact, the chance that another person has the same top five strengths in the same order as you is one in 33 million.

Your individual responses to the CliftonStrengths assessment are a starting point for identifying the clues to your greatest talents.

Use your CliftonStrengths 34 report to complete the following activity that will help you look for more clues to your natural talents.

- 1) Grab a highlighter.
- 2) While reading each of your top five theme descriptions, carefully consider each sentence, phrase and word. Take your time.
- 3) Highlight the parts of the descriptions that best describe your dominant talents — the ways in which you most naturally think, feel and behave no matter where you are or what you are doing.
- 4) If you feel that you need to add words or phrases to your Signature Theme descriptions to better reflect your greatest talents, write these additions alongside the descriptions.

Learning More About Your Signature Themes

After identifying the areas of your Signature Theme descriptions that resonate most with you, continue to look for more clues to your natural talents by completing the following activities.

- 1) Post your CliftonStrengths 34 report in your work area and/or at home where you will see it every day. Seeing your top five every day will help ensure that you are keeping your natural talents at the front of your mind and in all of your interactions.
- 2) Share your report with people who know you well. Ask your coworkers, family members and friends for their reactions after reading your report. Have them give you their feedback and examples of when they have seen your natural talents in action. Ask them if any of your Signature Themes surprised them.
- 3) Stay focused. Pick one of your Signature Themes to focus on for a day. Ask yourself the following questions, and capture your ideas in the space provided.
 - How can I use this Signature Theme today?
 - In what areas can this Signature Theme make a positive difference in my life today?
 - How did intentionally focusing on this Signature Theme affect my day?
- 4) Keep going. When you find yourself deliberately using one of your Signature Themes on a daily basis, select another theme to focus on and ask yourself the same questions. Continue this activity until you can maximize each of your Signature Themes every day. Remember, together your themes provide the greatest description of who you most naturally are.

From: Lara Keller
Sent: Monday, 20 December 2021 11:17 AM
To: Cathie Allen; Justin Howes; Paula Brisotto; Kirsten Scott; Allison Lloyd; Kylie Rika; Wendy Harmer; Sharon Johnstone; Luke Ryan
Subject: Clifton Strengths Homework #2
Attachments: The 34 Strengths.docx

Dear All

Thanks for participating in the most recent conversation about strengths.

Here is your next set of homework, to complete between now and when we next meet. The idea is to help you to become more comfortable talking in terms of strengths, and identifying them in yourself and in others.

This homework, should you choose to accept it 😊, is:

1. Recognise Strengths in Others

- Review the leadership team matrix of strengths
- Select someone who you have not yet worked with about strengths
- Consider their strengths profile (and borrow the resources from Cathie if you aren't familiar with their strengths)
- Catch them in the act of demonstrating a strength
- Have a conversation about it with them

2. Discussing Same Strengths

- Re-read your insights and signature theme reports
- Identify one or more strengths you share with a colleague
- Reach out to them to have a conversation about the strength/s you share
 - How do you see that strength in yourself?
 - Have you noticed that strength in their behaviour?

3. Your Strengths

- Catch yourself on more than one occasion
 - Applying a strength so that something went well
 - Tapping in on a strength to turn a bad situation around

Again I will ask you to share your experiences at the next meeting.

If you feel uncomfortable about any of this, please reach out to Cathie or to me.

Thanks and Kind Regards

Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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The StrengthsFinder® list of talents/themes/strengths

Achiever®	People strong in the Achiever theme have a great deal of stamina and work hard. They take great satisfaction from being busy and productive.
Activator®	People strong in the Activator theme can make things happen by turning thoughts into action. They are often impatient.
Adaptability®	People strong in the Adaptability theme prefer to “go with the flow.” They tend to be “now” people who take things as they come and discover the future one day at a time.
Analytical®	People strong in the Analytical theme search for reasons and causes. They have the ability to think about all the factors that might affect a situation.
Arranger™	People strong in the Arranger theme can organize, but they also have a flexibility that complements this ability. They like to figure out how all of the pieces and resources can be arranged for maximum productivity.
Belief®	People strong in the Belief theme have certain core values that are unchanging. Out of these values emerges a defined purpose for their life.
Command®	People strong in the Command theme have presence. They can take control of a situation and make decisions.
Communication®	People strong in the Communication theme generally find it easy to put their thoughts into words. They are good conversationalists and presenters.
Competition®	People strong in the Competition theme measure their progress against the performance of others. They strive to win first place and revel in contests.
Connectedness®	People strong in the Connectedness theme have faith in the links between all things. They believe there are few coincidences and that almost every event has a reason.
Consistency® / Fairness™	People strong in the Consistency theme (also called Fairness in the first StrengthsFinder assessment) are keenly aware of the need to treat people the same. They try to treat everyone in the world fairly by setting up clear rules and adhering to them.
Context®	People strong in the Context theme enjoy thinking about the past. They understand the present by researching its history.
Deliberative®	People strong in the Deliberative theme are best described by the serious care they take in making decisions or choices. They anticipate the obstacles.
Developer®	People strong in the Developer theme recognize and cultivate the potential in others. They spot the signs of each small improvement and derive satisfaction from these improvements.
Discipline™	People strong in the Discipline theme enjoy routine and structure. Their world is best described by the order they create.
Empathy™	People strong in the Empathy theme can sense the feelings of other people by imagining themselves in others’ lives or others’ situations.
Focus™	People strong in the Focus theme can take a direction, follow through, and make the corrections necessary to stay on track. They prioritize, then act.
Futuristic®	People strong in the Futuristic theme are inspired by the future and what could be. They inspire others with their visions of the future.

Harmony®	People strong in the Harmony theme look for consensus. They don't enjoy conflict; rather, they seek areas of agreement.
Ideation®	People strong in the Ideation theme are fascinated by ideas. They are able to find connections between seemingly disparate phenomena.
Inclusiveness® / Includer®	People strong in the Inclusiveness theme are accepting of others. They show awareness of those who feel left out, and make an effort to include them.
Individualization®	People strong in the Individualization theme are intrigued with the unique qualities of each person. They have a gift for figuring out how people who are different can work together productively.
Input®	People strong in the Input theme have a craving to know more. Often they like to collect and archive all kinds of information.
Intellection®	People strong in the Intellection theme are characterized by their intellectual activity. They are introspective and appreciate intellectual discussions.
Learner®	People strong in the Learner theme have a great desire to learn and want to continuously improve. In particular, the process of learning, rather than the outcome, excites them.
Maximizer®	People strong in the Maximizer theme focus on strengths as a way to stimulate personal and group excellence. They seek to transform something strong into something superb.
Positivity®	People strong in the Positivity theme have an enthusiasm that is contagious. They are upbeat and can get others excited about what they are going to do.
Relator®	People who are strong in the Relator theme enjoy close relationships with others. They find deep satisfaction in working hard with friends to achieve a goal.
Responsibility®	People strong in the Responsibility theme take psychological ownership of what they say they will do. They are committed to stable values such as honesty and loyalty.
Restorative®	People strong in the Restorative theme are adept at dealing with problems. They are good at figuring out what is wrong and resolving it.
Self-Assurance®	People strong in the Self-assurance theme feel confident in their ability to manage their own lives. They possess an inner compass that gives them confidence that their decisions are right.
Significance®	People strong in the Significance theme want to be very important in the eyes of others. They are independent and want to be recognized.
Strategic™	People strong in the Strategic theme create alternative ways to proceed. Faced with any given scenario, they can quickly spot the relevant patterns and issues.
Woo®	People strong in the Woo theme love the challenge of meeting new people and winning them over. They derive satisfaction from breaking the ice and making a connection with another person.

From: Cathie Allen
Sent: Monday, 20 December 2021 4:43 PM
To: Lara Keller; Justin Howes; Paula Brisotto; Kirsten Scott; Allison Lloyd; Kylie Rika; Wendy Harmer; Sharon Johnstone; Luke Ryan
Subject: RE: Clifton Strengths Homework #2
Attachments: Clifton Strengths_Forensic DNA Analysis.xlsx

Hi Everyone

I've attached a table with everyone's strengths in it – for handy reference.

We haven't set the date for the next Cultural meeting as yet, but it's likely to be in early February, so you've got plenty of time to complete this homework before then. Or have a chat with Lara or myself about it.

Cheers
 Cathie

Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
 Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services
 Prevention Division, Queensland Health

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*If you're wondering about the use of pronouns She/Her on this signature block, I encourage you to read some resources available [here](#)



From: Lara Keller [REDACTED]
Sent: Monday, 20 December 2021 11:17 AM
To: Cathie Allen [REDACTED]; Justin Howes [REDACTED]; Paula Brisotto [REDACTED]; Kirsten Scott [REDACTED]; Allison Lloyd [REDACTED]; Kylie Rika [REDACTED]; Wendy Harmer [REDACTED]; Sharon Johnstone [REDACTED]; Luke Ryan [REDACTED]
Subject: Clifton Strengths Homework #2

Dear All

Thanks for participating in the most recent conversation about strengths.

Here is your next set of homework, to complete between now and when we next meet. The idea is to help you to become more comfortable talking in terms of strengths, and identifying them in yourself and in others.

This homework, should you choose to accept it 😊, is:

1. Recognise Strengths in Others

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3. Your Strengths

- Catch yourself on more than one occasion
 - Applying a strength so that something went well
 - Tapping in on a strength to turn a bad situation around

Again I will ask you to share your experiences at the next meeting.

If you feel uncomfortable about any of this, please reach out to Cathie or to me.

Thanks and Kind Regards

Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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	EXECUTING								Influencing							Relationsh				
	Achiever®	Arranger™	Belief®	Consistency®	Deliberative®	Discipline™	Focus ^T	Responsibility®	Restorative®	Activator	Command	Communication	Competition	Maximiser	Self-Assurance	Significance	Woo	Adaptability	Connectedness	Developer
Lara	X																		X	X
Cathie							X	X		X						X				
Wendy				X	X	X	X													
Paula	X						X												X	X
Justin	X																	X	X	
Allan								X		X										
Luke	X			X																
Kirsten	X						X												X	X
Kylie													X					X	X	X
Sharon				X			X													
Allison	X																	X		

ip Building				Strategic Thinking								
Harmony	Includer	Individualisation	Positivity	Relator	Analytical	Context	Furistic	Ideation	Input	Intellection	Learner	Strategic
			X	X								
												X
X												
		X										
			X		X							
				X					X			X
					X			X				X
				X								
X												
X	X									X		
									X	X	X	

From: Lara Keller
Sent: Friday, 18 March 2022 7:01 AM
To: Cathie Allen; Adam Griffin; Alex Olumbe; Alison Slade; Cecilia Dal Santo; Damien Cass; Helen Gregg; Lee Smythe
Cc: Josleen Daher
Subject: RE: Workplace Harmony Surveys FSS - feedback welcome

Thanks All, for taking the time to offer feedback.

I have taken your comments on board, and will work with Trish and Helen to get the structure correct before the first set is released.

My plan is to circulate to 3 teams initially, with one team from each stream. It will then be rolled out more broadly.

Here is the email which I sent to the Gold Coast participants, upon which I will model the FSS invitation:

Dear Valued Colleagues

I would like to invite each of you to undertake a Gold Coast Chemical Pathology staff engagement survey.

We have undertaken these surveys at Robina Laboratory, CSR, Haematology, AP and Microbiology so far. Now it's your team's turn.

The primary purpose of this survey is to get more information about the health of our Chemical Pathology department. Now that I am permanent in the GLM role, I am keen to understand your views so we can continue to build an inclusive, safe workplace where everyone can do their best work.

Your views may lead to an improvement in workplace culture, or perhaps Gold Coast Chemical Pathology is already a positive, happy and inclusive workplace?

*Your response will be **de-identified and confidential** – you do not need to put your name on the survey. Please consider participating, as this is not meant to be a “ABC said...” exercise. I will be looking for themes in responses, rather than to identify respondents.*

Once I have the de-identified data, the focus will be on analysis of the data (to gain insight) and the development of relevant programs to ensure improvement in employee engagement and workplace culture.

*Your engagement and satisfaction at work are **very** important to me. I want to help Donna and Adam to continue to build a positive culture that empowers you and rewards strong performance.*

Please provide as much objective, professional feedback as possible. I firmly believe that it is critical that we continue to work towards improving staff engagement and satisfaction across our labs.

100% participation in the staff engagement survey means that we can pinpoint where problems are and fix them.

Here are your survey link:

Just select Chemical Pathology and your role, e.g. HP to get started.

NOTE: For the purposes of the survey, Manager = Supervising Scientist (i.e. Donna).

I am available anytime if you want to chat about this process first – I understand that there may be some reservation about participation.

You can complete the survey at work in work time, and there is space to add written comments (the most important ones). Just flag it with Donna so she knows you are temporarily off-line 😊

Please complete the survey no later than 30th June 2021.

Thank you for your commitment to improvement and for your contribution to making our Gold Coast Group a fantastic place to work!

Of course if you have any questions, please come see me.

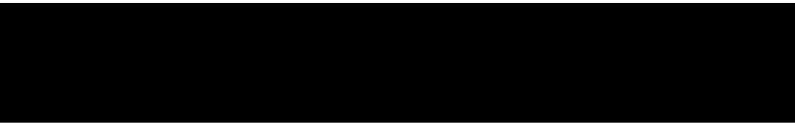
Thanks and Kind Regards

Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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From: Cathie Allen [redacted]
Sent: Wednesday, 16 March 2022 1:30 PM
To: Lara Keller [redacted]; Adam Griffin [redacted]; Alex Olumbe [redacted]; Alison Slade [redacted]; Cecilia Dal Santo [redacted]; [redacted]; Damien Cass [redacted]; Helen Gregg [redacted]; Lee Smythe [redacted]
Cc: Josleen Daher [redacted]
Subject: RE: Workplace Harmony Surveys FSS - feedback welcome

Hi Lara

It would be great if we were able to advise staff on what would happen with the results – ie reviewed by each area and plans devised (similar to WfQ Survey). This would help to set the staff member's expectation of the process.

Regarding the free text area, will we be adding a note that comments should be made in line with the Code of Conduct, as FSS have not been supplied with free text comments from the WfQ Surveys as the comments didn't align with the CofC.

Regarding Question 11 - this has the potential to miss some managers – like the Chief Chemists and Team Leaders. They may not be included within this but not sure if you had intended it that way?

Questions 6,7,9, and 10 focus on the line manager, however we don't appear to ask questions regarding the staff member's responsibilities and accountabilities. It feels a little skewed towards the line manager, in light of the question regarding the areas of improvement for the line managers below that.

Question 18 is perhaps a little broad – staff may feel that they contribute to something that is beyond the control of FSS – ie a Brief is required to approve something, staff would prefer that these decisions are made by FSS, however the HR delegations are set in a particular way. Staff may view this as Red Tape reduction, but it's beyond FSS's control to reduce some of this.

I've suggested some modifications to questions below – I've highlighted them in yellow.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services
Prevention Division, Queensland Health



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From: Lara Keller [redacted]
Sent: Wednesday, 16 March 2022 6:47 AM
To: Adam Griffin [redacted]; Alex Olumbe [redacted]; Alison Slade [redacted]
 [redacted] >; Cathie Allen [redacted] Cecilia Dal Santo [redacted]
 [redacted] >; Damien Cass [redacted] Helen Gregg [redacted]
 [redacted] >; Lee Smythe [redacted]
Cc: Lara Keller [redacted] Josleen Daher [redacted]
Subject: Workplace Harmony Surveys FSS - feedback welcome

Good morning All

One of the activities I undertook at GC was confidential, team-by-team workplace harmony surveys. These helped me to obtain a current state morale check and to identify areas of strength and improvement. I will be scheduling a series of these in the coming months.

I would like your feedback about the questions, please. The aim is to get a true indication of how our people are feeling. Listed below are questions from the surveys, which I have modified to suit FSS more.

Questions:

(After the individual has selected their classification, department then team from lists)

Participants respond with: strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

1. The culture in our team is positive, happy and inclusive.

2. There is no evidence of inappropriate workplace conduct in our team. Perhaps a modification of this question to: If I saw evidence of inappropriate workplace conduct in our team, I would be comfort to report it. [the definition of evidence for some is a little grey so this could produce ambiguous results]
3. People in my workplace treat each other with respect and courtesy.
4. If I raised a complaint, I feel it would be taken seriously and dealt with using proper process.
5. My line manager (the person I report directly to) influences team morale in a positive way.
6. My line manager demonstrates effective leadership skills.
7. My line manager deals with poor performance or bad behaviour effectively.
8. I am comfortable admitting mistakes to my line manager.
9. I receive regular feedback about my performance.
10. I feel I receive the correct amount of support and development to optimise my performance.
11. My senior manager (Managing Scientist, Quality Manager, Chief Forensic Pathologist, Director CFMU, Campus Support Services Manager, or Principal Advisor) supports and encourages me.
12. My senior manager demonstrates effective leadership skills.
13. My Executive Director demonstrates effective leadership skills.
14. My managers communicate changes in procedures and testing effectively.
15. People are treated fairly and consistently in our workplace.
16. I feel my role and my contribution is valued within FSS.
17. I feel confident that my opinions are heard and valued by managers.
18. I am able to contribute to decisions in my workplace.
19. I get a sense of accomplishment from my work.
20. I am happy working for FSS.

Then there are 4 open questions for free text responses,

1. Please outline 2 improvements that you could do that would improve the culture of your workplace. Perhaps a modification to this question?
2. Please outline 2 areas in which your managers could benefit from further development. Please be specific about which manager you are referring to.
3. Please outline 2 realistic suggestions that would help you to achieve more satisfaction at work.
4. Please add any additional comments you wish to make.

May I have your feedback asap please?

Thanks and Kind Regards

Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health

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From: Lara Keller
Sent: Tuesday, 26 April 2022 10:52 AM
To: Abigail Ryan; Adam Kaity; Adrian Pippia; Alanna Darmanin; Alicia Quartermain; Allan McNevin; Allison Lloyd; Amy Cheng; Amy Morgan; Angela Adamson; Angelina Keller; Belinda Andersen; Biljana Micic; Cassandra James; Cecilia Flanagan; Chantal Angus; Chelsea Savage; Cindy Chang; Claire Gallagher; Deborah Nicoletti; Emma Caunt; Generosa Lundie; Helen Williams; Ingrid Moeller; Jacqui Wilson; Janine Seymour-Murray; Josie Entwistle; Julie Brooks; Justin Howes; Kerry-Anne Lancaster; Kevin Avdic; Kim Estreich; Kirsten Scott; Kristina Morton; Kylie Rika; Lai-Wan Le; Lisa Farrelly; Luke Ryan; Madison GULLIVER; Maria Aguilera; Matthew Hunt; Megan Mathieson; Melissa Cipollone; Michael Goodrich; Michael Hart; Michelle Margetts; Naomi French; Nicole Roselt; Paula Brisotto; Penelope Taylor; Phillip McIndoe; Pierre Acedo; Rhys Parry; Ryu Eba; Sandra McKean; Sharelle Nydam; Sharon Johnstone; Stephanie Waiariki; Suzanne Sanderson; Tara Prowse; Tegan Dwyer; Thomas Nurthen; Valerie Caldwell; Vicki Pendlebury-Jones; Wendy Harmer; Yvonne Connolly
Cc: Cathie Allen
Subject: Your invitation - Forensic DNA Workplace Harmony Survey

Dear Valued Forensic DNA Colleagues

I would like to invite each of you to undertake a Forensic DNA Analysis staff engagement survey.

I have undertaken these surveys at Gold Coast and Robina, with great success. They are much more targeted than the Working for Qld surveys, and are issued on a team by team basis. My plan is to roll out the surveys across all of FSS in the coming months. The first 3 will go out this week.

The primary purpose of the survey is to get more information about the health of your workplace. I am keen to understand your views so we can continue to build an inclusive, safe workplace where everyone can do their best work.

Your views may lead to an improvement in workplace culture, or perhaps Forensic DNA Analysis is already a positive, happy and inclusive workplace?

Your response will be **de-identified and confidential** – you do not need to put your name on the survey. Please consider participating, as this is not meant to be a “ABC said...” exercise. I will be looking for themes in responses, rather than to identify respondents. The questions are the same for every FSS team.

The only people who will have access to the raw data are me, Trish Murphy (as coordinator of survey) and Josleen Daher from HR. Once I have the de-identified data, the focus will be on analysis of the data (to gain insight) and the development of relevant programs to ensure improvement in employee engagement and workplace culture.

Your engagement and satisfaction at work are **very** important to me. I want to help Cathie as your Managing Scientist to continue to build a positive culture that empowers you and rewards strong performance.

Please provide as much objective, professional feedback as possible, especially in the free-form section. I firmly believe that it is critical that we continue to work towards improving staff engagement and satisfaction across our departments.

Here are your survey link: [FSS Workforce Survey - ALL](#)

NOTE: For the purposes of the survey your:

- Line Manager is the person you report directly to.
- Leadership Team Member is Cathie Allen.
- Executive Director is me, and
- If any other Manager is not listed, you can reference comments in the freeform section.

I am available anytime if you want to chat about this process first – I understand that there may be some reservation about participation.

Please complete the survey no later than **15th May 2022**.

Thank you for your commitment to improvement and for your contribution to making Forensic DNA Analysis a fantastic place to work!

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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[REDACTED]

From: Lara Keller [REDACTED]
Sent: Monday, 20 June 2022 6:55 AM
Subject: Flexible working arrangements workshop - Thursday

Good morning FSS Colleagues

Do you want more information about flexible working arrangements (FWAs)?
Are you a staff member who has or wishes to initiate a FWA?
Are you a line manager who is unsure how to assess a FWA?

If so, you are invited to attend this workshop.

Our fabulous HR Business Partners will be discussing all aspects of FWAs. Thanks Josleen, Kathryn and Adnan 😊

Here are the details:

Thursday 23 June 2022

09:30 – 11:00 am

Format : MS Teams

The workshop will include a Q&A component as well.

Given COVID and flu prevalence, the workshop will be held via Teams.
The appt will follow, and I look forward to seeing you there.

Thanks and Kind Regards

Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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From: Lara Keller
Sent: Tuesday, 14 December 2021 10:05 AM
Subject: Christmas Eve at FSS - A Thank You

Dear Valued Colleagues

Your leadership team would like to say a huge thank you for your outstanding efforts this year. We appreciate each and every one of you and how you help Queenslanders.

THANK YOU
VERY MUCH!

So, as a gesture of goodwill, we would like to offer you the chance to leave early this Christmas Eve.

In each team, we offer you the option of working a **half day**, i.e. finish by lunchtime.
Total team staffing levels will be **between 50% and 75%**, depending upon expected workloads.

We want to help you to maximise your family time, and if you are travelling, help get you on the roads earlier. Drive safely though as you are precious!

Some clarifiers though:

- If you wish to work a full shift on Christmas Eve, that is perfectly fine
- If you are working a half day, you will need to claim the remaining hours by recreational leave/TOIL/etc
- Please understand that your line manager may require you to stay back or be called in if there is urgent work

Please talk with your line manager to confirm your arrangements.

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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Lara Keller

From: Neville.DavidH[OSC] [REDACTED]
Sent: Thursday, 16 December 2021 12:56 PM
To: Cathie Allen
Cc: Frieberg.DaleJ[OSC]; Lara Keller
Subject: Re: Op Tango Amunet

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Hi Cathie

Thanks, this is a high priority for us, we would appreciate advice as soon as possible please.

David Neville
Inspector, FSG
[REDACTED]

From: Cathie Allen [REDACTED]
Sent: Thursday, December 16, 2021 12:42 pm
To: Neville.DavidH[OSC]
Cc: Frieberg.DaleJ[OSC]; Lara Keller
Subject: RE: Op Tango Amunet

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Hi David

Thank you for your email and feedback regarding this. We will review scientific data available to us and will provide further advice to the QPS in due course.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)

Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services

Prevention Division, Queensland Health
[REDACTED]
[REDACTED]
[REDACTED]

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From: Neville.DavidH[OSC] [REDACTED]
Sent: Monday, 13 December 2021 2:06 PM
To: Cathie Allen [REDACTED]
Cc: Harris.LibbyA[OSC] [REDACTED]
Subject: RE: Op Tango Amunet

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Hi Cathie

Since sending you my last message I found some correspondence from February 2018 where QHFSS made a recommendation to QPS that testing of samples that contained less than 0.008ng/uL of DNA should discontinue because the chance of obtaining a profile was less than 2%. Samples below this threshold were previously micro concentrated in an effort to attain a profile. Based on the advice from QHFSS, the QPS agreed to discontinue testing including micro concentration under such circumstances and the result would be reported as "DNA Insufficient for further testing" (DIFFT). I am assuming this is the information I was seeking in the below request.

Based on the results obtained for Operation Tango Amunet, I asked my staff to undertake a wider review of the success rate of further testing of items that were originally reported as DIFFT during 2021. This revealed 51 out of 160 samples provided a profile when the QPS requested testing to continue. These items are listed in the attached.

On 14 November 2018 I raised similar concern in relation to Operation QUEBEC CLARIFY after 3 out of 4 samples yielded a result when QPS requested testing to continue. At that time QHFSS provided reassurance that the success rate would be lower than 2% and that the matter should be treated as an aberration. As a result the QPS agreed to continue the truncation of testing for items below the threshold quantity of DNA and limit automated micro concentration to P1 samples only.

Given the result of the recent cases where continued testing was successful, might it be timely to review the practice of truncating testing of lower quant items? For instance, is the threshold value still valid? Also, with the implementation of the latest version of STRMix that can deconvolute more complex mixtures, is it more likely to get a result now?

I think the 30% success rate of retesting warrants a little further examination to make sure we are maximising our chances of solving crime, particularly for major crime matters.

I look forward to discussing this further with you.



David Neville
 Inspector
 Biometrics
 Forensic Services Group
 Operations Support Command



From: Neville.DavidH[OSC]
Sent: Friday, 3 December 2021 10:07
To: Cathie Allen [REDACTED]
Subject: RE: Op Tango Amunet

Thanks Cathie

I appreciate the timely feedback. Based on our conversation the other day, I am assuming these discussions occurred in 2008. Is there any correspondence that was provided to base this decision on that you can provide, please? For our refence and moving into the future, what is the actual percentage that your dataset has indicated? Obviously this information will be helpful in guiding future requests for retesting.



David Neville
 Inspector
 Biometrics
 Forensic Services Group
 Operations Support Command



From: Cathie Allen [REDACTED]
Sent: Friday, 3 December 2021 09:55
To: Neville.DavidH[OSC] [REDACTED]
Cc: Justin Howes [REDACTED]
Subject: RE: Op Tango Amunet

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Hi David

Thanks for the additional information on those samples from that particular case. We'll have a look into them and get back to you when we can.

After we had conducted a review of a large dataset, it was found that below a particular quantitation threshold and in line with manufacturer's specifications, a very small percentage of samples may provide some type of DNA profile, if they proceeded through DNA processing. This information was provided to the QPS, and the QPS advised that it would prefer that those samples that didn't exceed the quant threshold were not processed through to a DNA profile. We've monitored this and have found that with a larger dataset, the small percentage didn't vary.

We'll provide advice for this particular case when we're able to.

Cheers

Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)

Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the

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Police Services Stream, Forensic & Scientific Services

Prevention Division, Queensland Health



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From: Neville.DavidH[OSC] [REDACTED]

Sent: Wednesday, 1 December 2021 1:48 PM

To: Cathie Allen [REDACTED]

Cc: Justin Howes [REDACTED]

Subject: RE: Op Tango Amunet

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Hi Cathie

To provide further context, it has been raised with me that 33 items were examined with advice being received, "DNA Insufficient for further testing". A request was made for these items to be further worked. Ten of these then returned a result with persons being identified with LR's of >100 billion. I have attached a spreadsheet that includes the results. I wondered if there was a particular reason for this case as to why approx. 30% of the samples yielded a result after the work was requested. Can you please advise what the actual threshold is and advice as to whether this needs to be reviewed.

Finally, sorry to sound demanding, can you also provide information on your expected likelihood of success in normal casework (i.e the likelihood of DNA insufficient samples yielding a result if testing is continued).

Cheers



David Neville

Inspector

Biometrics

Forensic Services Group

Operations Support Command



From: Neville.DavidH[OSC]
Sent: Wednesday, 1 December 2021 10:24
To: Cathie Allen [REDACTED]
Subject: Op Tango Amunet

Hi Cathie

I wondered if you might be available at some time today to have a brief chat about some results from Op Tango Amunet. If Justin was available too, that might be helpful. Can we teams please?



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command

[REDACTED]
[REDACTED]

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Lara Keller

From: Lara Keller
Sent: Tuesday, 1 March 2022 1:14 PM
To: Cathie Allen
Subject: Quote from bdna re data extraction

Hello Cathie

Could you please seek an update from bdna regarding the quote for the data for QPS?
I'd like some idea from them as to when we can expect the data to be made available, please.

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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Lara Keller

From: Lara Keller
Sent: Wednesday, 2 March 2022 12:09 PM
To: Cathie Allen
Subject: RE: Quote from bdna re data extraction

Hello Cathie

Further to my request below, may I please have a copy of the requested quote for my records?

As part of our response to Insp Neville's enquiry, I'd like to give QPS an idea of when we can expect bdna to deliver on our request.

If need be, perhaps we can ask QPS to assist by re-prioritising any quotes they have submitted.

May I have an update by tomorrow COB please?

If you need any assistance with this, of course please let me know.

Thanks so much,
Lara

From: Lara Keller
Sent: Tuesday, 1 March 2022 1:14 PM
To: Cathie Allen [REDACTED]
Subject: Quote from bdna re data extraction

Hello Cathie

Could you please seek an update from bdna regarding the quote for the data for QPS?
I'd like some idea from them as to when we can expect the data to be made available, please.

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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Lara Keller

From: Cathie Allen
Sent: Wednesday, 2 March 2022 12:28 PM
To: Lara Keller
Subject: FW: Request for Quote for Report
Attachments: RE: Quote from bdna re data extraction; Quote from bdna re data extraction

Hi Lara

As requested by you at 1.14pm on Tuesday, 1st of March, I followed up with bdna regarding the quote for work (1.47pm Tuesday, 1st of March).

At 11.28am today, Troy O'Malley advises that they've completed a data extraction but are querying if this is the correct data that we require. At 12.12pm today, I've referred this to Justin Howes, given he undertook the first data review and we need to ensure that both sets of data are the same. I'm awaiting information from Justin, prior to liaising with bdna regarding if the extraction was correct.

A formal quote hasn't been provided as yet as FSS haven't confirmed that the data extraction is correct. This detail has been provided as an indication - *We have estimated approximately two days of development and testing to provision a report (based on the aforementioned) allowing FSS to run the report for any arbitrary period, this equates to 80 hrs development time (\$2,600 based on day rates for development services in the QITC FR Support Contract) which would include the analysis performed to date.*

Once I'm advised if the data extraction is correct or requires minor changes, I will be able to advise how long it might take for us to interpret the data and prepare another Options Paper (including additional time for bdna to re-extract the data if required).

Given the severe weather event on the weekend, some staff have been absent from work, haven't had access to internet and had issues with being able to be present in a workplace. All these items have led to some delays regarding this.

This is on my list of items to complete, so I will follow it to completion.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

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From: Troy O'Malley [REDACTED]
Sent: Wednesday, 2 March 2022 11:28 AM
To: Cathie Allen [REDACTED]
Subject: RE: Request for Quote for Report

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Cathie

Apologies for the delay we have been conducting an analysis of the data requested to gauge the effort needed to develop the report.

Please find attached a spreadsheet based on our analysis containing exhibits with a NDNAD and DIFP (No DNA Detected and DNA Insufficient for further processing) result and a subsequent PSTEXT (microcon) performed.

There are very few samples that met this criteria of the 35000+ samples reported as NDNAD and DIFP only ~600 samples have a PSTEXT (microcon) and we have provided a subset of the data you requested notably the pre and post Quant values identified.

Can I confirm this is the report that you would like created or have we misunderstood Justin's instructions? *This will give the barcodes with a result of these type and will contain all the NDNAD and DIFPs reported in that period. Further, we want to also see samples within this output if any had further Technique of PSTEXT, date of PSTEXT, Quant values (above) after PSTEXT, and the Process of RESULT and whatever result line/s that eventuated.*

It was my understanding that FSS no longer routinely Microcon samples that are reported as NDNAD and DIFP. I infer from the previous analysis report and the comments Justin has made, that you are actually interested in ascertaining the success of obtaining useable profiles after PSTEXT (microcon) is performed?

We have estimated approximately two days of development and testing to provision a report (based on the aforementioned) allowing FSS to run the report for any arbitrary period, this equates to 80 hrs development time (\$2,600 based on day rates for development services in the QITC FR Support Contract) which would include the analysis performed to date.

Happy to schedule a teams call with Justin and yourself to ensure the report we develop is fit for the intended purpose.

Troy



Troy O'Malley
Product Director (Forensic Software)
[REDACTED]

From: Cathie Allen [REDACTED]
Sent: Tuesday, 1 March 2022 1:47 PM
To: Troy O'Malley [REDACTED]
Subject: FW: Request for Quote for Report

Hi Troy

I was just wondering how the quote was coming along. We'd like to do some data interpretation to ensure that resources are being used efficiently and effectively.

Any update on this would be appreciated.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
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From: Cathie Allen
Sent: Friday, 18 February 2022 11:15 AM
To: Troy O'Malley [REDACTED]
Subject: Request for Quote for Report

Hi Troy

In 2018, Justin Howes compiled the attached as an Options Paper for the QPS to consider. Recently Insp Neville has raised that when samples that were not DNA profiled initially but underwent amplification, a DNA result was obtained. We would like to re-run this data review process and would like to obtain the data from the FR. It would be good if this report was available for us to run at any time (similar to the ACIC report that Dr Peter Culshaw uses within the FR).

Attached are the parameters as set out by Justin.

Could you please review the below and provide a quote for cost of undertaking the work.

Please let me know if you have any queries.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
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Lara Keller

From: Cathie Allen
Sent: Thursday, 3 March 2022 12:34 PM
To: Neville.DavidH
Cc: Lara Keller; Supt Bruce McNab (McNab.BruceJ@police.qld.gov.au)
Subject: RE: Testing thresholds

Hi David

Thank you for the recognition of being experts in the area of DNA profiling and workflow surround it – I really appreciate it. The Queensland Government has made a significant investment in the expertise and skills of all staff in Forensic DNA Analysis in our area of DNA profiling and interpretation and it's great that they are recognised for that.

I'd like to clarify a point regarding the interpretation of the data in the Options Paper from 2017. This was discussed with the Supt and Inspector at the time. The value of 1.86% refers to DNA profiles that are able to be uploaded to the NCIDD ('loadable profile'). The more alleles available within a profile, the greater the chance that any matches could be considered a true match, rather than an adventitious match. This should be borne in mind when considering additional resources being put towards a sample with a low quant value (ie return on investment). Achieving more than 12 alleles for a sample is the aim so that matches on the NCIDD can be made and intelligence results delivered to the QPS.

The Commissioner delegates the responsibility for DNA testing and reporting to FSS. We're aware that a spreadsheet is used within the QPS DNA Management regarding quant values etc. To enable FSS to provide an even higher standard of service to the QPS, could we please gain access to the spreadsheet, with the view to incorporating it into the FR? We feel that if we could incorporate this, we will be able to provide recommendations for the QPS to consider, as you've rightly pointed out 'there is a lot to assimilate when you don't work in the field'. As we're across this and how the profile behaves, this would allow us to provide that information to the QPS that assists with any future decision making on a collaborative basis.

The data generated within the Options Paper was from 2017. Given a large number of samples have been processed since then, which would include any changes in sampling made by both organisations, FSS would prefer that any proposed changes are done using evidence based research. Gathering more data will assist in decision making regarding the processing of DNA samples, whilst also making an assessment on the best use of resources for both organisations. We anticipate providing a follow-up paper to Supt McNab in approx two weeks (given the current weather event being experienced and affecting a number of people). Please bear in mind that any changes to the FR workflow will also require an FR enhancement (which at this time will be within the new version of the FR, given how close it is to implementing).

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
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From: Neville.DavidH[OSC] [REDACTED]
Sent: Thursday, 24 February 2022 1:21 PM
To: Cathie Allen [REDACTED]
Cc: Lara Keller [REDACTED]; Frieberg.DaleJ[OSC] [REDACTED]
Subject: RE: Testing thresholds

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Hi Cathie,

Thanks for the reply and also for the paper discussing the micro-con success rates. I have read the paper previously, however the explanation in your email sent yesterday made this a lot clearer. It was really helpful because there is a lot to assimilate when you don't work in the field.

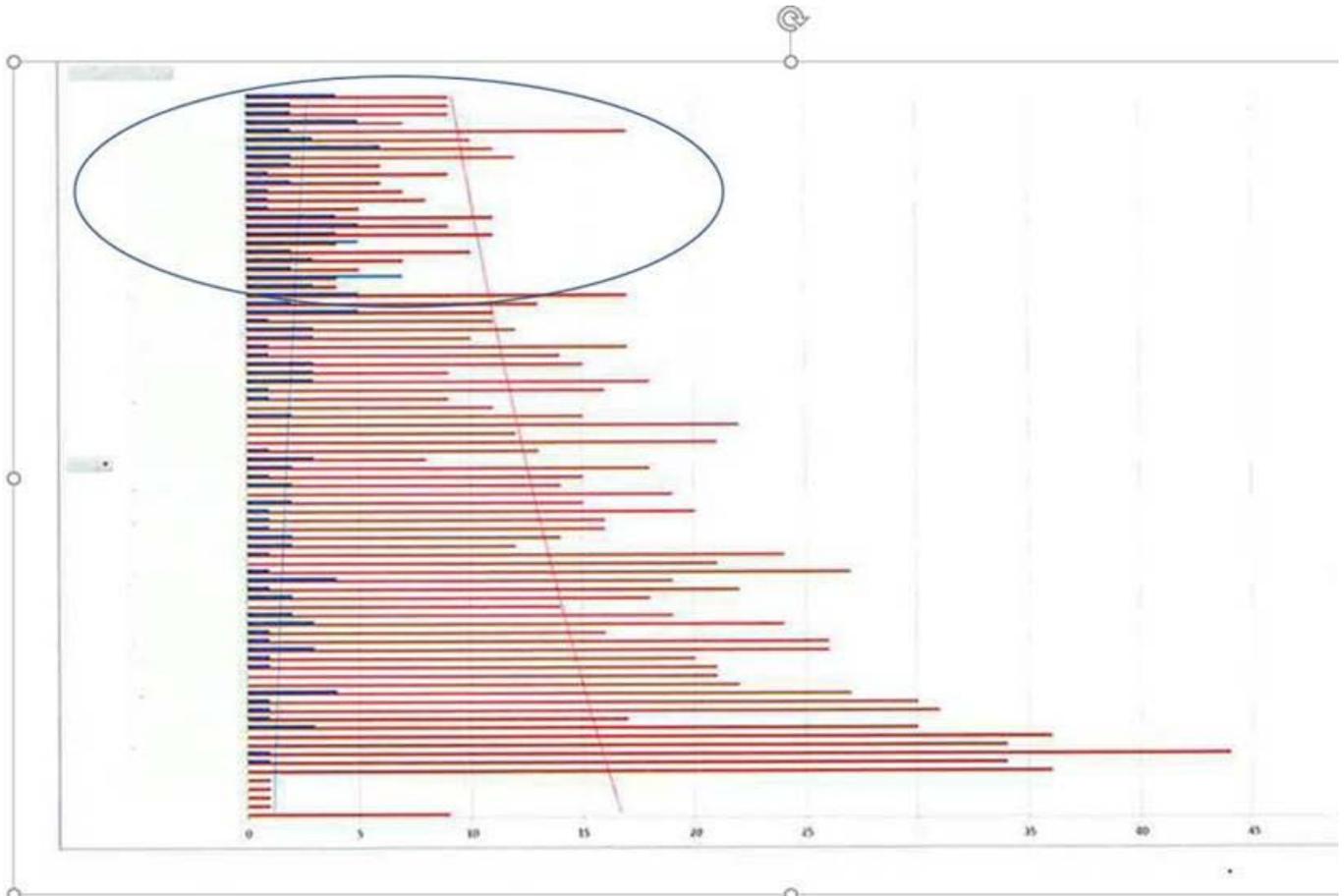
I wondered if you can clarify my understanding of the paper? The success rate of <2% relates to the likelihood of the process resulting in a new link rather than the likelihood of obtaining a profile. The actual success rate of obtaining a profile is roughly 10% overall according to Figure 1.

I'll be honest, using the number of new links to measure the value of analysis is very problematic because the probative value of the evidence will vary hugely depending on the sample type and location. Although I can see the logic, it does over simplify the situation.

10% is much closer to 30% which is what we observed and our selection process may explain part of the gap in our success values. More importantly, I did some calculations based on the success rate shown in Figure 2 for samples with a quant value of over .006ng/uL. Above this quant the success rate is 24% which is even closer to our observation.

The current system of reporting places an onus on the QPS to make a decision as to whether testing should continue for samples under .0088ng/uL of DNA. Investigators are advised to let the DNA Management Section know if they seek for this to occur. This is problematic for members of the QPS to make a decision as to whether testing should proceed because they do not have access to information about the quality and quantity of DNA present. For this to actually work we need to have visibility over the quant and degradation values to make an informed decision. This could easily be resolved through a change in the FR. For a short time QPS members had visibility of this information due to a programming error, but it was switched off. I believe it is essential that this limited information be made available again for the current regime of reporting is to remain.

According to Figure 2, the likelihood of success appears to be much greater for samples above .006ng/uL (approx. 24%). Its also interesting to note that this accounts for relatively low proportion of samples below the .0088ng/uL.



Based on the information in this graph, I wondered if it might be worthwhile lowering the threshold.

I am not supportive at this point of returning to automatic processing of all of the samples above .001ng/uL. I think that would be a retrograde step and unnecessarily tie up the scientists. But I am very supportive of fine tuning the threshold.

In any case, your email has been incredibly helpful and it does resolve some of my concerns. However it also highlights a need for us to modify our practices. Can you please provide advice on the practicality of the suggestions I have made? Alternatively I would be very interested in any improvement suggestions you may have.

Thanks again and I look forward to hearing your thoughts.



David Neville
 Inspector
 Biometrics
 Forensic Services Group
 Operations Support Command



From: Cathie Allen [REDACTED]
Sent: Thursday, 24 February 2022 08:37
To: Neville.DavidH[OSC] [REDACTED]
Cc: Frieberg.DaleJ[OSC] [REDACTED]; Lara Keller [REDACTED] >
Subject: RE: Testing thresholds

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Hi David

The laboratory has conducted an extensive validation process prior to the implementation of the current quantitation process. The validation outcomes were in line with the manufacturer's specification. From August 2018 onwards, if a sample obtains a quantitation value of 0.001 ng/uL or below, the laboratory reports this to the QPS as 'No DNA Detected'. If a sample obtains a quantitation value between 0.001ng/uL and 0.0088ng/uL, the laboratory reports this to the QPS as 'DNA insufficient for further processing' (expanded QPRIME results supplied below). These values are listed in the Options paper attached that was provided to the QPS. Samples that obtain a quantitation value greater than 0.0088ng/ug are processed through the DNA profiling step and results obtained are reported. Its FSS's understanding that forensic officers review DNA results within the context of the case and can request testing or submit additional items for testing.

No DNA detected

This item/sample was submitted for DNA analysis; however no DNA was detected above the limit of detection at the quantitation stage. No further processing was conducted on this item.

DNA insufficient for further processing

This item/sample was submitted for DNA analysis; however the amount of DNA detected at the quantitation stage indicated the sample was insufficient for further processing (due to the limitations of current analytical and interpretational techniques). No further processing was conducted on this item. Please contact Forensic DNA Analysis if further information is required.

The theoretical values regarding human cells to derive a DNA profile are not used within the laboratory. The laboratory uses values obtained from the quantitation process that provide the approximate amount of human DNA available within the sample.

Each year, the forensic laboratories will exchange information regarding profiling kit and equipment used, however details regarding quantitation values has not been exchanged or collated so I'm unable to comment or draw comparisons to other jurisdictions. Validation studies conducted within each laboratory ensures that the method or equipment is fit for purpose within that laboratory environment, so it's not unexpected that different laboratories would have slightly different thresholds for quantitation or limit of detect for DNA profiles (as different equipment and kits are used in the different laboratories).

The in-house validation of the current QuantiFiler Trio system showed that the laboratory could reliably detect DNA down to concentrations of 0.001ng/uL, however the manufacturer has reported that the system has single source sensitivity only down to 0.005ng/uL. At these lower concentrations of DNA, there are more stochastic effects that can occur and thereby affect the interpretation of the DNA profile. Quantity and quality of the DNA obtained from a sample determines the ability to obtain a DNA profile.

If the QPS request a 'DNA insufficient' sample to be processed, it first undergoes a concentration step then amplification and associated DNA interpretation (excluding Priority 1 samples). The concentration step is required to give the sample the best opportunity to obtain a 'useful' DNA profile (ie useful to load to the NCIDD or meaningful comparison to other profiles obtained within the case).

Once we've received the quote from bdna regarding when an enhancement can be added to the FR for data extraction, we will be able to provide a timeframe regarding analysis of the data and provision of a report.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
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From: Neville.DavidH[OSC] [REDACTED]
Sent: Wednesday, 23 February 2022 8:51 AM
To: Cathie Allen [REDACTED]
Cc: Frieberg.DaleJ[OSC] [REDACTED]; Lara Keller [REDACTED]
Subject: RE: Testing thresholds

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Dear Cathie

Thank you for your reply to my email, however the response does not address the main query posed. I am seeking information from you in relation to the comments in the Australian claiming that the thresholds in Queensland are twice that of other states and three times higher than the manufacturer's recommended value. These claims in the national newspaper come at a time when the QPS has raised similar concerns around testing triage thresholds. Unfortunately the gears have shifted since our meeting on 1 February due these claims in the media and I am being asked questions in relation to these very issues.

I need to also further clarify my comment that the QPS had 'cherry picked' samples. The dataset that was provided included the barcodes of samples that the QPS requested to continue testing after receiving a result 'insufficient DNA for further testing'. Some of these were selected because we found it unusual for the sample type to yield low DNA. This included samples from blood and a used condom. The fact that these produced low quant values is concerning to some extent. However, the majority of them were selected due to the probative value of the sample rather than the sample type. For Operation Amulet alone, this included 33 samples with 10 later providing a full profile. Yes, the sample selection may have had some impact, however it could not explain the vast difference between >2% and 30% success rate.

Having said this, I do appreciate the work that you have done so far in reviewing the dataset. I understand that this may not be a simple task. I know that we share a common interest in ensuring the effectiveness of DNA in enhancing community safety. To that effect, could you please provide an estimated timeframe for completion.

For clarity, could you please provide advice on the threshold values used with QHFSS as a matter or priority including how they accord with other jurisdictions. I assume that this information will be readily available within your procedures.

Kind Regards



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



From: Cathie Allen [redacted] >
Sent: Tuesday, 22 February 2022 16:32
To: Neville.DavidH[OSC] [redacted]
Cc: Frieberg.DaleJ[OSC] [redacted]; Lara Keller [redacted]
Subject: RE: Testing thresholds

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Hi David

During the Bi-Monthly QPS / QHFSS meeting on the 1st of February, I provided a verbal update to you and Supt Frieberg regarding this. Minutes from this meeting are yet to be circulated (it was recorded), I have detailed notes that I took during the meeting and I've referred to those for this email.

I advised that due to the community transmission of COVID-19 affecting Forensic DNA Analysis staff members and the two urgent cases that the QPS requested we process (a number of items), slow progress had been made on this request. At the meeting, you provided an assurance that you understood the situation that both the QPS and FSS were in due to the community transmission of COVID-19 affecting the workforces.

During the meeting, you advised that you were aware that the QPS had 'cherry-picked' particular samples to be tested further, and that this may be the reason behind the results that were achieved.

The data that is required to be analysed is within the FR, and FSS have submitted a request to bdna for a quote to extract the data required. Once we have received the quote and approved it, and then received and analysed the data, we will provide a report to the QPS regarding this.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services
Prevention Division, Queensland Health

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From: Lara Keller [REDACTED]
Sent: Monday, 21 February 2022 11:22 AM
To: Neville.DavidH[OSC] [REDACTED]
Cc: Frieberg.DaleJ[OSC] [REDACTED]; Cathie Allen [REDACTED]
Subject: RE: Testing thresholds

Good morning David

Cathie is off duty today, so I have asked for an update from within the team today. I do know that Cathie has been following this up already.

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health

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From: Neville.DavidH[OSC] [REDACTED]
Sent: Monday, 21 February 2022 10:21 AM
To: Cathie Allen [REDACTED]
Cc: Frieberg.DaleJ[OSC] [REDACTED]; Lara Keller [REDACTED]
Subject: FW: Testing thresholds

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Dear Cathie

I understand the difficulty of the ongoing coverage by the *The Australian* of the Shandee Blackburn case. This must be causing significant stress for you and your staff.

Unfortunately I have been drawn into comment internally on peripheral matters raised by the outlet on 18 February 2022.

[article.](#)

It claims that the Queensland lab requires crime scene samples to have the equivalent of at least 22 cells to be fully tested, otherwise they are deemed to have insufficient DNA. It claims that the threshold is double the 11 cells required in NSW, and almost three times the eight cells that the product manufacturer has used to obtain good quality DNA profiles.

I know you are busy, but since 1 December 2021 I have raised concerns in relation to the truncating of testing based on DNA quant values because of the significant number of below threshold samples yielding a profile when testing is continued. This remains a high priority matter for the QPS. To date I have not received any feedback or explanation as to difference between the predicted (<2%) and observed success rates (30%) for samples that reportedly contained a low concentration.

Could you please provide advice as to how the Queensland threshold for testing accords with other jurisdictions. Can you also please advise the outcome of any internal review that you have undertaken based on the information I provided. I need this information as a matter of urgency to brief the executive in relation to this matter.

Regards



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



From: Neville.DavidH[OSC] [REDACTED]

Sent: Friday, 17 December 2021 17:23

To: Cathie Allen [REDACTED]

Cc: Frieberg.DaleJ[OSC] [REDACTED]

Subject: Re: Op Tango Amunet

Hi Cathie

Thanks for the clarification. That was my understanding too. I was of the belief that QHFSS stopped doing this as a matter of routine for low quant samples because there was a lower than 2 percent chance of success. However, QPS has found the success rate to be 30 percent when we requested this to be done. It is the difference between these success rates that I am interested in.

Have a good weekend

David Neville
Inspector, FSG
[REDACTED]

From: Cathie Allen [REDACTED]
Sent: Friday, December 17, 2021 5:06 pm
To: Neville.DavidH[OSC]
Cc: Lara Keller; Frieberg.DaleJ[OSC]
Subject: RE: Op Tango Amunet

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Hi David

Thank you for the follow-up email regarding samples within this case.

To ensure that we're all on the same page, I'd like to clarify the process. If samples that have been deemed 'insufficient DNA for further processing' are processed further, they all first undergo a concentration step, followed by amplification. This is in contrast with samples that are not deemed in this range, as these samples amplification, without a concentration step. Just wanted to draw to your attention that there is additional work undertaken on the DNA extract to attempt to achieve a DNA result for the samples deemed 'insufficient DNA for further processing'.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist
Social Chair, Organising Committee for 25th International Symposium of the
Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022
Police Services Stream, Forensic & Scientific Services
Prevention Division, Queensland Health

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From: Neville.DavidH[OSC] [REDACTED]
Sent: Friday, 17 December 2021 12:04 PM
To: Cathie Allen [REDACTED]

Cc: Lara Keller [REDACTED]; Frieberg.DaleJ[OSC] [REDACTED]

Subject: RE: Op Tango Amunet

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Hi Cathie

In addition to the items on the list provided previously, last week we requested a blood swab [REDACTED] to be retested which was originally reported as "insufficient DNA for further testing". This sample was taken from blood on a broken shard of glass as depicted in the photo below.

Given the nature of the stain and inert substrate, we were surprised with the original result which is what prompted the request to further test. Today we were advised that subsequent testing yielded a single source 20 loci profile. This was an excellent result solving the crime which would have been otherwise missed.

The image below is attached to the exhibit screen which was visible to the laboratory staff. The results of presumptive testing are also included on that screen. I wondered if lab staff use this information when making a decision on stopping testing?

Forwarded for you information and consideration along with the other material provided.



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command
[REDACTED]

[REDACTED]

From: Neville.DavidH[OSC] [REDACTED]
Sent: Thursday, 16 December 2021 12:56
To: Cathie Allen [REDACTED]
Cc: Frieberg.DaleJ[OSC] [REDACTED]; Lara Keller [REDACTED] >
Subject: Re: Op Tango Amunet

Hi Cathie
Thanks, this is a high priority for us, we would appreciate advice as soon as possible please.

David Neville
Inspector, FSG
[REDACTED]

From: Cathie Allen [REDACTED]
Sent: Thursday, December 16, 2021 12:42 pm
To: Neville.DavidH[OSC]
Cc: Frieberg.DaleJ[OSC]; Lara Keller
Subject: RE: Op Tango Amunet

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Hi David

Thank you for your email and feedback regarding this. We will review scientific data available to us and will provide further advice to the QPS in due course.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)

Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services

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[REDACTED]
[REDACTED]
[REDACTED]

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From: Neville.DavidH[OSC] [REDACTED]
Sent: Monday, 13 December 2021 2:06 PM
To: Cathie Allen [REDACTED]
Cc: Harris.LibbyA[OSC] [REDACTED]
Subject: RE: Op Tango Amunet

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Hi Cathie

Since sending you my last message I found some correspondence from February 2018 where QHFSS made a recommendation to QPS that testing of samples that contained less than 0.008ng/uL of DNA should discontinue because the chance of obtaining a profile was less than 2%. Samples below this threshold were previously micro concentrated in an effort to attain a profile. Based on the advice from QHFSS, the QPS agreed to discontinue testing including micro concentration under such circumstances and the result would be reported as "DNA Insufficient for further testing" (DIFFT). I am assuming this is the information I was seeking in the below request.

Based on the results obtained for Operation Tango Amunet, I asked my staff to undertake a wider review of the success rate of further testing of items that were originally reported as DIFFT during 2021. This revealed 51 out of 160 samples provided a profile when the QPS requested testing to continue. These items are listed in the attached.

On 14 November 2018 I raised similar concern in relation to Operation QUEBEC CLARIFY after 3 out of 4 samples yielded a result when QPS requested testing to continue. At that time QHFSS provided reassurance that the success rate would be lower than 2% and that the matter should be treated as an aberration. As a result the QPS agreed to continue the truncation of testing for items below the threshold quantity of DNA and limit automated micro concentration to P1 samples only.

Given the result of the recent cases where continued testing was successful, might it be timely to review the practice of truncating testing of lower quant items? For instance, is the threshold value still valid? Also, with the implementation of the latest version of STRMix that can deconvolute more complex mixtures, is it more likely to get a result now?

I think the 30% success rate of retesting warrants a little further examination to make sure we are maximising our chances of solving crime, particularly for major crime matters.

I look forward to discussing this further with you.



David Neville
 Inspector
 Biometrics
 Forensic Services Group
 Operations Support Command



From: Neville.DavidH[OSC]
Sent: Friday, 3 December 2021 10:07
To: Cathie Allen [REDACTED]
Subject: RE: Op Tango Amunet

Thanks Cathie

I appreciate the timely feedback. Based on our conversation the other day, I am assuming these discussions occurred in 2008. Is there any correspondence that was provided to base this decision on that you can provide, please? For our refence and moving into the future, what is the actual percentage that your dataset has indicated? Obviously this information will be helpful in guiding future requests for retesting.



David Neville
 Inspector
 Biometrics
 Forensic Services Group
 Operations Support Command



From: Cathie Allen [REDACTED]
Sent: Friday, 3 December 2021 09:55
To: Neville.DavidH[OSC] [REDACTED]
Cc: Justin Howes [REDACTED]
Subject: RE: Op Tango Amunet

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Hi David

Thanks for the additional information on those samples from that particular case. We'll have a look into them and get back to you when we can.

After we had conducted a review of a large dataset, it was found that below a particular quantitation threshold and in line with manufacturer's specifications, a very small percentage of samples may provide some type of DNA profile, if they proceeded through DNA processing. This information was provided to the QPS, and the QPS advised that it would prefer that those samples that didn't exceed the quant threshold were not processed through to a DNA profile. We've monitored this and have found that with a larger dataset, the small percentage didn't vary.

We'll provide advice for this particular case when we're able to.

Cheers

Cathie

Cathie Allen BSc, MSc (Forensic Science) (She/Her*)

Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

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From: Neville.DavidH[OSC] [REDACTED]

Sent: Wednesday, 1 December 2021 1:48 PM

To: Cathie Allen [REDACTED]

Cc: Justin Howes [REDACTED]

Subject: RE: Op Tango Amunet

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Hi Cathie

To provide further context, it has been raised with me that 33 items were examined with advice being received, "DNA Insufficient for further testing". A request was made for these items to be further worked. Ten of these then returned a result with persons being identified with LR's of >100 billion. I have attached a spreadsheet that includes the results. I wondered if there was a particular reason for this case as to why approx. 30% of the samples yielded a result after the work was requested. Can you please advise what the actual threshold is and advice as to whether this needs to be reviewed.

Finally, sorry to sound demanding, can you also provide information on your expected likelihood of success in normal casework (i.e the likelihood of DNA insufficient samples yielding a result if testing is continued).

Cheers



David Neville

Inspector

Biometrics

Forensic Services Group

Operations Support Command

From: Neville.DavidH[OSC]
Sent: Wednesday, 1 December 2021 10:24
To: Cathie Allen [REDACTED]
Subject: Op Tango Amunet

Hi Cathie
I wondered if you might be available at some time today to have a brief chat about some results from Op Tango Amunet. If Justin was available too, that might be helpful. Can we teams please?



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



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Lara Keller

From: Neville.DavidH[OSC] [REDACTED] >
Sent: Wednesday, 16 March 2022 2:28 PM
To: Cathie Allen
Cc: Lara Keller; McNab.BruceJ[OSC]
Subject: RE: Testing thresholds
Attachments: DNA insuff reworks - Jan 21 - Mar 22.xlsx

Follow Up Flag: Follow up
Flag Status: Flagged

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Hi Cathie

I have been continuing to track success rates of samples that were originally reported as 'DNA Insufficient for further processing' but then yielded a useable profile when QPS requested testing to continue. I am still seeing a similar success rate of nearly 30%. This high success rate with lower quant samples shows the very good work done by your lab which is much appreciated.

The results are included in the attached spreadsheet. The features of the spreadsheet are as follows:

- Tabs 1 and 2 includes previous provided data for January – September 2021
- Tab 3 relates to the raw data download for the period 1 October 2021 – 15 March 2022 outlining exhibits that were submitted for further processing and the results that were obtained.
- Tab 4 is a pivot table grouping the results that have been returned from the requested reworks.

Of note, in relation to the data for 1 October – 15 March, there are a total of 155 samples that have finalised testing. Breakdown of results as follows:

- 43 samples obtained a useable result (Single source; 2, 3, and 4 person mixed DNA profiles)
- 2 samples returned a quality control failure result
- 110 samples did not return a useable result.

The remainder of samples that were submitted for further processing for this period (47 samples), are still undergoing testing at QHFSS, therefore it is unknown at this time what results will be returned on these samples.

I have provided this information as it may assist with the report that you are preparing as discussed in previous emails. It would be very interesting to see how the quant and degradation values correlate with success of further processing. It may also assist with any review of thresholds as requested by QPS. This is provided for information only.

Kind regards



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command
[REDACTED]



From: Cathie Allen <Cathie.Allen@health.qld.gov.au>
Sent: Monday, 7 March 2022 16:47
To: Neville.DavidH[OSC] <Neville.DavidH@police.qld.gov.au>
Cc: Lara Keller <Lara.Keller@health.qld.gov.au>; McNab.BruceJ[OSC] <McNab.BruceJ@police.qld.gov.au>
Subject: RE: Testing thresholds

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Hi David

Thank you for your email.

My clarification only related to the figure of 1.86% and 'uploadable' profiles to the NCIDD.

I'll work with Lara on how this is best resolved and we'll provide a recommendation/s in the follow-up report.

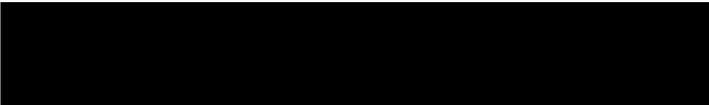
Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

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From: Neville.DavidH[OSC] 
Sent: Thursday, 3 March 2022 2:26 PM
To: Cathie Allen 

Cc: Lara Keller [REDACTED] McNab.BruceJ[OSC] [REDACTED]

Subject: RE: Testing thresholds

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Hi Cathie

Without doubting your obvious expertise, I think you may be misinterpreting the data in the paper. In your response you indicated that *"The value of 1.86% refers to DNA profiles that are able to be uploaded to the NCIDD ('loadable profile')."* However, in part 4 of the paper it describes 'success' as what appears to be a loadable profile and figure 1 indicates this is 10.6% (See below).

4. Data interrogation

The 'auto-microcon' data was interrogated by assessing the DNA profile outcome results reported as Exhibit Report lines as a function of the Quantification value.

The Exhibit lines were interrogated and grouped into two interpretation outcomes as follows:

1. 'Fail': DNA profile interpretation outcomes of 'Complex unsuitable for interpretation', 'No DNA profile', 'Partial unsuitable for interpretation', 'No DNA Detected';
2. 'Success': All other DNA profile outcomes including single source DNA profiles matching assumed known contributors or different reference DNA profiles, mixtures that were suitable for comparison to reference DNA profiles, DNA profiles that were suitable for loading to NCIDD.

NB. These descriptions were used to filter the data. A 'fail' does not mean there was a Quality failure in the process; a 'success' does not necessarily mean a DNA match.

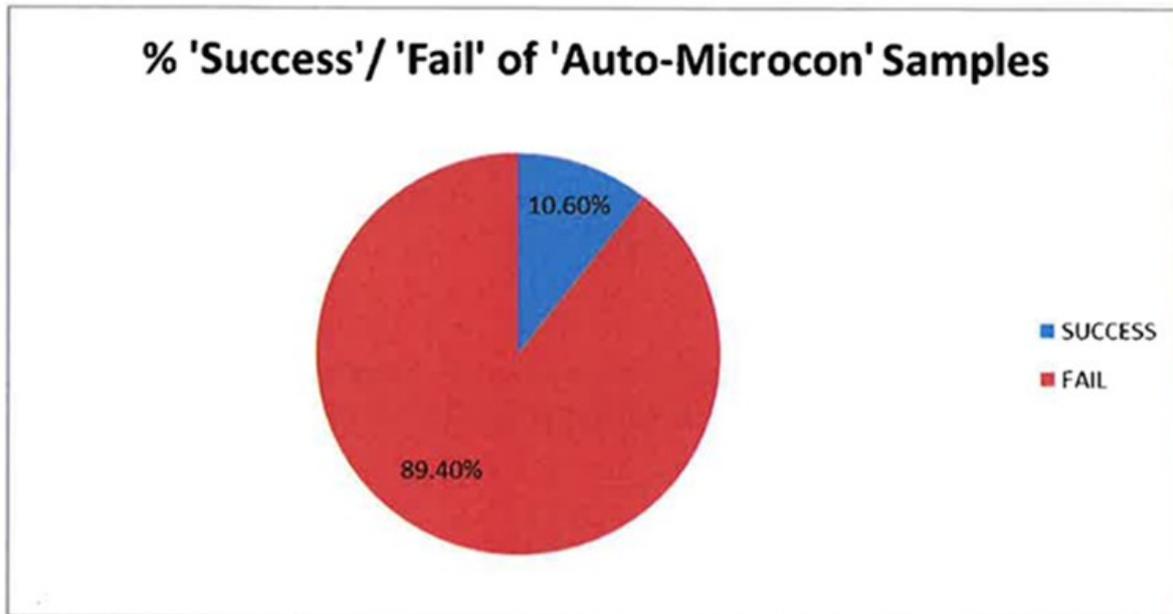


Figure 1: Percentage 'Success' / 'Fail' of 'Auto-Microcon' samples.

The 1.86% refers to where 'success' occurred and it was the only sample in the case that was NCIDD-suitable for that particular profile. In other words, there were no other samples in the case that yielded the same profile. Again, this is problematic because the probative value of samples varies as outlined in my last email to you.

In relation to the spreadsheet you mentioned, we do not have access to quant values and no such spreadsheet exists. This is why I am requesting that you make this information visible to us in addition to degradation values.

I agree that the scientist are best positioned to make a determination as to whether microcon or further testing should occur. I would much rather this decision be made by an expert with access to all of the data, but my understanding is that this does not occur at the moment. Rather, testing is automatically ceased and it is left up to the QPS to make a request without access to any of the information.

I also agree absolutely that any change should be evidence based. I would request that the options paper give consideration to lowering the threshold value. I look forward to report and hope that the current weather does not impact on you or your team

Regards

David Neville

From: Cathie Allen [REDACTED]
Sent: Thursday, 3 March 2022 12:34
To: Neville.DavidH[OSC] [REDACTED]
Cc: Lara Keller [REDACTED]; McNab.BruceJ[OSC] [REDACTED]
Subject: RE: Testing thresholds

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Hi David

Thank you for the recognition of being experts in the area of DNA profiling and workflow surround it – I really appreciate it. The Queensland Government has made a significant investment in the expertise and skills of all staff in Forensic DNA Analysis in our area of DNA profiling and interpretation and it's great that they are recognised for that.

I'd like to clarify a point regarding the interpretation of the data in the Options Paper from 2017. This was discussed with the Supt and Inspector at the time. The value of 1.86% refers to DNA profiles that are able to be uploaded to the NCIDD ('loadable profile'). The more alleles available within a profile, the greater the chance that any matches could be considered a true match, rather than an adventitious match. This should be borne in mind when considering additional resources being put towards a sample with a low quant value (ie return on investment). Achieving more than 12 alleles for a sample is the aim so that matches on the NCIDD can be made and intelligence results delivered to the QPS.

The Commissioner delegates the responsibility for DNA testing and reporting to FSS. We're aware that a spreadsheet is used within the QPS DNA Management regarding quant values etc. To enable FSS to provide an even higher standard of service to the QPS, could we please gain access to the spreadsheet, with the view to incorporating it into the FR? We feel that if we could incorporate this, we will be able to provide recommendations for the QPS to consider, as you've rightly pointed out 'there is a lot to assimilate when you don't work in the field'. As we're across this and how the profile behaves, this would allow us to provide that information to the QPS that assists with any future decision making on a collaborative basis.

The data generated within the Options Paper was from 2017. Given a large number of samples have been processed since then, which would include any changes in sampling made by both organisations, FSS would prefer that any proposed changes are done using evidence based research. Gathering more data will assist in decision making regarding the processing of DNA samples, whilst also making an assessment on the best use of resources for both organisations. We anticipate providing a follow-up paper to Supt McNab in approx two weeks (given the current weather event being experienced and affecting a number of people). Please bear in mind that any changes to the FR workflow will also require an FR enhancement (which at this time will be within the new version of the FR, given how close it is to implementing).

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services
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From: Neville.DavidH[OSC] [REDACTED]
Sent: Thursday, 24 February 2022 1:21 PM
To: Cathie Allen [REDACTED]
Cc: Lara Keller [REDACTED]; Frieberg.DaleJ[OSC] [REDACTED]
Subject: RE: Testing thresholds

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Hi Cathie,

Thanks for the reply and also for the paper discussing the micro-con success rates. I have read the paper previously, however the explanation in your email sent yesterday made this a lot clearer. It was really helpful because there is a lot to assimilate when you don't work in the field.

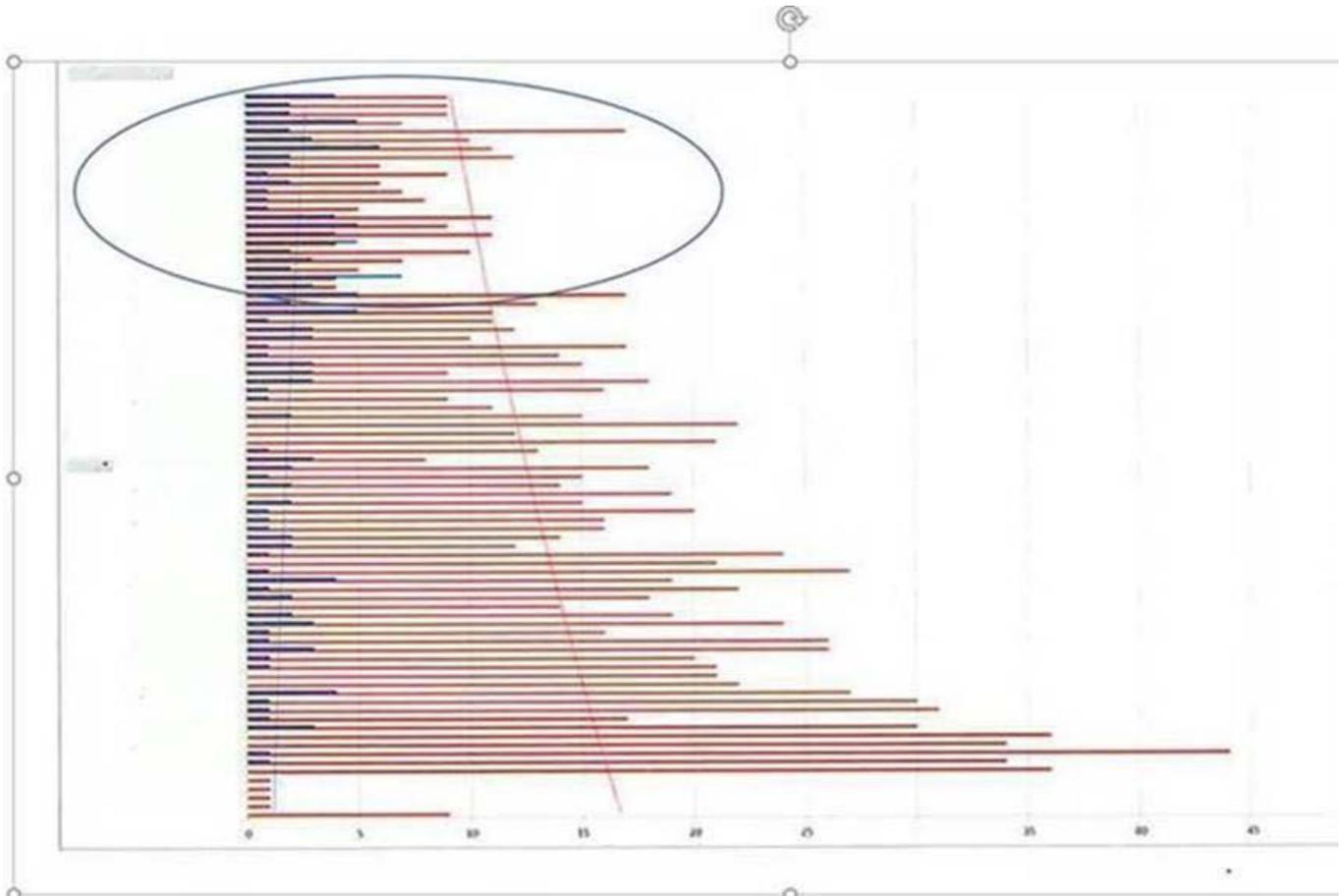
I wondered if you can clarify my understanding of the paper? The success rate of <2% relates to the likelihood of the process resulting in a new link rather than the likelihood of obtaining a profile. The actual success rate of obtaining a profile is roughly 10% overall according to Figure 1.

I'll be honest, using the number of new links to measure the value of analysis is very problematic because the probative value of the evidence will vary hugely depending on the sample type and location. Although I can see the logic, it does over simplify the situation.

10% is much closer to 30% which is what we observed and our selection process may explain part of the gap in our success values. More importantly, I did some calculations based on the success rate shown in Figure 2 for samples with a quant value of over .006ng/uL. Above this quant the success rate is 24% which is even closer to our observation.

The current system of reporting places an onus on the QPS to make a decision as to whether testing should continue for samples under .0088ng/uL of DNA. Investigators are advised to let the DNA Management Section know if they seek for this to occur. This is problematic for members of the QPS to make a decision as to whether testing should proceed because they do not have access to information about the quality and quantity of DNA present. For this to actually work we need to have visibility over the quant and degradation values to make an informed decision. This could easily be resolved through a change in the FR. For a short time QPS members had visibility of this information due to a programming error, but it was switched off. I believe it is essential that this limited information be made available again for the current regime of reporting is to remain.

According to Figure 2, the likelihood of success appears to be much greater for samples above .006ng/uL (approx. 24%). Its also interesting to note that this accounts for relatively low proportion of samples below the .0088ng/uL.



Based on the information in this graph, I wondered if it might be worthwhile lowering the threshold.

I am not supportive at this point of returning to automatic processing of all of the samples above .001ng/uL. I think that would be a retrograde step and unnecessarily tie up the scientists. But I am very supportive of fine tuning the threshold.

In any case, your email has been incredibly helpful and it does resolve some of my concerns. However it also highlights a need for us to modify our practices. Can you please provide advice on the practicality of the suggestions I have made? Alternatively I would be very interested in any improvement suggestions you may have.

Thanks again and I look forward to hearing your thoughts.



David Neville
 Inspector
 Biometrics
 Forensic Services Group
 Operations Support Command



From: Cathie Allen [REDACTED]

Sent: Thursday, 24 February 2022 08:37

To: Neville.DavidH[OSC] [REDACTED]

Cc: Frieberg.DaleJ[OSC] [REDACTED]; Lara Keller [REDACTED]

Subject: RE: Testing thresholds

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Hi David

The laboratory has conducted an extensive validation process prior to the implementation of the current quantitation process. The validation outcomes were in line with the manufacturer's specification. From August 2018 onwards, if a sample obtains a quantitation value of 0.001 ng/uL or below, the laboratory reports this to the QPS as 'No DNA Detected'. If a sample obtains a quantitation value between 0.001ng/uL and 0.0088ng/uL, the laboratory reports this to the QPS as 'DNA insufficient for further processing' (expanded QPRIME results supplied below). These values are listed in the Options paper attached that was provided to the QPS. Samples that obtain a quantitation value greater than 0.0088ng/ug are processed through the DNA profiling step and results obtained are reported. Its FSS's understanding that forensic officers review DNA results within the context of the case and can request testing or submit additional items for testing.

No DNA detected

This item/sample was submitted for DNA analysis; however no DNA was detected above the limit of detection at the quantitation stage. No further processing was conducted on this item.

DNA insufficient for further processing

This item/sample was submitted for DNA analysis; however the amount of DNA detected at the quantitation stage indicated the sample was insufficient for further processing (due to the limitations of current analytical and interpretational techniques). No further processing was conducted on this item. Please contact Forensic DNA Analysis if further information is required.

The theoretical values regarding human cells to derive a DNA profile are not used within the laboratory. The laboratory uses values obtained from the quantitation process that provide the approximate amount of human DNA available within the sample.

Each year, the forensic laboratories will exchange information regarding profiling kit and equipment used, however details regarding quantitation values has not been exchanged or collated so I'm unable to comment or draw comparisons to other jurisdictions. Validation studies conducted within each laboratory ensures that the method or equipment is fit for purpose within that laboratory environment, so it's not unexpected that different laboratories would have slightly different thresholds for quantitation or limit of detect for DNA profiles (as different equipment and kits are used in the different laboratories).

The in-house validation of the current QuantiFiler Trio system showed that the laboratory could reliably detect DNA down to concentrations of 0.001ng/uL, however the manufacturer has reported that the system has single source sensitivity only down to 0.005ng/uL. At these lower concentrations of DNA, there are more stochastic effects that can occur and thereby affect the interpretation of the DNA profile. Quantity and quality of the DNA obtained from a sample determines the ability to obtain a DNA profile.

If the QPS request a 'DNA insufficient' sample to be processed, it first undergoes a concentration step then amplification and associated DNA interpretation (excluding Priority 1 samples). The concentration step is required to give the sample the best opportunity to obtain a 'useful' DNA profile (ie useful to load to the NCIDD or meaningful comparison to other profiles obtained within the case).

Once we've received the quote from bdna regarding when an enhancement can be added to the FR for data extraction, we will be able to provide a timeframe regarding analysis of the data and provision of a report.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
 Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
 Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services
 Prevention Division, Queensland Health

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From: Neville.DavidH[OSC] [REDACTED]
Sent: Wednesday, 23 February 2022 8:51 AM
To: Cathie Allen [REDACTED]
Cc: Frieberg.DaleJ[OSC] [REDACTED]; Lara Keller [REDACTED]
Subject: RE: Testing thresholds

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Dear Cathie

Thank you for your reply to my email, however the response does not address the main query posed. I am seeking information from you in relation to the comments in the Australian claiming that the thresholds in Queensland are twice that of other states and three times higher than the manufacturer's recommended value. These claims in the national newspaper come at a time when the QPS has raised similar concerns around testing triage thresholds. Unfortunately the gears have shifted since our meeting on 1 February due these claims in the media and I am being asked questions in relation to these very issues.

I need to also further clarify my comment that the QPS had 'cherry picked' samples. The dataset that was provided included the barcodes of samples that the QPS requested to continue testing after receiving a result 'insufficient DNA for further testing'. Some of these were selected because we found it unusual for the sample type to yield low DNA. This included samples from blood and a used condom. The fact that these produced low quant values is concerning to some extent. However, the majority of them were selected due to the probative value of the sample rather than the sample type. For Operation Amulet alone, this included 33 samples with 10 later providing a full profile. Yes, the sample selection may have had some impact, however it could not explain the vast difference between >2% and 30% success rate.

Having said this, I do appreciate the work that you have done so far in reviewing the dataset. I understand that this may not be a simple task. I know that we share a common interest in ensuring the effectiveness of DNA in enhancing community safety. To that effect, could you please provide an estimated timeframe for completion.

For clarity, could you please provide advice on the threshold values used with QHFSS as a matter or priority including how they accord with other jurisdictions. I assume that this information will be readily available within your procedures.

Kind Regards



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



From: Cathie Allen [redacted]
Sent: Tuesday, 22 February 2022 16:32
To: Neville.DavidH[OSC] [redacted]
Cc: Frieberg.DaleJ[OSC] [redacted] Lara Keller [redacted]
Subject: RE: Testing thresholds

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Hi David

During the Bi-Monthly QPS / QHFSS meeting on the 1st of February, I provided a verbal update to you and Supt Frieberg regarding this. Minutes from this meeting are yet to be circulated (it was recorded), I have detailed notes that I took during the meeting and I've referred to those for this email.

I advised that due to the community transmission of COVID-19 affecting Forensic DNA Analysis staff members and the two urgent cases that the QPS requested we process (a number of items), slow progress had been made on this request. At the meeting, you provided an assurance that you understood the situation that both the QPS and FSS were in due to the community transmission of COVID-19 affecting the workforces.

During the meeting, you advised that you were aware that the QPS had 'cherry-picked' particular samples to be tested further, and that this may be the reason behind the results that were achieved.

The data that is required to be analysed is within the FR, and FSS have submitted a request to bdna for a quote to extract the data required. Once we have received the quote and approved it, and then received and analysed the data, we will provide a report to the QPS regarding this.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services
Prevention Division, Queensland Health

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From: Lara Keller [REDACTED]
Sent: Monday, 21 February 2022 11:22 AM
To: Neville.DavidH[OSC] [REDACTED]
Cc: Frieberg.DaleJ[OSC] [REDACTED]; Cathie Allen [REDACTED]
Subject: RE: Testing thresholds

Good morning David

Cathie is off duty today, so I have asked for an update from within the team today. I do know that Cathie has been following this up already.

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health

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From: Neville.DavidH[OSC] [REDACTED]
Sent: Monday, 21 February 2022 10:21 AM
To: Cathie Allen [REDACTED]
Cc: Frieberg.DaleJ[OSC] [REDACTED]; Lara Keller [REDACTED]
Subject: FW: Testing thresholds

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Dear Cathie

I understand the difficulty of the ongoing coverage by the *The Australian* of the Shandee Blackburn case. This must be causing significant stress for you and your staff.

Unfortunately I have been drawn into comment internally on peripheral matters raised by the outlet on 18 February 2022.

[article.](#)

It claims that the Queensland lab requires crime scene samples to have the equivalent of at least 22 cells to be fully tested, otherwise they are deemed to have insufficient DNA. It claims that the threshold is double the 11 cells required in NSW, and almost three times the eight cells that the product manufacturer has used to obtain good quality DNA profiles.

I know you are busy, but since 1 December 2021 I have raised concerns in relation to the truncating of testing based on DNA quant values because of the significant number of below threshold samples yielding a profile when testing is continued. This remains a high priority matter for the QPS. To date I have not received any feedback or explanation as to difference between the predicted (<2%) and observed success rates (30%) for samples that reportedly contained a low concentration.

Could you please provide advice as to how the Queensland threshold for testing accords with other jurisdictions. Can you also please advise the outcome of any internal review that you have undertaken based on the information I provided. I need this information as a matter of urgency to brief the executive in relation to this matter.

Regards



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



From: Neville.DavidH[OSC] [REDACTED]
Sent: Friday, 17 December 2021 17:23
To: Cathie Allen [REDACTED]
Cc: Frieberg.DaleJ[OSC] [REDACTED] Lara.Keller@health.qld.gov.au'
[REDACTED]
Subject: Re: Op Tango Amunet

Hi Cathie

Thanks for the clarification. That was my understanding too. I was of the belief that QHFSS stopped doing this as a matter of routine for low quant samples because there was a lower than 2 percent chance of success. However, QPS has found the success rate to be 30 percent when we requested this to be done. It is the difference between these success rates that I am interested in.

Have a good weekend

David Neville
Inspector, FSG
[REDACTED]

From: Cathie Allen [REDACTED]
Sent: Friday, December 17, 2021 5:06 pm
To: Neville.DavidH[OSC]
Cc: Lara Keller; Frieberg.DaleJ[OSC]
Subject: RE: Op Tango Amunet

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Hi David

Thank you for the follow-up email regarding samples within this case.

To ensure that we're all on the same page, I'd like to clarify the process. If samples that have been deemed 'insufficient DNA for further processing' are processed further, they all first undergo a concentration step, followed by amplification. This is in contrast with samples that are not deemed in this range, as these samples amplification, without a concentration step. Just wanted to draw to your attention that there is additional work undertaken on the DNA extract to attempt to achieve a DNA result for the samples deemed 'insufficient DNA for further processing'.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist
Social Chair, Organising Committee for 25th International Symposium of the
Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022
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From: Neville.DavidH[OSC] [REDACTED]
Sent: Friday, 17 December 2021 12:04 PM
To: Cathie Allen [REDACTED]

Cc: Lara Keller [REDACTED]; Frieberg.DaleJ[OSC] [REDACTED]

Subject: RE: Op Tango Amunet

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Hi Cathie

In addition to the items on the list provided previously, last week we requested a blood swab (**1098286283**) to be retested which was originally reported as "insufficient DNA for further testing". This sample was taken from blood on a broken shard of glass as depicted in the photo below.

Given the nature of the stain and inert substrate, we were surprised with the original result which is what prompted the request to further test. Today we were advised that subsequent testing yielded a single source 20 loci profile. This was an excellent result solving the crime which would have been otherwise missed.

The image below is attached to the exhibit screen which was visible to the laboratory staff. The results of presumptive testing are also included on that screen. I wondered if lab staff use this information when making a decision on stopping testing?

Forwarded for you information and consideration along with the other material provided.



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command
[REDACTED]

[REDACTED]

From: Neville.DavidH[OSC] [REDACTED]
Sent: Thursday, 16 December 2021 12:56
To: Cathie Allen [REDACTED]
Cc: Frieberg.DaleJ[OSC] [REDACTED] Lara Keller [REDACTED]
Subject: Re: Op Tango Amunet

Hi Cathie
Thanks, this is a high priority for us, we would appreciate advice as soon as possible please.

David Neville
Inspector, FSG
[REDACTED]

From: Cathie Allen [REDACTED]
Sent: Thursday, December 16, 2021 12:42 pm
To: Neville.DavidH[OSC]
Cc: Frieberg.DaleJ[OSC]; Lara Keller
Subject: RE: Op Tango Amunet

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Hi David

Thank you for your email and feedback regarding this. We will review scientific data available to us and will provide further advice to the QPS in due course.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist
Social Chair, Organising Committee for 25th International Symposium of the
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[REDACTED]

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From: Neville.DavidH[OSC] [REDACTED]
Sent: Monday, 13 December 2021 2:06 PM
To: Cathie Allen [REDACTED]
Cc: Harris.LibbyA[OSC] [REDACTED]
Subject: RE: Op Tango Amunet

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Hi Cathie

Since sending you my last message I found some correspondence from February 2018 where QHFSS made a recommendation to QPS that testing of samples that contained less than 0.008ng/uL of DNA should discontinue because the chance of obtaining a profile was less than 2%. Samples below this threshold were previously micro concentrated in an effort to attain a profile. Based on the advice from QHFSS, the QPS agreed to discontinue testing including micro concentration under such circumstances and the result would be reported as "DNA Insufficient for further testing" (DIFFT). I am assuming this is the information I was seeking in the below request.

Based on the results obtained for Operation Tango Amunet, I asked my staff to undertake a wider review of the success rate of further testing of items that were originally reported as DIFFT during 2021. This revealed 51 out of 160 samples provided a profile when the QPS requested testing to continue. These items are listed in the attached.

On 14 November 2018 I raised similar concern in relation to Operation QUEBEC CLARIFY after 3 out of 4 samples yielded a result when QPS requested testing to continue. At that time QHFSS provided reassurance that the success rate would be lower than 2% and that the matter should be treated as an aberration. As a result the QPS agreed to continue the truncation of testing for items below the threshold quantity of DNA and limit automated micro concentration to P1 samples only.

Given the result of the recent cases where continued testing was successful, might it be timely to review the practice of truncating testing of lower quant items? For instance, is the threshold value still valid? Also, with the implementation of the latest version of STRMix that can deconvolute more complex mixtures, is it more likely to get a result now?

I think the 30% success rate of retesting warrants a little further examination to make sure we are maximising our chances of solving crime, particularly for major crime matters.

I look forward to discussing this further with you.



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



From: Neville.DavidH[OSC]
Sent: Friday, 3 December 2021 10:07
To: Cathie Allen [REDACTED]
Subject: RE: Op Tango Amunet

Thanks Cathie

I appreciate the timely feedback. Based on our conversation the other day, I am assuming these discussions occurred in 2008. Is there any correspondence that was provided to base this decision on that you can provide, please? For our reference and moving into the future, what is the actual percentage that your dataset has indicated? Obviously this information will be helpful in guiding future requests for retesting.



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



From: Cathie Allen [REDACTED]
Sent: Friday, 3 December 2021 09:55
To: Neville.DavidH[OSC] [REDACTED]
Cc: Justin Howes [REDACTED]
Subject: RE: Op Tango Amunet

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Hi David

Thanks for the additional information on those samples from that particular case. We'll have a look into them and get back to you when we can.

After we had conducted a review of a large dataset, it was found that below a particular quantitation threshold and in line with manufacturer's specifications, a very small percentage of samples may provide some type of DNA profile, if they proceeded through DNA processing. This information was provided to the QPS, and the QPS advised that it would prefer that those samples that didn't exceed the quant threshold were not processed through to a DNA profile. We've monitored this and have found that with a larger dataset, the small percentage didn't vary.

We'll provide advice for this particular case when we're able to.

Cheers

Cathie

Cathie Allen BSc, MSc (Forensic Science) (She/Her*)

Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

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From: Neville.DavidH[OSC] [REDACTED]

Sent: Wednesday, 1 December 2021 1:48 PM

To: Cathie Allen [REDACTED]

Cc: Justin Howes [REDACTED]

Subject: RE: Op Tango Amunet

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Hi Cathie

To provide further context, it has been raised with me that 33 items were examined with advice being received, "DNA Insufficient for further testing". A request was made for these items to be further worked. Ten of these then returned a result with persons being identified with LR's of >100 billion. I have attached a spreadsheet that includes the results. I wondered if there was a particular reason for this case as to why approx. 30% of the samples yielded a result after the work was requested. Can you please advise what the actual threshold is and advice as to whether this needs to be reviewed.

Finally, sorry to sound demanding, can you also provide information on your expected likelihood of success in normal casework (i.e the likelihood of DNA insufficient samples yielding a result if testing is continued).

Cheers



David Neville

Inspector

Biometrics

Forensic Services Group

Operations Support Command

From: Neville.DavidH[OSC]
Sent: Wednesday, 1 December 2021 10:24
To: Cathie Allen [REDACTED]
Subject: Op Tango Amunet

Hi Cathie
I wondered if you might be available at some time today to have a brief chat about some results from Op Tango Amunet. If Justin was available too, that might be helpful. Can we teams please?



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



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Lara Keller

From: Lara Keller
Sent: Tuesday, 15 March 2022 11:59 AM
To: Keith McNeil; Megan Fairweather; Dawn Schofield
Subject: RE: Independent Review of the Forensic and Scientific Forensic DNA Analysis Unit

Morning All

The only formal request is from the Inspector of Biometrics, Queensland Police Service. This was initiated by email in December 2021, and requests reassessment of agreed testing thresholds. A quotation was sought from the Forensic Register vendor to extract relevant data to undertake this reassessment. This is referenced in a version of the Ministerial brief, i.e.

C-ECTF-22/4454

Note that the Queensland Police Service has made recent enquiries to FSS in relation to lowering the scientific thresholds set by the Forensic DNA Analysis laboratory for the full process testing of trace DNA samples.

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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From: Keith McNeil [REDACTED]
Sent: Tuesday, 15 March 2022 11:21 AM
To: Megan Fairweather [REDACTED]; Dawn Schofield
[REDACTED]; Lara Keller [REDACTED]
Subject: RE: Independent Review of the Forensic and Scientific Forensic DNA Analysis Unit

Thanks Megan
FSS is not aware of any issues having been raised outside the current case in front of the coroner.
Lara, can you confirm that?

I think aiming to have the review completed before the inquest would be ideal!

Bw
k

From: Megan Fairweather [REDACTED]
Sent: Tuesday, 15 March 2022 9:43 AM
To: Keith McNeil [REDACTED]; Dawn Schofield [REDACTED]
Subject: RE: Independent Review of the Forensic and Scientific Forensic DNA Analysis Unit

Hi Dawn and Keith

I did consider adding in something along the lines that until now we have not been aware of any formal requests for systemic review, but we would need instructions to confirm that is accurate.

Also, if you are editing, paragraph 12 could add that it is anticipated the review will be of assistance to the coronial process. Our advice would be that the review is completed before the inquest to enable Queensland Health to be in front of any improvements to be made (rather than leave for the coroner to determine).

Kind regards, Megan

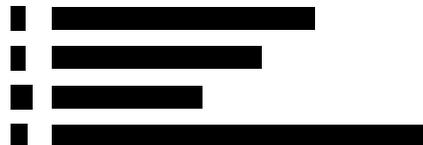


Megan Fairweather

A/Chief Legal Counsel

Legal Branch, Corporate Services

Division | Queensland Health



From: Megan Fairweather
Sent: Tuesday, 15 March 2022 9:14 AM
To: Keith McNeil [REDACTED]; Dawn Schofield [REDACTED]
Cc: Trish Nielsen [REDACTED]; Kirsten MacGregor [REDACTED]
Subject: RE: Independent Review of the Forensic and Scientific Forensic DNA Analysis Unit

Hi Dawn and Keith

I have tinkered with the BN and draft public statement to try and capture the discussions yesterday. I am attaching a marked up and clean versions for ease of reference.

Let me know if this works, or if you have further feedback (Kirsten may have a better idea about the wording for the statement).

Kind regards, Megan

From: Keith McNeil [REDACTED]
Sent: Tuesday, 15 March 2022 5:29 AM
To: Megan Fairweather [REDACTED] Dawn Schofield
[REDACTED]
Cc: Trish Nielsen [REDACTED]; Kirsten MacGregor [REDACTED]
Subject: Re: Independent Review of the Forensic and Scientific Forensic DNA Analysis Unit

Thanks Megan

Thanks Dawn

Look forward to the updates

Bw

Keith

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From: Megan Fairweather [REDACTED]
Sent: Monday, March 14, 2022 6:34:51 PM
To: Dawn Schofield [REDACTED]; Shaun Drummond [REDACTED]; Keith McNeil [REDACTED]
Cc: Trish Nielsen [REDACTED]; Renaie Tesch [REDACTED] SDLO [REDACTED]; Kirsten MacGregor [REDACTED]
Subject: Re: Independent Review of the Forensic and Scientific Forensic DNA Analysis Unit

Hi Dawn

Very happy to assist and to help coordinate these updates.

I'll aim to have an updated draft by mid-morning with my understanding of the next steps (ie after a reviewer is lined up, there needs to be a comms plan to ensure CCC and QPS have no issues with the TOR - I don't expect they would. Also, before any public announcement, to ensure the staff are aware so it can be framed appropriately bearing in mind their well-being).

Nicola spoke to ESU earlier and there has been no further contact from the CCC today.

Kind regards, Megan

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From: Dawn Schofield [REDACTED]
Sent: Monday, March 14, 2022 6:15:21 PM
To: Shaun Drummond [REDACTED]; Keith McNeil [REDACTED]; Megan Fairweather [REDACTED]
Cc: Trish Nielsen [REDACTED]; Renaie Tesch [REDACTED]; SDLO [REDACTED]; Kirsten MacGregor [REDACTED]
Subject: Independent Review of the Forensic and Scientific Forensic DNA Analysis Unit

Hi all,

My take on the next steps following the briefing with the Minister today is that the brief will be polished slightly to include:

- Strengthen wording that the scope of the review is on understanding the scientific processes and practices and where they sit against best practice and/or injurisdictional comparisons, which might be beyond what the NATA accreditation standards look at.
- Changes to the Media statement to make clear upfront that Queensland goes through the same accreditation processes as laboratories across the country and meets accreditation standards.
- Confirm the intent is that this would be a proactive release once a reviewer has been confirmed and that holding lines would be prepared to manage any queries while in the process of sourcing a reviewer.
- That due to the highly technical nature of this area there are few people with both the expertise and independence to undertake this works, hence having to potentially go overseas.
- Reference FSS's current budget...the brief already states that the review will be funded from within the their budget, so maybe incorporate there.

It might be worth checking in with ESU to see if a complaint has been referred to us yet.

Please let me know if I've missed anything.

Megan, please can you coordinate these updates through Keith and with Kirsten?

Thanks Dawn

Dawn Schofield
Executive Director,
Office of the Director-General and System Strategy Division
Queensland Health

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From: SDLO [REDACTED]
Sent: Monday, March 14, 2022 1:25 pm
To: Shaun Drummond [REDACTED]
Cc: Trish Nielsen [REDACTED]; Dawn Schofield [REDACTED]; Renaie Tesch [REDACTED]; EXEC SUPPORT [REDACTED]; SDLO [REDACTED]
Subject: FOR DG APPROVAL - C-ECTF-22/3751 - MIN BA - Independent Review of the Forensic and Scientific Forensic DNA Analysis Unit

Hi Shaun,

Below and attached sent for your approval.

Please also advise of approval for use of your e-signature.

RM #	C-ECTF-22/3751
Date required by	14 March 2022 as this matter is of high media interest and may be raised in Parliament week beginning 14 March 2022. A Min briefing is also scheduled to discuss this matter at 4pm today, Monday 14 March.
Title	MIN BA - Independent Review of the Forensic and Scientific Forensic DNA Analysis Unit
Notes for DG from RM	Hi Shaun – for your clearance. Please see attached Ministerial brief seeking approval for an independent review of the FSS Forensic DNA Analysis units systems and processes. This brief has been reviewed and updated by the Chief Legal Counsel and approved for progression by Professor Keith McNeil.
Electronic/wet signature (what is required)	Electronic
Attachments	ATTACH 1 - Media Article The Australian 28 February 2022 ATTACH 2 - CONFIDENTIAL AND PRIVILEGED - Summary of alleged systemic Failures by FSS ATTACH 3 - CONFIDENTIAL AND PRIVILEGED - Summary of Legal Advice ATTACH 4 - CONFIDENTIAL AND PRIVILEGED - Terms of Reference - FSS - Shandee Blackburn - MinterEllison final version v2 (28022022) ATTACH 5 - Media report 11 March 2022 - The Australian - FSS Corrupt Conduct Complaint ATTACH 6 - Draft DG BN Background and context for the Forensic DNA Analysis service ATTACH 7 - FSS - public statements v2 ATTACH 8 - DRAFT WORDING FOR FDNA Analysis INDEPENDENT DRAFT
Other/to note	

Kind regards, Katie



Katie Watts

A/Principal Briefings and Liaison Officer
Office of the Director-General and System Strategy
Division | Queensland Health



MENTAL WELLBEING Dear mind, remember to make time for you
Visit mentalwellbeing.initiatives.qld.gov.au

A row of four circular social media icons: Facebook, Twitter, LinkedIn, and Instagram.

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17 / 3 / 22

QPS - FSS Catch Up

Delinda ESO

□ QPS request search database first-

- d/W Troy @ bdna

- risks, workflow review req'd.
- change mgt process req'd
- explore together
- duplication of processes for QPS
 - multiple hits

- ? change NCID - difficult

- NCID is the 1st search engine

- use FR only → only add new profiles to NCID

↓
collapse to 1 record (via bdna)

- perpetuates the problem by using NCID

- need to do both - NCID

- FR

□ DNA Insufficient project

- last 3 mo. review by David N.

- only request made is by IO

- beneficial for QPS to see the grants - difference of opinion

Repeat next wk - per. CA.

[REDACTED]

From: Cathie Allen [REDACTED]
Sent: Thursday, 2 June 2022 2:08 PM
To: Lara Keller
Subject: Options Papers - First one and Draft of Second
Attachments: #184 Review of Microcon Options paper QPS (Final report).pdf; Assessment of low quant DNA Samples.docm; Email advice Supt Frieberg on Options Paper_Feb 2018.pdf

Hi Lara

The first options paper is the pdf doc = #184 review of Microcon Options paper QPS. Attached email from Supt Frieberg advising her authorisation to proceed with the 'DNA Insufficient' process (dated Feb 2018).

I'll work on the rest and send as it's done.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

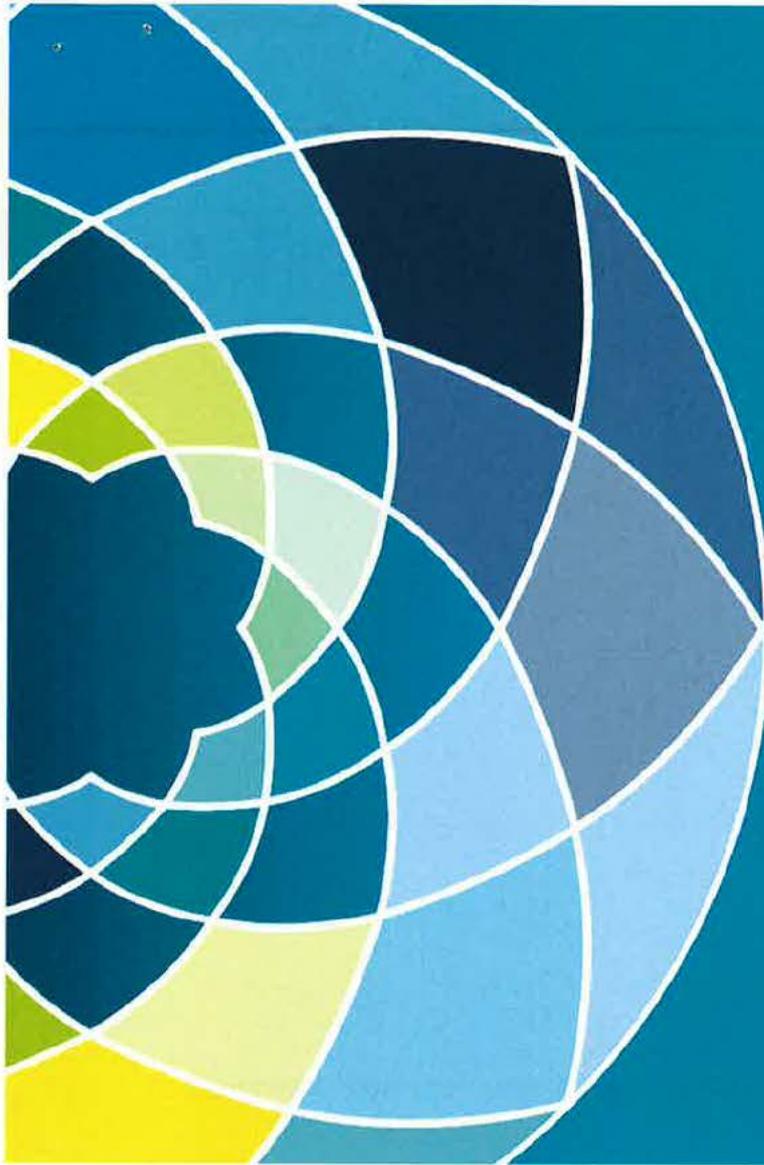
Police Services Stream, Forensic & Scientific Services
Prevention Division, Queensland Health



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*If you're wondering about the use of pronouns She/Her on this signature block, I encourage you to read some resources available [here](#)





HealthSupport Queensland

A review of the automatic concentration of DNA extracts using Microcon[®] Centrifugal Filter Devices: Options for QPS consideration.

January 2018

Justin Howes and Cathie Allen

A review of the automatic concentration of DNA extracts using Microcon® Centrifugal Filter Devices: Options for QPS consideration.

Published by the State of Queensland (Queensland Health), January 2018



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For more information contact:

Forensic DNA Analysis, Forensic and Scientific Services, Department of Health, GPO Box 48, Brisbane QLD 4001.

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Document Details

Contact for enquiries and proposed changes

If you have any questions regarding this document or if you have a suggestion for improvements, please contact:

Contact officer: Justin Howes
 Title: Team Leader – Forensic Reporting and Intelligence Team
 Phone: 
 Email: 

Contents

Document Details	2
1. Abstract.....	3
2. Definitions	3
3. Introduction	3
4. Data interrogation	4
5. Assessment of 'auto-microcon' results.....	5
6. Datamine of the difference in pre- and post- Microcon® Quantification values	5
7. Results and Discussion.....	6
7.1 Assessment of 'auto-microcon' results	6
7.2 Datamine of the difference in pre- and post- Microcon® Quantification values	8
8. Options for consideration	9
9. References.....	10

1. Abstract

All casework DNA extracts that underwent a concentration step using the Microcon® process were evaluated and categorised into whether there was meaningful information obtained or not. This evaluation primarily focussed on samples that underwent an 'auto-microcon' process in 2016.

The findings of this evaluation are presented for the Queensland Police Service to advise on whether they would prefer their Priority 2 samples to continue with the 'auto-microcon' process, or to cease this automatic step and notify the laboratory if particular samples are requested to be reworked.

These options relate to Priority 2 (Major Crime) samples only, as the process developed in 2012 for Priority 3 (Volume Crime) samples will be reinstated with the operationally-required move to process these samples using PowerPlex® 21 system (PP21).

2. Definitions

DNA Profile Intelligence: DNA profile information available for interpretation by Forensic DNA practitioners that is able to be provided to clients.

Fail: In this report, this is DNA profile information that was not suitable for comparing to reference DNA profiles and other casework samples. This word was used to filter the data into two possible outcomes (fail/success).

NCIDD: National Criminal Investigation DNA Database.

QPS: Queensland Police Service.

Success: In this report, this is DNA profile information that was obtained that was suitable for comparing to reference DNA profiles and other casework samples. This word was used to filter the data into two possible outcomes (fail/success).

3. Introduction

Microcon® Centrifugal Filter Devices desalt and concentrate macromolecular solutions such as DNA-containing solutions. They employ Amicon's low binding, anisotropic, hydrophilic regenerated cellulose membrane^[1].

The use of Microcon® filters to concentrate extract has been a standard post-extraction process within Forensic DNA Analysis to reduce the volume of

extract from approximately 100uL to $\leq 35\mu\text{L}$ for amplification with PowerPlex[®] 21 system.

Since the implementation of PP21 amplification kit within Forensic DNA Analysis for casework samples in December 2012, extracts with low Quantification values were recommended to be concentrated. Templates of $<0.132\text{ng}$ (Quantification $<0.0088\text{ng}/\mu\text{L}$) were found to exhibit marked stochastic effects after amplification^[2]. Consequently, a workflow that directed extracts automatically to a concentration step based on Quantification value was implemented ('auto-microcon' process) for Priority 2 samples.

A workflow for Priority 3 samples remained within active Standard Operating Procedures to have the DNA extracts not amplified, nor automatically concentrated with Microcon[®] filters, but to be held after Quantification and QPS informed that low levels of DNA were obtained that were insufficient for further processing at that stage^{[3][4]}.

Anecdotally, the suitability to provide QPS with DNA profile Intelligence from extracts that have been concentrated has been noted to be limited, and added to scientist's time and availability to direct resources to samples with more DNA detected.

4. Data interrogation

The 'auto-microcon' data was interrogated by assessing the DNA profile outcome results reported as Exhibit Report lines as a function of the Quantification value.

The Exhibit lines were interrogated and grouped into two interpretation outcomes as follows:

1. 'Fail': DNA profile interpretation outcomes of 'Complex unsuitable for interpretation', 'No DNA profile', 'Partial unsuitable for interpretation', 'No DNA Detected';
2. 'Success': All other DNA profile outcomes including single source DNA profiles matching assumed known contributors or different reference DNA profiles, mixtures that were suitable for comparison to reference DNA profiles, DNA profiles that were suitable for loading to NCIDD.

NB. These descriptions were used to filter the data. A 'fail' does not mean there was a Quality failure in the process; a 'success' does not necessarily mean a DNA match.

5. Assessment of 'auto-microcon' results

Intent

Evaluate the 'success' or 'fail' outcomes for PP21 samples that were processed in 2016 through the 'auto-microcon' workflow.

Data Analysis

The samples applicable to this experiment had Quantification values in the range 0.001ng/ μ L to 0.0088ng/ μ L, and a total number of samples that were processed this way was determined. This total number excluded environmental samples, samples without Quantification values, samples not requested for further work, samples where quality flags were raised, and samples that had not returned results at the time of data collection.

DNA profile interpretation outcomes were grouped into either 'success' or 'fail' as a function of the Quantification value. A percentage of samples that fell into these categories was determined.

The 'auto-microcon' data could be expressed as a function of Quantification value.

The percentage of samples that had an 'auto-microcon' process and led to an NCIDD upload was obtained. This data could be filtered further into the outcome from the NCIDD load, at the time of data collection.

6. Datamine of the difference in pre- and post- Microcon[®] Quantification values

Intent

Evaluate the difference between the Quantification values obtained for samples prior to the 'auto-microcon' step, and then after the 'auto-microcon' process. This is to assess, through the Quantification data, the effectiveness of the Microcon[®] step in concentrating the DNA extract.

As this is purely a datamining experiment, only the samples that yielded a result of 'success' were examined.

Data Analysis

The samples applicable to this experiment had Quantification values above 0.001ng/ μ L and less than 0.015ng/ μ L where the final result was 'success'.

This range was considered by the author to be able to provide a sufficient demonstration of the trend of the data (N=278 samples).

7. Results and Discussion

7.1 Assessment of 'auto-microcon' results

There were N=1449 samples in the 'auto-microcon' Quantification range, excluding certain samples as per Section 5.

The percentage of samples that resulted in a determination of 'fail' was 89.4% (Fig 1). As expected, the number of 'fails' increased when the Quantification decreased and approached the Limit of Detection of Quantification i.e. 0.001ng/ μ L (Fig 2). This was considered to be due to there being less DNA detected in the extract, and therefore less DNA to concentrate.

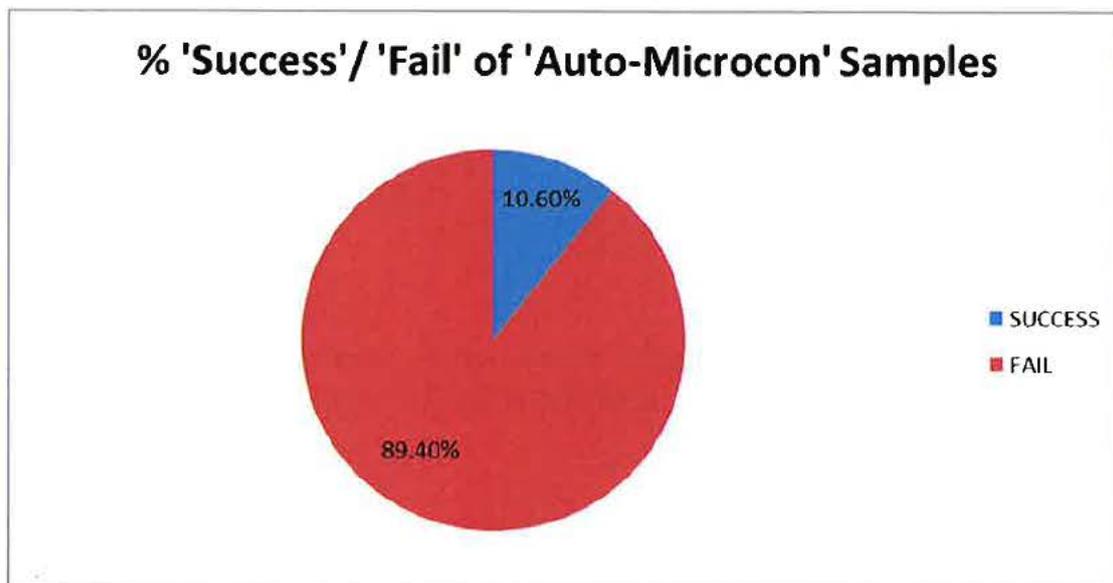


Figure 1: Percentage 'Success'/'Fail' of 'Auto-Microcon' samples.

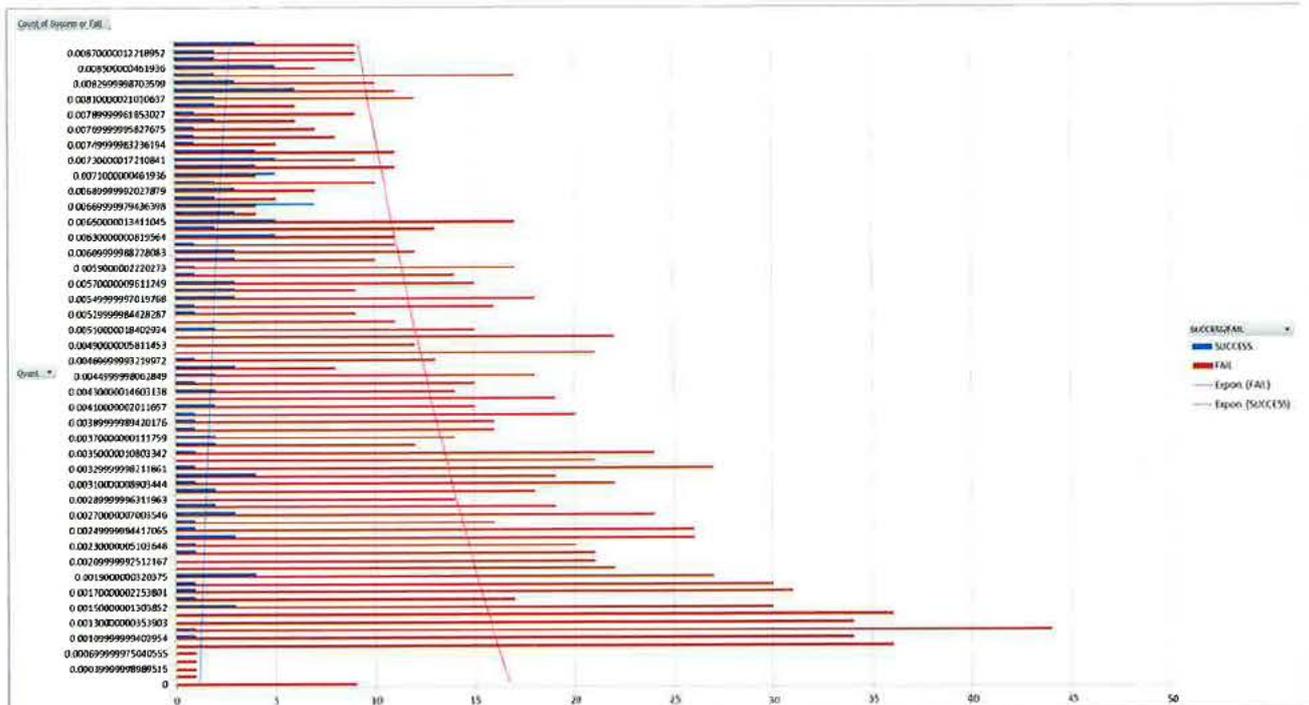


Figure 2: Spread of data and categorised as 'Success'/ 'Fail' for 'Auto-Microcon' samples.

If samples were not processed through the 'auto-microcon' process, what DNA Intelligence would the client miss out on? To evaluate this, the 'success' data was drilled down to the samples that had some NCIDD interaction and in particular, where they were the only samples in the case that were NCIDD-suitable for that particular profile. This represented 1.86% of all 'auto-microcon' samples. In looking at samples that provide *new* Intelligence, that is DNA information available for future linking, or has provided a cold-link, this equated to 1.45% of all 'auto-microcon' samples (Fig 3)..

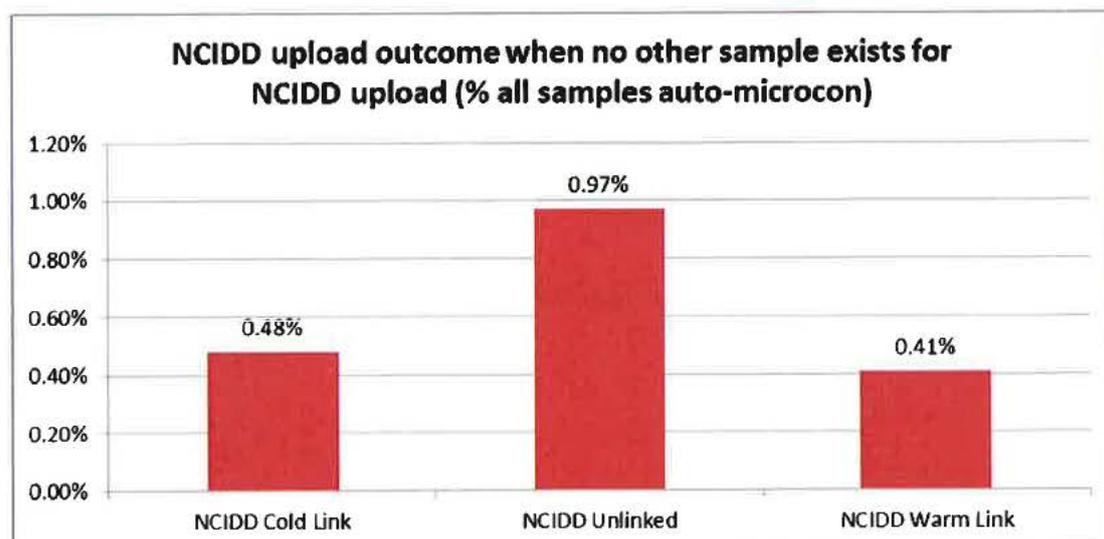


Figure 3: NCIDD outcome for samples that were loaded to NCIDD

This 1.45% of 'auto-microcon' samples is considered to be the pertinent value for the client to assess if the 'auto-microcon' process was not performed.

7.2 Datamine of the difference in pre- and post- Microcon® Quantification values

The samples applicable to this experiment had Quantification values above 0.001ng/μL where the final result was 'success'.

As the Microcon® process concentrates the DNA extract from approximately 100uL to approximately 35μL, in theory it would be a reasonable expectation to obtain approximately two to three-fold increases in DNA Quantification after concentration. Figure 4 shows the plot of the differences found for samples that resulted in 'success'.

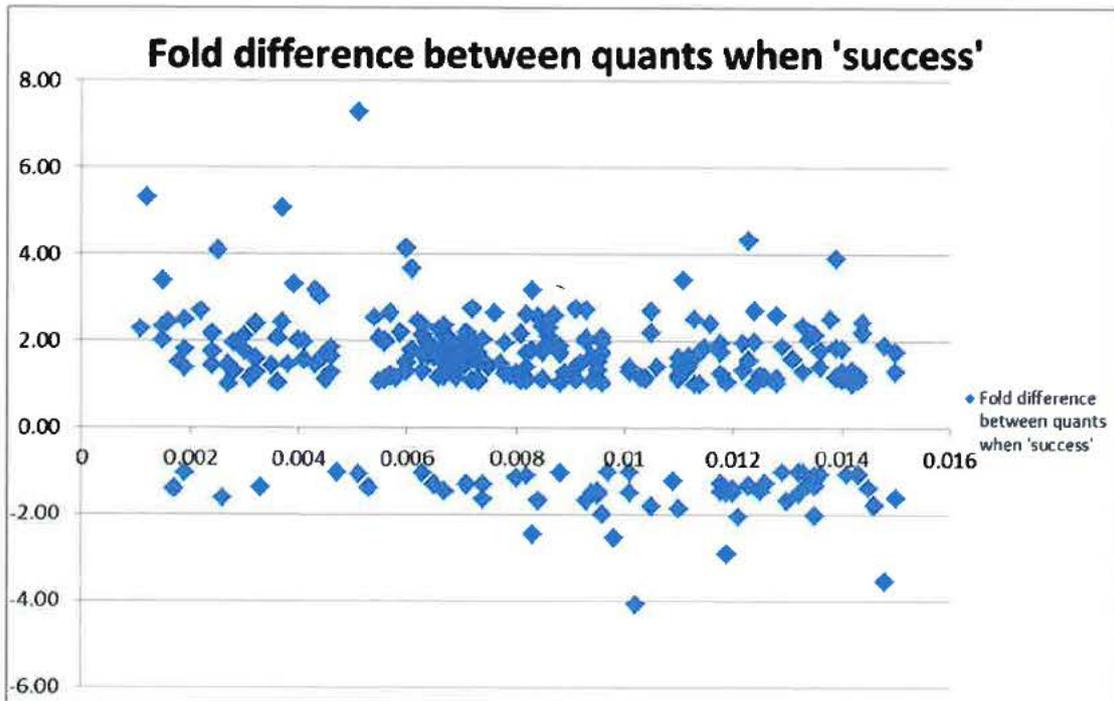


Figure 4: Quantification differences pre and post concentration

The findings are not unexpected as the scatter focusses mostly around two-fold increases in Quantification. It was also not unexpected to observe the variable results. Anecdotally, variability in success rates is found at profile management stage when assessing results of samples that have had this concentration step.

DNA can be lost in the process as seen in Fig 4 where the Quantification values decreased after concentration (below the horizontal axis). Variability in results could be attributed to a number of things, including but not limited to the slight

differences between operators and instrumentation, the differences in substrate type and level of degradation, and the variability in Quantification result.

8. Options for consideration

The options to consider are:

1. Continue with 'auto-microcon' process for Priority 2 (Major Crime) casework; or,
2. Cease the 'auto-microcon' process for Priority 2 (Major Crime) casework and report the exhibit result of 'DNA insufficient for further processing' based on Quantification result.
 - a. Priority 1 samples could proceed with the 'auto-microcon' process. If a DNA concentration rework is required, the Microcon[®] process can be ordered manually by the scientist.

In considering continuing or discontinuing the automatic concentration of DNA extracts for Priority 2 (Major Crime) samples, some key elements to consider include, but are not limited to:

- The opportunity to link DNA profiles on NCIDD would not be initially possible (without automatic concentration) for approximately 1.45% of samples that would qualify for this process. Of the 'auto-microcon' data set (N=1449 samples) evaluated, 1.45% equates to 21 samples;
- Time and cost for processing all samples in the 'auto-microcon' range, including batch preparation, Quality checking and control;
- Time and cost for processing these samples further with additional rework options, as one would expect with low levels of DNA detected initially;
- The ability to potentially reallocate staff time currently allocated to processing, interpreting and reporting 'auto-microcon' samples, to samples with higher DNA yield, thus improving the turnaround time for results on these samples;
- The opportunity to conserve DNA extract for further processing with other technologies should that be considered (eg. Y-STR analysis, Low Copy Number analysis);

- The improved ability to provide quick results to QPS (using the Forensic Register at Quantification stage) indicating low levels of DNA detected, thus enabling QPS to employ further strategies at their discretion (eg. further sampling of items, request the rework);
- The continued ability to process the DNA extract upon client request or depending on priority (eg Priority 1 – Critical Priority).

9. References

- [1] QIS 19544v11 – Concentration of DNA Extracts Using Microcon Centrifugal Filter Devices
- [2] PowerPlex[®] 21– Amplification of Extracted DNA Validation. Megan Mathieson, Thomas Nurthen, Cathie Allen. December 2012. Forensic DNA Analysis.
- [3] QIS 23008v15 – Explanation of EXR/EXH Results
- [4] QIS 24012v13 – Miscellaneous Analytical Section Tasks

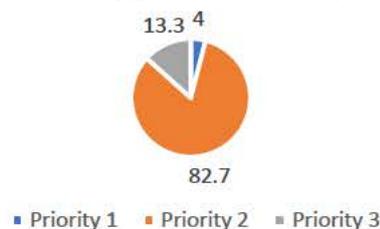
Assessment of Low Quantification Value DNA Samples

Authors: Cathie Allen, Justin Howes and Paula Brisotto

Executive Briefing:

An assessment of all casework DNA samples, with the following criteria was conducted: an initial quantification result of between zero and 0.0088ng/ μ L, underwent a concentration step and reported results produced between 2018 and 2021. This equated to an assessment of 656 DNA samples. The reported DNA result, which may have been completed after one or more amplifications steps, was categorised into two broad categories - 'suitable for comparison purposes' or 'unsuitable for comparison purposes'.

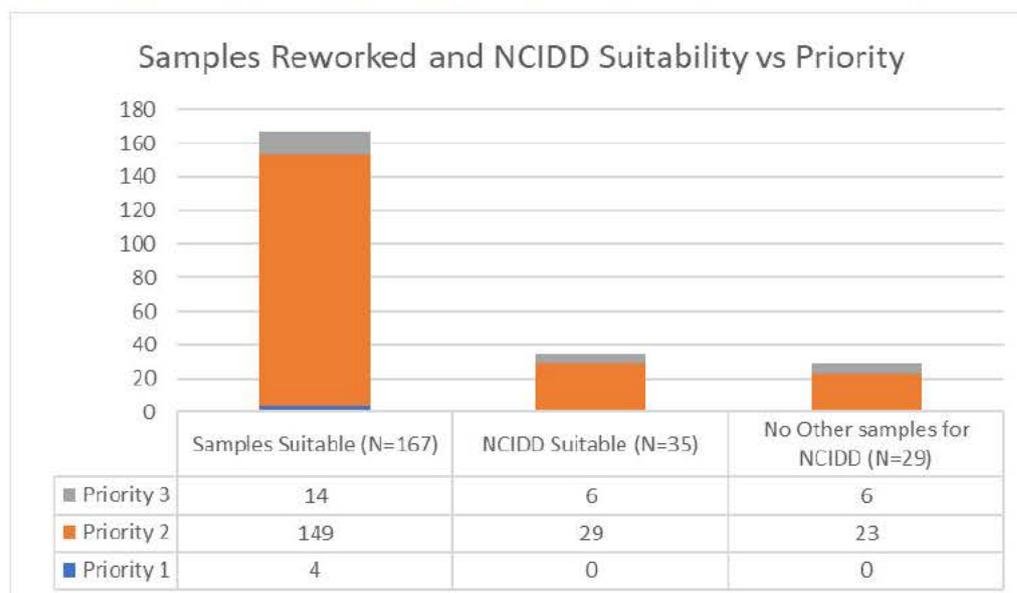
2018-2021: Percentage (%) of samples requested for Microcon and assigned Priority (N=656 samples)



167 DNA samples (25.5%) were categorised as 'suitable for comparison purposes', with most of these samples being major crime samples. 456 DNA samples (74.5%) were categorised as 'unsuitable for comparison purposes' after concentration and amplification processes.

Of the 167 DNA samples categorised as 'suitable for comparison purposes', 35 DNA samples were able to yield a profile suitable for uploading and searching of the National Criminal Investigation DNA Database (NCIDD). This represents 5.3% of total samples selected for processing.

Samples Reworked and NCIDD Suitability vs Priority



Please note the current dataset is different to the previous dataset due to, but not limited to: implementation of the statistical interpretation of four-person mixtures, all DNA samples were selected in this dataset (previously the dataset only included DNA samples assigned to Major Crime cases), active selection of samples for processing by either the Queensland Police Service or Forensic DNA Analysis staff members based on the context of the case or scientific knowledge with respect to the associated parameters from the quantification process, and new instrumentation implemented over that period.

Forensic staff are mindful of consuming all DNA extract when requesting a concentration step. Future technologies may be applied to DNA extracts, however if all extract has been exhausted (through concentration and amplifications processes), no extract will be available for these technologies.

Observations:

Review of quantitation parameters, other than quantitation value, did not yield a trend, however further monitoring of these parameters will be conducted.

The value of 0.0088ng/μL is based on assessment of the data (and equates to 132 picograms). The value of 0.0067ng/μL is based on equating to 100 picograms, and not based on assessment of data.

Options for Consideration:

1. Continue with the current workflow:
 - a) Priority 1 samples continue to be automatically concentrated prior to amplification if the sample falls into the quantitation range of 0.001ng/μL to 0.0088 ng/μL
 - b) Priority 2 and Priority 3 samples are reported as 'DNA Insufficient for Further Processing' if the sample falls into the quantitation range of 0.001 ng/μL to 0.0088 ng/μL (132 picograms) and process upon request by either the QPS or Forensic DNA Analysis staff members. Retain the DNA extract indefinitely, if no request is received.
2. Amend the current workflow: **RISKS**
 - a) Priority 1 samples continue to be automatically concentrated prior to amplification if the sample falls into the quantitation range of 0.001ng/μL to 0.0088 ng/μL
 - b) Priority 2 and Priority 3 samples are reported as 'DNA Insufficient for Further Processing' if the DNA sample falls into the quantitation range of 0.001 ng/μL to 0.0067ng/μL (100 picograms) and process upon request by either the QPS or Forensic DNA Analysis staff members. Retain the DNA extract indefinitely, if no request is received. DNA samples above 0.0067ng/μL will be processed as per routine and will not be subject to a concentration step.
 - c) This amended workflow will require Forensic Register enhancement prior to use.
3. Amend the current workflow:
 - a) Priority 1 samples continue to be automatically concentrated prior to amplification if the sample falls into the quantitation range of 0.001ng/μL to 0.0088 ng/μL
 - b) Priority 2 samples are reported as 'DNA Insufficient for Further Processing' if the DNA sample falls into the quantitation range of either 0.001ng/μL to 0.0088ng/μL or 0.001ng/μL to 0.0067ng/μL and processed upon request. Priority 3 samples that fall into the quantitation range of either 0.001ng/μL to 0.0088 ng/μL or 0.001ng/μL to 0.0067ng/μL will be amplified without a concentration step.
 - c) This amended workflow will require Forensic Register enhancement prior to use.

Cathie Allen

From: Frieberg.DaleJ[OSC] <Frieberg.DaleJ@police.qld.gov.au>
Sent: Friday, 2 February 2018 3:38 PM
To: Cathie Allen; O'Malley.TroyS[OSC]; Taylor.EwenN[OSC]
Cc: Paul Csoban
Subject: RE: Options Paper for consideration

Hi Cathie and Paul,

Thank you for your time this afternoon and for discussion around this options paper. Thank you also to both Troy and Ewen with your assistance and expertise/advice around the paper.

As discussed, I am in agreement that:

- There is clear data that it is not an efficient use of time and resources to continue with the 'auto-microcon' process for Priority 2 (*Major Crime*) samples.
- Option 2. "Cease the 'auto-microcon' process for Priority 2 casework..." Would appear to be a more productive & efficient choice.
- Scientists time and resources would be better spent working samples with a higher DNA yield and more potential.
- It would be beneficial to amend the Forensic Register to provide an automated Q-Prime update advising the Investigators of the option to request further 'Auto-microcon' processing for those samples for unsolved crime, which may prove worthwhile.
- DNA staff can request this additional processing if/when a request is received from the investigators.

I trust this is of assistance.

Kind regards,

Dale.

Dale Frieberg
Superintendent
Operations Commander
Forensic Services Group
Operations Support Command
Queensland Police Service



From: Cathie Allen [mailto:Cathie.Allen@health.qld.gov.au]
Sent: Tuesday, 30 January 2018 4:56 PM
To: Frieberg.DaleJ[OSC] [REDACTED]; O'Malley.TroyS[OSC]
[REDACTED] Taylor.EwenN[OSC] [REDACTED]
Cc: Paul Csoban [REDACTED]
Subject: Options Paper for consideration

Hi Dale

Please find attached an Options paper regarding concentration of major crime samples that we have prepared for your consideration. I'd like to discuss this on Friday with you.

Cheers
Cathie



Cathie Allen
Managing Scientist – Police Services Stream

Forensic & Scientific Services,
Health Support Queensland, Department of Health



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Lara Keller

From: Lara Keller
Sent: Friday, 3 June 2022 1:27 PM
To: Cathie Allen
Subject: RE: Options Papers - First one and Draft of Second

Hello Cathie

Could you kindly arrange for the final version of the second paper to be sent to me by COB Tuesday, please?
I am confirming with Megan in terms of provision to QPS.

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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From: Cathie Allen <[redacted]>
Sent: Friday, 3 June 2022 8:33 AM
To: Lara Keller <[redacted]>
Subject: RE: Options Papers - First one and Draft of Second

Hi Lara

When legal provided advice on this, you asked me to add draft to it.

I will need to re-review it and see when it's ready to be shared. We can issue it early next week, if we're advised it can be shared.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services
Prevention Division, Queensland Health

[REDACTED]

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*If you're wondering about the use of pronouns She/Her on this signature block, I encourage you to read some resources available [here](#)



From: Lara Keller <[REDACTED]>
Sent: Friday, 3 June 2022 6:24 AM
To: Cathie Allen <[REDACTED]>
Subject: RE: Options Papers - First one and Draft of Second
Importance: High

Good morning Cathie

Could you please advise the status of the second report? This copy states 'draft'.
I am certain to be asked if it is ready to be shared with QPS.
If it is not yet ready, when can I advise that it will be?

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health

[REDACTED]

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From: Cathie Allen <[REDACTED]>
Sent: Thursday, 2 June 2022 2:08 PM
To: Lara Keller <[REDACTED]>
Subject: Options Papers - First one and Draft of Second

Hi Lara

The first options paper is the pdf doc = #184 review of Microcon Options paper QPS. Attached email from Supt Frieberg advising her authorisation to proceed with the 'DNA Insufficient' process (dated Feb 2018).

I'll work on the rest and send as it's done.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services
Prevention Division, Queensland Health



Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

*If you're wondering about the use of pronouns She/Her on this signature block, I encourage you to read some resources available [here](#)



[REDACTED]

From: Cathie Allen <[REDACTED]>
Sent: Monday, 20 June 2022 12:08 PM
To: Lara Keller
Subject: Reports for 12.30pm meeting
Attachments: Review report_March2022v2 JAH.docx; Assessment of low quant DNA Samples v2.docm

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Lara

Please find attached 2 reports – Justin’s larger report and my executive summary – for our discussion.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services
Prevention Division, Queensland Health



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Forensic and Scientific Services

An assessment of the ability to obtain DNA profiles when further work is requested on samples with low-level Quantification values.

Justin Howes and Cathie Allen
09 June 2022

Not for distribution



Contents

1. Summary	iii
2. Definitions and Abbreviations.....	1
3. Background.....	1
4. Data interrogation	2
5. Results and Discussion.....	4
6. Further considerations	12

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1. Summary

All casework DNA extracts that had an initial quantification result between zero and 0.0088ng/μL and underwent a concentration step using the Microcon® process during the period 2018-2021 (inclusive) were evaluated. The final interpretation result, after one or more amplifications post-concentration, were categorised into two broad categories of 'suitable' for comparison purposes or 'unsuitable' for comparison purposes.

The findings of this evaluation are presented for the Queensland Police Service to consider options on processing pathways.

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2. Definitions and Abbreviations

bdna: Consulting service responsible for the maintenance and management of the Forensic Register

DIFP: DNA Insufficient for Further Processing

FSS: Forensic and Scientific Services

NCIDD: National Criminal Investigation DNA Database.

NDNAD: No DNA Detected

PP21: PowerPlex® 21 amplification system

QPS: Queensland Police Service.

Quant: Quantification – assessment of quantity or concentration of DNA in a sample

Suitable: In this report, this word is applied to DNA profile information that was suitable for comparing to reference DNA profiles and other casework samples.

Unsuitable: In this report, this word is applied to DNA profile information that was obtained that was unsuitable for comparing to reference DNA profiles and other casework samples. This includes final results (ie. after reworks) of 'Complex unsuitable for comparison purposes', 'Partial unsuitable for comparison purposes', 'No DNA profile', 'No DNA detected' and 'DNA insufficient for further processing'.

3. Background

Microcon® Centrifugal Filter Devices desalt and concentrate macromolecular solutions such as DNA-containing solutions. They employ Amicon's low binding, anisotropic, hydrophilic regenerated cellulose membrane [1].

The use of Microcon® filters to concentrate extract has been a standard post-extraction process within Forensic DNA Analysis to reduce the volume of extract from approximately 100uL to ≤35 µL for amplification with PP21 amplification kit.

Project #184 assessed the suitability of DNA profiles for comparison purpose for Priority 2 (P2) cases reported in 2016 and provided options to QPS to consider. Following this consideration, QPS approved a new workflow that was implemented in February 2018, where all P2 and Priority 3 (P3) crime scene samples with Quant values less than 0.0088ng/µL were reported as follows:

0 < Quant < 0.001ng: No DNA Detected

0.001ng/µL < Quant < 0.0088ng/µL: DNA insufficient for further processing

Priority 1 (P1) samples with Quant values in this range were to undergo Microcon® concentration and proceed to amplification.

This QPS-approved workflow enabled extracts with Quant values less than 0.0088ng/µL to remain available for processing upon request. QPS could request specific extracts to be reactivated and processed, initially with a Microcon® concentration step. Similarly, the workflow afforded Forensic DNA Analysis case managers the ability to request reactivation of specific extracts based on their assessment of the findings in the case. The aim of the approved workflow was to provide information in the form of a result based on the initial Quant value to QPS Forensic Officers, to facilitate an opportunity to assess the ongoing need for further processing of these samples in light of the receipt of other results in the case, and in the context of the ongoing investigation. The extract would be held indefinitely and therefore continue to be available for further processing if requested.

Since implementation of the workflow, a number of samples have been selected by QPS or Forensic DNA Analysis scientists for further processing during 2018-2021. There are a number of reasons for reactivation of processing including but not limited to, only samples for the case (eg P3 cases), some samples selected based on presumptive findings (eg. 'Micro-positive for sperm'), or some samples might have been selected based on Quant value after discussion with a scientist (eg. select the highest Quant sample from a group of samples).

4. Data interrogation

Priority 1, 2 and 3 crime scene samples (ie. excluding Quality controls, samples flagged as Quality Failure, and environmental samples) submitted for analytical processing between 2018 and 2021 were assessed for suitability for comparison purposes.

Samples were requested of bdna to be provided in MS Excel format with the following information:

- Forensic Register (FR) number
- Exhibit barcode
- Date of submission for DNA profiling (based on result line: 'Submitted – Results Pending')
- Analytical priority
- Date of result line NDNAD
- Quant Batch ID when reported as NDNAD and well
 - o Quantification data (TSAQty, TSAIPCCT, TLAQty, TSADegIndex, TSALOWQT)
- Date of result line DIFP
- Quant Batch ID when reported as DIFP and well
 - o Quantification data (TSAQty, TSAIPCCT, TLAQty, TSADegIndex, TSALOWQT)
- Microcon® request date

- Quant Batch ID after Microcon®
 - o Quantification data (TSAQty, TSAIPCCT, TLAQty, TSADegIndex, TSALOWQT)
- Result mnemonics

In addition to an MS Excel worksheet with the above information, a worksheet of total numbers of samples from 2018-2021 was also obtained.

Samples that were in progress at the time of data interrogation were excluded from assessment.

4.1 Total numbers of 'No DNA Detected' (NDNAD) and 'DNA Insufficient for Further Processing' (DIFP)

Intent

To assess how many samples were received from QPS in the calendar years 2018-2021 that were initially reported as NDNAD and DIFP.

Data Analysis

Raw data was assessed for Priority 1, 2 and 3 crime scene samples. The data represents the number of samples that were triaged and available for further processing upon request.

4.2 Assessment of suitability for comparison purposes

Intent

To assess the final reported results of samples that were selected for further processing by either QPS or FSS scientists during 2018-2021.

Data Analysis

Results were assigned 'suitable' or 'unsuitable' based on final result type after Microcon® concentration and amplification.

To enable data interrogation, 'suitable' results were ascribed a numerical value of '1' and 'unsuitable' results were ascribed the numerical value of '-1'.

The sample's priorities were assessed to determine the breakdown of the number of samples of each priority that were requested for further processing.

The total number of samples initiated by QPS as opposed to Forensic DNA Analysis scientists was not assessed.

The number of further reworks (after the Microcon® concentration) were not assessed; the final result outcome based on any number of reworks was evaluated.

The type of concentration (eg. 'full-microcon', or to ~35uL) for each sample was not assessed.

4.3 Assessment of suitability for NCIDD searching

Intent

To assess whether the final results after further processing satisfied the criteria for loading to the NCIDD in the relevant case.

Data Analysis

Results were interrogated to determine if the reactivated sample's profiles satisfied the criteria for loading and searching on the NCIDD.

The data was assessed further to determine if the sample that was reactivated produced the only result in that case suitable for loading to NCIDD.

5. Results and Discussion

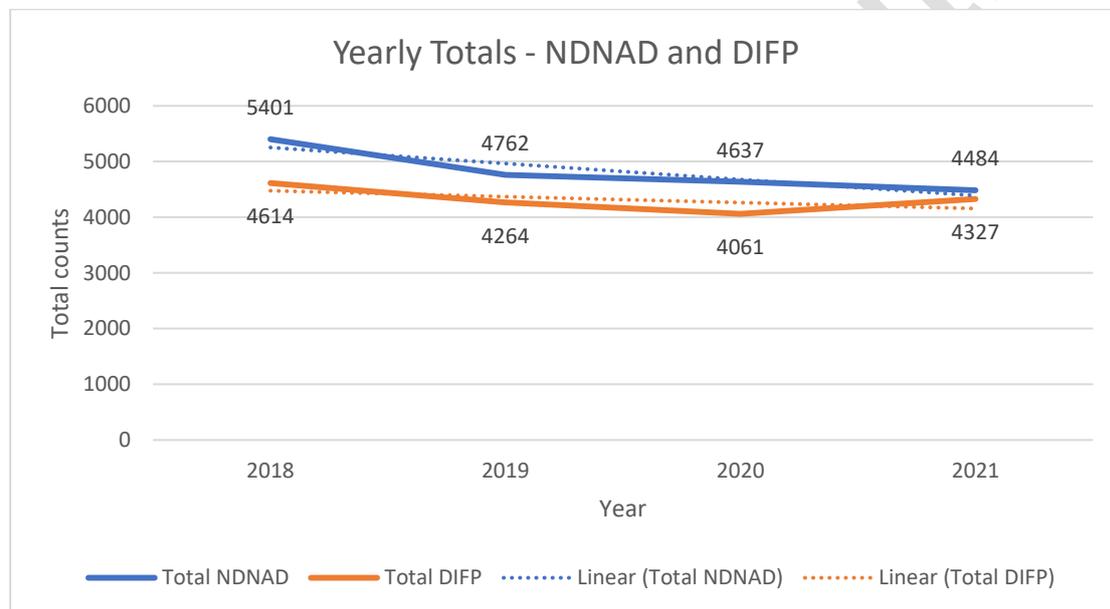
5.1 Total numbers of NDNAD and DIFP

The total number of results reported in the calendar years as NDNAD or DIFP are in Table 1. In total across the data collection period, there were 36550 crime scene samples that resulted in Quant values less than 0.0088ng/µL.

There is no obviously discernible difference between the years other than a decrease in the number of NDNAD in 2018 to 2021 by almost 1000 results. The trend can be observed in Figure 1. This could be due to the improvement of collection procedures over time by QPS, or the improved triage of samples for submission for testing. This means there could have been an improvement in the selection of samples for DNA testing over time (eg. taking high-source DNA samples such as possible blood as a preference) and that could have resulted in samples with higher Quant values being processed and less low-Quant samples received.

Table 1: Total number and percentage (of total) per year and priority

Year	Priority	Count NDNAD	% Total per year NDNAD	Count DIFP	% Total per year DIFP	Total	Total NDNAD per year	Total DIFP per year	Total per year
2018	1	40	0.40	37	0.37	77	5401	4614	10015
	2	3246	32.41	1649	16.47	4895			
	3	2115	21.12	2928	29.24	5043			
2019	1	15	0.17	0	0.00	15	4762	4264	9026
	2	3126	34.63	1632	18.08	4758			
	3	1621	17.96	2632	29.16	4253			
2020	1	8	0.09	0	0.00	8	4637	4061	8698
	2	3168	36.42	1714	19.71	4882			
	3	1461	16.80	2347	26.98	3808			
2021	1	10	0.11	0	0.00	10	4484	4327	8811
	2	2938	33.34	1891	21.46	4829			
	3	1536	17.43	2436	27.65	3972			

**Figure 1: Yearly Totals - NDNAD and DIFP**

The total number of NDNAD and DIFP results per year as a function of testing priority can be seen in Figure 2. The data shows that there were a larger number of NDNAD results issued for P2 cases than P3 cases. There were less DIFP results issued for P2 samples than P3. The reasons could be related to the triage process for P3 cases in that if there is an ability to submit suspected blood samples for instance, then that is preferred over trace samples (eg. tapelifts). These samples, if indeed from a blood source, could contain more DNA to submit for testing. This could lead to less NDNAD and more samples higher than the detection threshold of 0.001ng/ μ L.

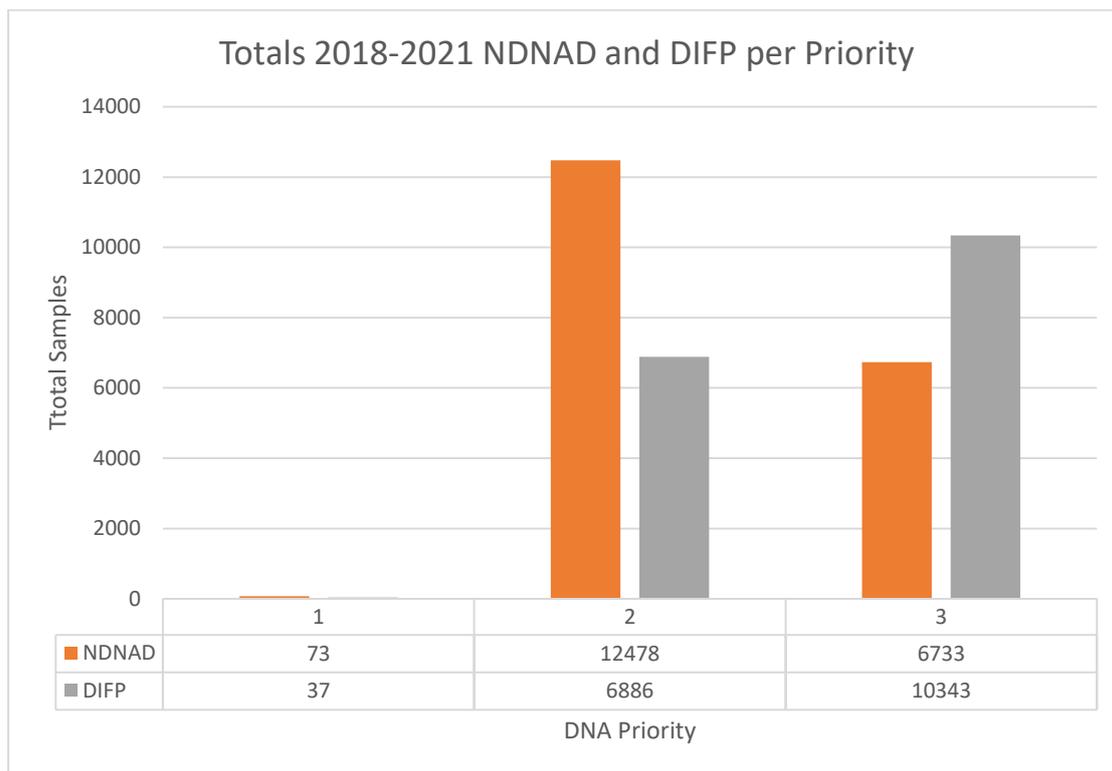


Figure 2: Total NDNAD and DIFP as a function of priority

The QPS-approved workflow for P1 samples that yielded results in the Quant range between 0.001ng/μL and 0.0088ng/μL is to automatically concentrate and proceed to amplification. The number of P1 samples in the data (represented by Figure 2) could be samples that had the result line issued prior to the standard 'auto-Microcon' process or were requested for P1 testing after processing had already commenced.

5.2 Assessment of suitability for comparison purposes

The data obtained was assessed for suitability for comparison purposes based on the final result after Microcon® concentration. The total number of samples requested for further processing in 2018-2021 was 650 samples. This equates to 1.78% of samples with Quant values <0.0088ng/μL that were selected for further processing during the data collection period.

The data was assessed for the percentage of samples requested from each processing priority. The vast majority of samples for further processing were of P2 (Figure 3). This finding is not unexpected given the higher priority of these samples.

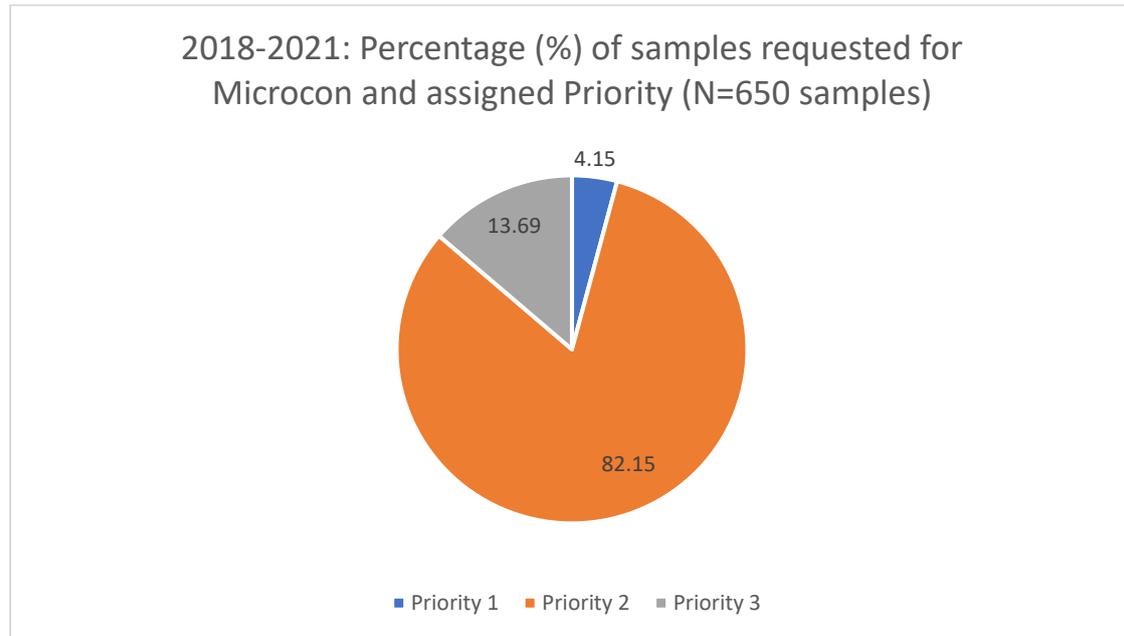


Figure 3: Percentage of samples requested for further processing according to Priority

Of the 650 samples assessed, 165 resulted in 'suitable' for comparison purposes, and the remaining 485 were reported as 'unsuitable' for comparison after concentration. This represents 25.4% and 74.6% respectively of requests for further processing in the data collection period (Figure 4).

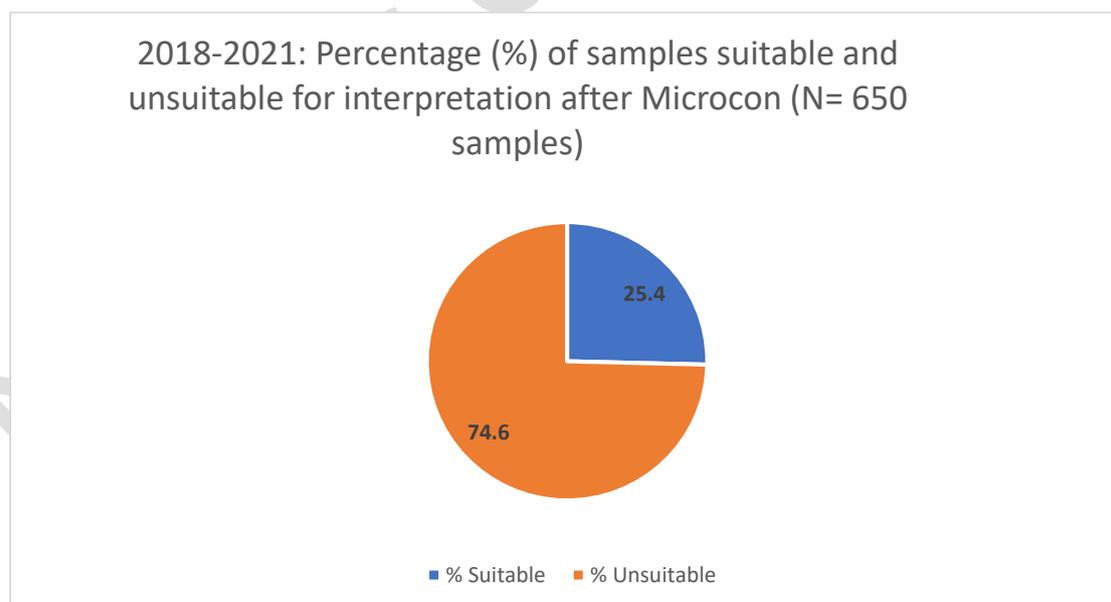


Figure 4: Percentage of samples 'suitable' and 'unsuitable' for comparison

The percentage of samples deemed 'suitable' for comparison was greater than the findings in Project #184 which found approximately 10% of samples resulted in 'unsuitable' interpretations.

It must be noted that the dataset used in this assessment is different to the data in the previous project. This data evaluation was based on samples that were actively selected for further processing, that is, they were assessed by either QPS or Forensic DNA Analysis as samples that had indications that there might be some value in further processing. This could have either been determined through discussion between QPS and Forensic DNA Analysis scientists or by the scientists independently. Selections for further processing may be based on a number of considerations using the Forensic DNA Analysis scientists experience and knowledge of Quant values and profile behaviour, taking into account higher Quant samples, samples with less degradation, and/or samples with higher percentage of Y-chromosome (in sexual assault samples).

The data in this assessment also includes P3 data. The previous assessments did not include P3 data as those samples were processed with Profiler Plus amplification kit at that time. All cases undergo a pre-FSS triage process by QPS, especially P3 cases (volume crime) where there is a limit on the number of samples submitted for DNA testing. This triaging process exists to focus efforts and resources on samples that might have an improved chance of obtaining DNA profiles eg. possible blood stains.

The data in Project #184 did not include interpretations where the DNA profile result was deemed to have come from at least four contributors. Four-person mixed DNA profile interpretations commenced in August 2018. Prior to this time, if a DNA profile was considered to have originated from at least four contributors, it was reported as 'complex unsuitable for comparison purposes'. Of the 165 samples that were deemed suitable for comparison purposes, nine of these were four-person mixtures. This means approximately 5.5% of the total samples deemed to be suitable for comparison in this assessment would have been considered to be unsuitable for comparison within the assessment of Project #184.

Figures 5 and 6 show the spread of 'suitable' and 'unsuitable' results as a function of the original Quant value. As expected, the number of samples yielding 'suitable' results improved as the Quant value increased. Figure 6 shows the number of samples that yielded 'suitable' and 'unsuitable' results where the Quant values are grouped into 0.001ng/μL intervals. The last interval (0.008-0.0088ng/μL) shows there were more results 'suitable' than 'unsuitable' out of the 34 samples in this range. Prior to this interval, when samples were selected for

further processing, the final interpretation outcome was more likely to be 'unsuitable'.

There was one sample that had an initial Quant value less than 0.001ng/μL that was processed further to then yield a 'suitable' result. This result was an incomplete single source DNA profile that matched the assumed contributor of the DNA profile (1095541247 refers).

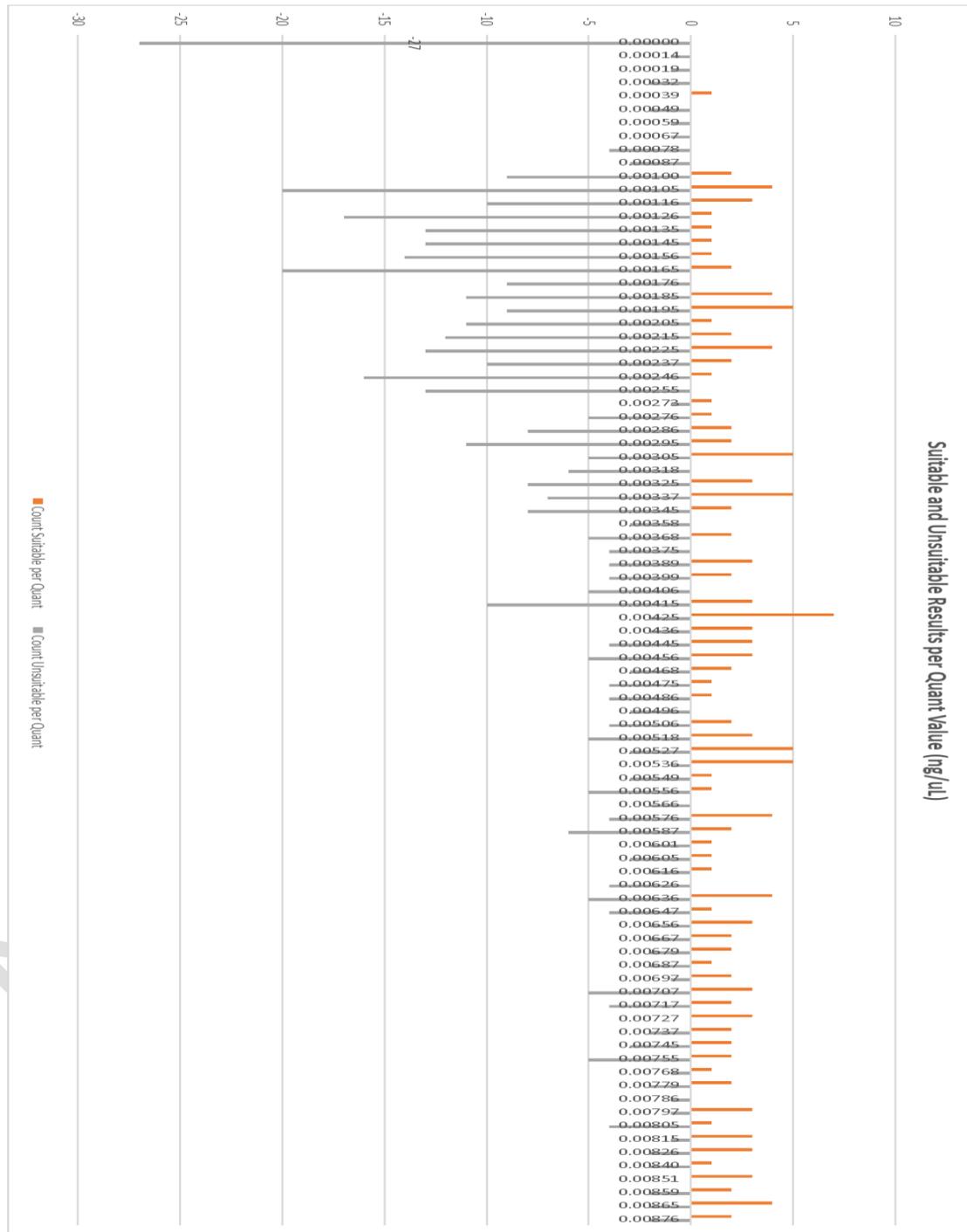


Figure 5: Results per Quant value (ng/μL)

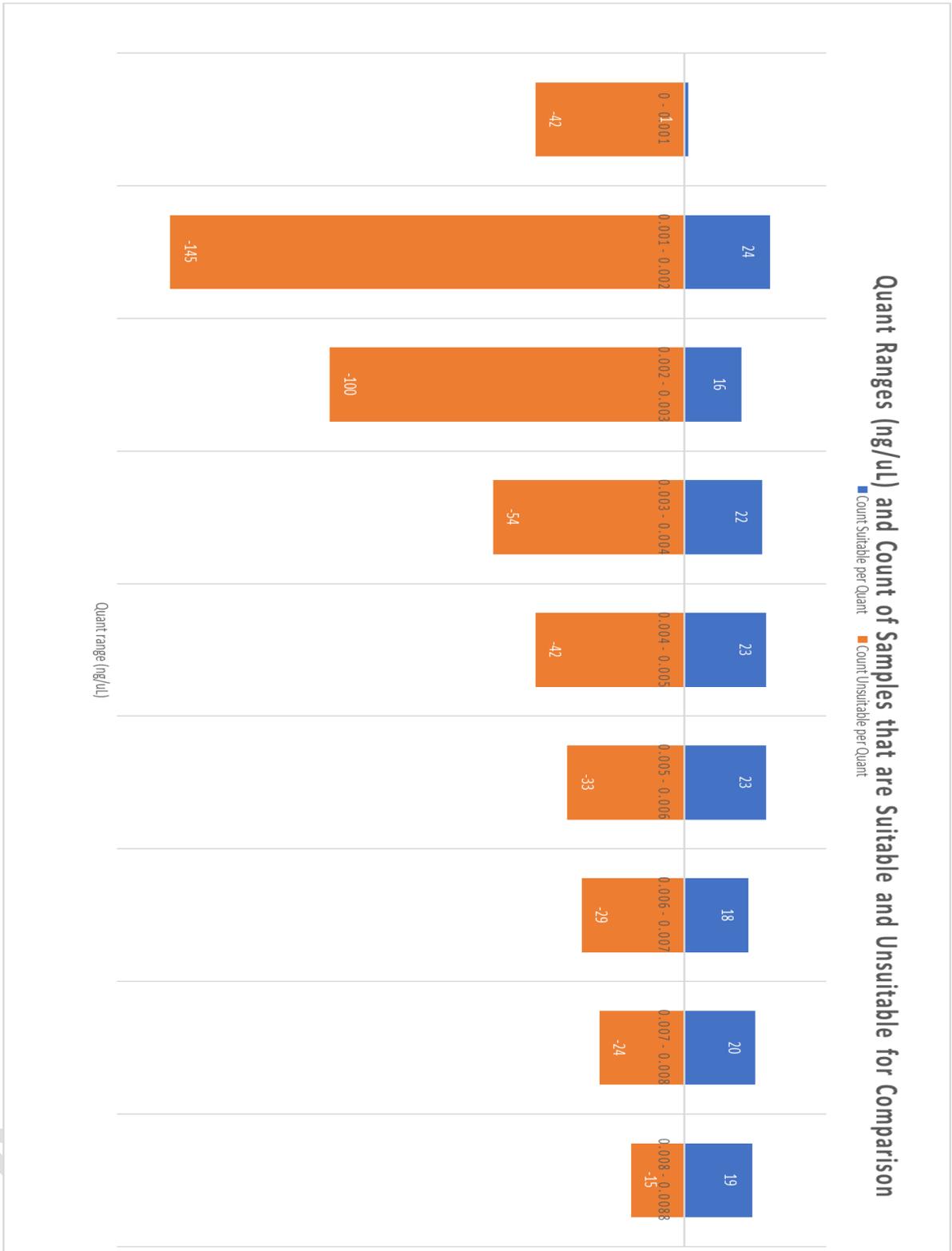


Figure 6: Count of sample results per Quant value range (ng/μL)

5.3 Assessment of suitability for NCIDD searching

The data was interrogated to determine what percentage of samples, where results were deemed to be 'suitable' for comparison purposes, resulted in an outcome that involved NCIDD.

Of the 165 results that were 'suitable' for comparison after further processing, 41 had an interpretation that involved an NCIDD upload. This represents 6.3% of total samples selected for further processing. Where results of this type were obtained, the cases were assessed to see if there were other samples in the case that also satisfied the criteria for NCIDD upload. This was to determine what the risk might be if the sample (with the NCIDD upload) was not selected for further processing – would there be another sample with the same DNA profile that satisfied the criteria for an NCIDD upload? The data showed that of the 41 samples for NCIDD, in 32 situations there were no other samples matching the same contributor that could have been loaded to NCIDD (Table 2).

Table 2: Suitable samples for comparison and NCIDD

	Count	Percentage (%) of samples in range reworked (N= 650)
Total Suitable Samples	165	25.4
Total NCIDD Upload samples	41	6.3
No Other samples for NCIDD	32	4.9

The data was separated according to processing Priority (Figure 7). In the data set interrogated, there were no P1 samples that were selected for further processing and resulted in an NCIDD upload.

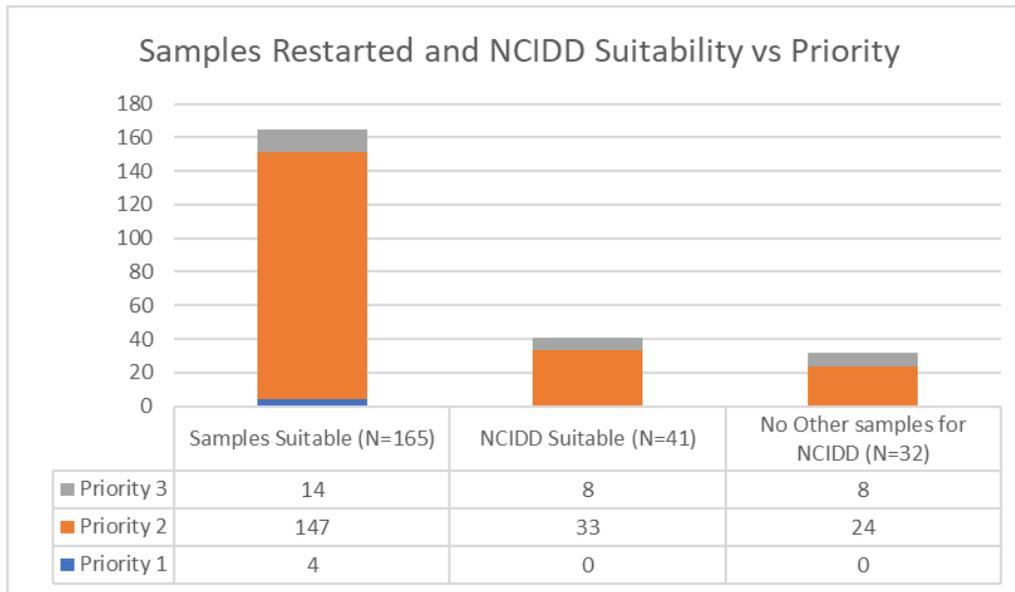


Figure 7: Suitable samples for comparison and NCIDD with Priority

All P3 samples that yielded 'suitable' DNA profiles for NCIDD did not have other samples in the case where the matching contributor could be uploaded. This is not unexpected given the triage of samples pre-submission to FSS as it is not unusual to receive only one sample per P3 case.

6. Further considerations

In considering options moving forward, some key elements to consider include, but are not limited to:

- Turnaround time:
 - o There may be an increased time and cost pressure on the analytical system to process samples in a new range (if one is determined) with or without a concentration step (and beyond).
 - o More samples processed through amplification and analysis will mean more samples with DNA profiles for interpretation. In addition to consumable and laboratory staff cost to process, there will be additional time for laboratory and reporting staff to release results (of any type).

- A triage step in the analytical workflow permits the reallocation of staff time, and resources to samples with higher DNA yield, thus improving the turnaround time for results on those samples.

- The opportunity to conserve DNA extract for further processing with other technologies should that be considered (eg. Y-STR analysis, Low Copy Number analysis, Minifiler, MPS);
 - o If samples proceed to a concentration process and beyond, including assessment for further processing post-amplification, there will be less DNA extract available for further processing with other DNA technology.

- The improved ability to provide quick results to QPS (using the Forensic Register at Quantification stage) where there are indications of low levels of DNA detected, thus enabling QPS Forensic Officers the ability to consider further strategies (eg. further sampling of parent items, request for further processing) within context of the investigation.

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Assessment of Low Quantification Value DNA Samples

Authors: Cathie Allen, Justin Howes and Paula Brisotto (June 2022)

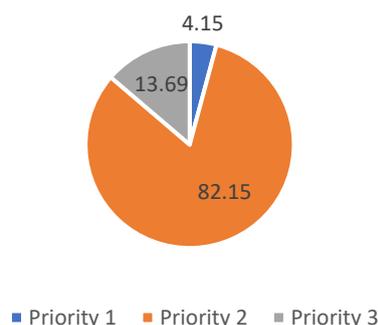
Background:

The Queensland Police Service (QPS) implemented a new service model in July 2008, which saw Forensic Officers taking the lead and responsibility for sample selection, examination of some items and case review of forensic results. This change also saw a reduction in case details and case context being supplied to Forensic and Scientific Services (QHFSS). Provision of scientific information to process a sample for DNA profiling remained unchanged. Under this framework, an Options paper was provided to the Superintendent for Forensic Services Group in February 2018 regarding an assessment undertaken to evaluate samples with low quantitation values and subsequent concentration and the DNA profile obtained. The Options paper detailed the assessment of 1449 samples. The QPS selected the option of not DNA profiling samples within a low quantitation range in the first instance and provision of electronic advice on QPRIME (via the Forensic Register) regarding additional work that could be undertaken.

Executive Briefing:

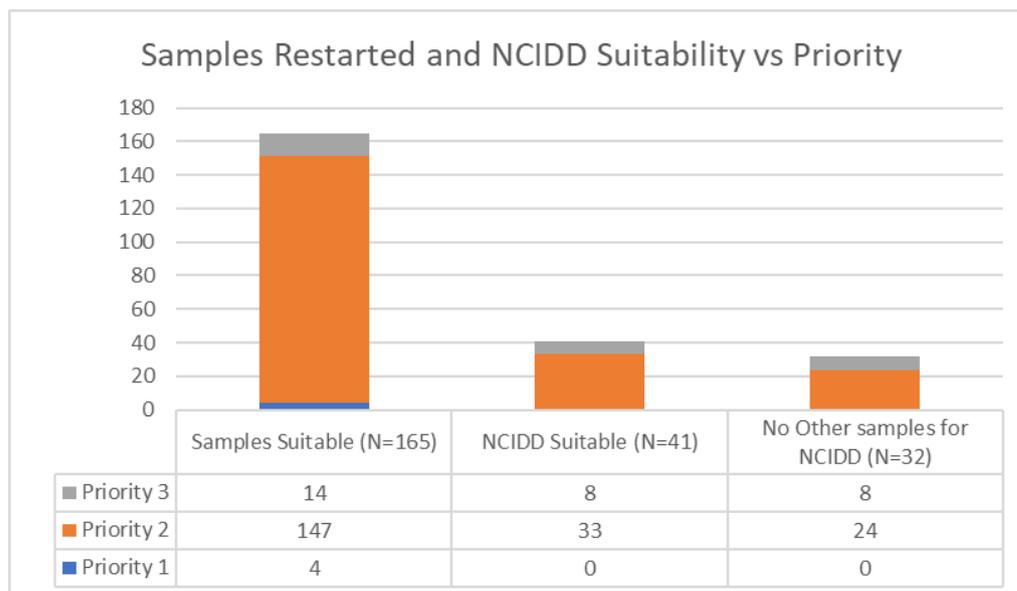
An assessment of all casework DNA samples, with the following criteria was conducted: an initial quantification result of between 0ng/μL and 0.0088ng/μL, underwent a concentration step and reported results issued between 2018 and 2021. This equated to an assessment of 650 DNA samples. The reported DNA result, which may have been completed after one or more amplifications steps, was categorised into two broad categories - 'suitable for comparison purposes' or 'unsuitable for comparison purposes'.

2018-2021: Percentage (%) of samples requested for Microcon and assigned Priority (N=650 samples)



165 DNA samples (25.4%) were categorised as 'suitable for comparison purposes', with most of these samples being major crime samples. 485 DNA samples (74.6%) were categorised as 'unsuitable for comparison purposes' after concentration and amplification processes.

Of the 165 DNA samples categorised as 'suitable for comparison purposes', 41 DNA samples were able to yield a profile suitable for uploading and searching of the National Criminal Investigation DNA Database (NCIDD). This represents 6.3% of total samples selected for processing.



Please note the current dataset is different to the previous dataset due to, but not limited to:

- implementation of the statistical interpretation of four-person mixtures (contributes to 5.5% of the total samples deemed 'suitable for comparison purposes in this dataset),
- all DNA samples were selected in this dataset (the previously assessed dataset only included DNA samples assigned to Major Crime cases),
- active selection of samples for processing by either the QPS or Forensic DNA Analysis staff members based on the context of the case or scientific knowledge with respect to the associated parameters from the quantification process,
- if any new instrumentation or consumables implemented by either the QPS or QHFSS over that period.

Forensic DNA Analysis staff are mindful of consuming all DNA extract when requesting a concentration step. Technologies available in other jurisdictions or future technologies may be applied to DNA extracts, however if all DNA extract has been exhausted (through concentration and amplifications processes), no extract will be available for these technologies or for Defence to request external testing. Forensic DNA Analysis staff have limited scope of the case context and other forensic results for the case.

Observations:

Review of quantitation parameters, other than quantitation value, did not yield a trend, however further monitoring of these parameters will be conducted.

The value of 0.0088ng/μL is based on assessment of the data (and equates to 132 picograms). Validation conducted within the laboratory has shown that stochastic effects become apparent from DNA templates below 0.132 ng (132 picograms) making interpretation of the resultant DNA profile more complex. The value of 0.0067ng/μL is based on equating to 100 picograms, and not based on assessment of data.

Options for Consideration:

1. Continue with the current workflow:
 - a) Priority 1 samples continue to be automatically concentrated prior to amplification if the sample falls into the quantitation range of 0.001ng/μL to 0.0088 ng/μL

- b) Priority 2 and Priority 3 samples are reported as 'DNA Insufficient for Further Processing' if the sample falls into the quantitation range of 0.001 ng/μL to 0.0088 ng/μL (132 picograms) and process upon request by either the QPS or Forensic DNA Analysis staff members. Continue to retain the DNA extract indefinitely, if no request is received.
2. Amend the workflow:
- a) Priority 1 samples continue to be automatically concentrated prior to amplification if the sample falls into the quantitation range of 0.001ng/μL to 0.0088 ng/μL
- b) Priority 2 and Priority 3 samples are reported as 'DNA Insufficient for Further Processing' if the DNA sample falls into the quantitation range of 0.001 ng/μL to a newly determined value and process upon request by either the QPS or Forensic DNA Analysis staff members. This process would include concentration of the DNA sample prior to amplification. Continue to retain the DNA extract indefinitely, if no request is received. DNA samples with a quantitation value of above a newly determined value will be processed as per routine and will not be subject to a concentration step.
- c) The reasoning for a newly determined quantitation value will be agreed upon and documented, including risks.
- d) This amended workflow will require Forensic Register enhancement prior to use.
3. Amend the workflow:
- a) Priority 1 samples continue to be automatically concentrated prior to amplification if the sample falls into the quantitation range of 0.001ng/μL to 0.0088 ng/μL
- b) Priority 2 samples are reported as 'DNA Insufficient for Further Processing' if the DNA sample falls into the quantitation range of either 0.001ng/μL to 0.0088ng/μL or 0.001ng/μL to 0.0067ng/μL and processed upon request. This process would include concentration of the DNA sample prior to amplification.
- c) Priority 3 samples that fall into the quantitation range of either 0.001ng/μL to 0.0088 ng/μL or 0.001ng/μL to 0.0067ng/μL will be amplified without a concentration step.
- d) This amended workflow will require Forensic Register enhancement prior to use.
4. Amend the workflow:
- a) Priority 1 samples continue to be automatically concentrated prior to amplification if the sample falls into the quantification range of 0.001ng/μL to 0.0088 ng/μL
- b) Amplify without concentration all Priority 2 and 3 samples above 0.001ng/μL

SUBJECT: Independent Review of the Forensic and Scientific Forensic DNA Analysis Unit

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Noted <input type="checkbox"/> Further information required (see comments)	Signed..... Date...../...../..... Dr John Wakefield, Director-General, Queensland Health Comments:
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ACTION REQUIRED BY

Monday 21 February 2022 as this matter is of high political and media interest.

RECOMMENDATION

It is recommended the Director-General:

- **Note** the serious and ongoing allegations being made in the media about Forensic and Scientific Services' (FSS) Forensic DNA analysis team's role in the forensic testing of samples in the unsuccessful 2017 prosecution of the person charged with the murder of Mackay woman, Shandee Blackburn, in 2013.
- **Approve** an Independent system and processes (non-legislative) review of the systems and processes of the Forensic DNA Analysis Service within Queensland Health's FSS in response to these concerns.

ISSUES

1. Numerous claims have and continue to be made in the media regarding the rigour and validity of processes and results issued by Queensland Health's FSS Forensic DNA Analysis team, exemplified by Attachment 1. Specifically:
 - 1.1. That significant errors were made in the testing and conclusions drawn about the forensic samples collected by the Queensland Police Service in relation to the murder of Shandee Blackburn and relied upon in the prosecution case.
 - 1.2. That these alleged errors were instrumental in the failure of this prosecution
 - 1.3. That these alleged errors are indicators of wider systems, governance, and competence issues with the laboratory as a whole.
2. Media coverage also in some cases includes a call for the laboratory to be closed in the public interest until a full public enquiry be undertaken to address these issues.
3. These claims and their relationship to the prosecution and trial are exhaustively detailed in 14 episodes published to date in the podcast series "Shandee's Story" by journalist, Mr Hedley Thomas, and associated articles published in The Australian newspaper and other media outlets.
4. Following allegations made in the podcast and the media, The Minister for Health, the Hon Yvette D'Ath MP, wrote to the Attorney-General in December 2021 asking her to consider reopening the coronial inquiry about this unsolved murder.
5. On 3 February 2022, the Central Coroner announced that the coronial investigation would be re-opened to inquire into issues raised regarding the forensic evidence in this case.
6. A series of Hot Issues Briefs (HIBs), Possible Parliamentary Questions (PPQs) and departmental briefs have been prepared in relation to this matter. (Attachments 1-6)
7. Two separate Right to Information requests have been made this year in relation to FSS's work on this case, and associated matters, and the material is currently with the decision maker for consideration.
8. There is growing public interest in this matter, including high profile calls from victims of crime advocates, for an examination of the laboratory's processes.
9. To ensure transparency, identify any opportunities for improvement, and to ensure ongoing public confidence in this vital service, it is recommended to engage an external, independent reviewer to conduct a full and transparent review of the unit's systems and processes.

BACKGROUND

10. The Forensic DNA Analysis unit conducts testing and analysis of samples for the Queensland Police Service from alleged crime scenes and for criminal investigations.

RESULTS OF CONSULTATION

11. Queensland Health Legal Branch and Queensland Health Panel Law Firm, Minter Ellison have been briefed on this matter and are providing advice and assistance as requested.

12. Confidential and Privileged Legal Advice from Legal Branch is attached (Attachment 2). This advice must be kept confidential and stored securely so that the legal professional privilege which attaches to the advice is not waived.
13. The Strategic Communications Branch, Media and Issues Team, has been providing media support and advice for all media enquiries that have been made in relation to this matter.

RESOURCE/FINANCIAL IMPLICATIONS

14. Legal fees associated with the systems and processes review are currently estimated at \$16,000 plus GST.
15. Additional costs (currently unknown) will be incurred to engage an external review panel.
16. Costs associated with this review will be met by Forensic and Scientific Services.

SENSITIVITIES/RISKS

17. The podcast series "Shandee's Story" was first released in November 2021 is currently ranked as the 7th most downloaded podcast in Australia with over 630,000 downloads in January 2022 alone.
18. Ongoing media coverage is occurring in The Australian and is continuing through the release of new weekly episodes on the associated podcast.
19. Forensic DNA Analysis staff have been briefed and have received management support as well as onsite visits from the Benestar Employee Assistance Service.

ATTACHMENTS

20. Attachment 1: Media article – Queensland DNA debacle: killers 'getting a free pass' (The Australian 18 February 2022)
- Attachment 2: Legal Advice – Systems and Process Review of DNA Analysis performed by Forensic and Scientific Services (Confidential and Subject to Legal Privilege)

Author	Cleared by (Dir/Exec Dir)	Cleared by (GM)	Content verified by (DDG/CE)
Name: Alison Slade Position: Principal Advisor Unit: Forensic and Scientific Services [REDACTED] Date Drafted: 17/02/2022	Name: Lara Keller Position: A/Executive Director Branch: Forensic and Scientific Services [REDACTED] Date Cleared: 18/02/2022 <i>*Note clearance contact is also key contact for brief queries*</i>	Name: Brett Bricknell Position: General Manager Branch: PQ & FSS [REDACTED] <i>*Note clearance contact is also key contact for brief queries*</i>	Name: Prof Keith McNeil Position: A/Deputy Director-General Division: Prevention Division Tel No: Date Verified: Insert text

SUBJECT: Independent External Review of the Forensic and Scientific Services Forensic DNA Analysis Unit

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Noted <input type="checkbox"/> Further information required (see comments)	Signed...  Date: 04 / 04 / 2022 Shaun Drummond, Acting Director-General, Queensland Health Comments:
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ACTION REQUIRED BY - 8 April 2022, as this matter is of high public interest

RECOMMENDATION

It is recommended the Director-General:

- **Note** the ongoing allegations being made in the media about Forensic and Scientific Services' (FSS) Forensic DNA Analysis Unit's role in the forensic testing of samples in the unsuccessful 2017 prosecution of the person charged with the murder of Mackay woman, Shandee Blackburn, in 2013 (Attachment 1).
- **Approve** an independent and external (non-legislative) review of the systems and processes of the Forensic DNA Analysis service within FSS in response to concerns raised in the media.
- **Approve** the draft Terms of Reference for the review. **Confidential and Privileged** – A draft Terms of Reference has been prepared in consultation with and by Queensland Health Panel Law Firm, Minter Ellison (Attachment 2).
- **Note** that the Minister for Health provided a statement in parliament on 29 March 2022 affirming support for Queensland Health's recommendation for a review of the Forensic DNA Analysis service. The Minister further clarified this support in an additional statement in parliament on 30 March 2022 indicating support for an external review in relation to the allegations.
- **Sign** the attached letters to:
 - the Queensland Police Service, advising them of the review and to ensure there is no impact or prejudice to any current police matter (Attachment 3).
 - the Crime and Corruption Commission ('Commission'), to request that the independent, external review into systems and processes be allowed to proceed without delay, and noting that Queensland Health is awaiting receipt of advice and information about the approach to be taken by the Commission in respect of any corrupt conduct allegations regarding individuals (Attachment 4).

ISSUES

1. The FSS Forensic DNA Analysis Unit conducts highly specialised and technical DNA testing for the Queensland Police Service in accordance with an arrangement under section 488B of the *Police Powers and Responsibilities Act 2000*.
2. The Forensic DNA Analysis Unit has, at all relevant times, maintained accreditation with the National Association of Testing Authorities (Australia) (NATA) and this provides a level of assurance that the DNA Analysis services provided by FSS are of an expected standard.
3. Numerous claims have been made in the media regarding the rigour and validity of processes and results issued by Queensland Health's FSS Forensic DNA Analysis Unit. Specifically:
 - 3.1. that errors were made in the testing and conclusions drawn about the forensic samples collected by the Queensland Police Service in relation to the murder of Shandee Blackburn and relied upon in the prosecution case;
 - 3.2. that these alleged errors were instrumental in the failure of this prosecution; and
 - 3.3. that these alleged errors are indicators of wider systems, governance and process issues with the laboratory as a whole.
4. These claims and their relationship to the prosecution and trial are detailed in 18 episodes published to date in the podcast series 'Shandee's Story' by journalist, Mr Hedley Thomas, and associated articles published in The Australian newspaper and other media outlets. There are currently no new episodes scheduled for the associated podcast with a pause in production announced at the end of episode 18.
5. To date, the podcast has detailed a number of alleged systemic failures within the FSS DNA Analysis Unit including that:
 - 5.1. the quantitation thresholds for further testing set by the FSS lab are unusually and inappropriately high and twice as high as the thresholds used by the NSW lab that is using the same equipment as the Qld lab;
 - 5.2. a high rate of 'No DNA Detected' results in circumstances where a 100% success rate would be expected; and
 - 5.3. inadequate staffing levels within FSS to meet increased demand for DNA testing.

6. **Confidential and Privileged** – A summary of the allegations relevant to the Shandee Blackburn case as well as the alleged systemic failures of the FSS DNA Analysis Unit (as at 11 March 2022) has been prepared by Legal Branch (Attachment 5).
7. In December 2021, following allegations made in the podcast and other media, the Honourable Yvette D’Ath MP, Minister for Health and Ambulance Services, wrote to the Attorney-General seeking consideration to reopen the coronial inquiry about this unsolved murder.
8. On 3 February 2022, the Central Coroner announced that the coronial investigation would be re-opened to inquire into issues raised regarding the forensic evidence in the Shandee Blackburn case.
9. There is growing public interest in this matter, including high profile calls from victims of crime advocates, for an examination of the laboratory’s processes (further details are in Attachment 1).
10. To ensure transparency, identify any opportunities for improvement, and to ensure ongoing public confidence in this vital service, it is proposed that an external, independent reviewer is engaged to conduct a full and transparent review of the FSS Forensic DNA Analysis Unit’s systems and processes.
11. **Confidential and Privileged** – Legal Branch has provided a summary of legal advice in relation to issues relevant to the proposed review in the attached memorandum (Attachment 6).
12. **Confidential and Privileged** – A draft Terms of Reference has been prepared in consultation with and by Queensland Health Panel Law Firm, Minter Ellison, and is attached (Attachment 2).
13. The Terms of Reference request that the reviewers provide a detailed Review workplan within 7 days of their engagement which must include confirmation that they can meet the required timeframe for the report. It is anticipated the report should be prepared within three to six months of commencement, subject to reviewer capacity.
14. It is proposed that Minter Ellison obtain recommendations as to suitable independent reviewers from the National Institute of Forensic Science, Australia New Zealand Policing Advisory Agency (‘ANZPAA NIFS’) or an equivalent body from the US or the UK. This will support the independent nature of the review.
15. A media report in The Australian on 11 March 2022 stated that Dr Kirsty Wright, forensic scientist has made a complaint to the Crime and Corruption Commission (‘Commission’) regarding the conduct of staff within the DNA Analysis Unit, FSS with respect to flawed DNA testing processes (Attachment 7).
16. Queensland Health has not yet been notified of Dr Wright’s complaint or what action the Commission proposes to take in relation to Dr Wright’s complaint following its assessment of the complaint.
17. Upon receipt of notification from the Commission as to what action they intend to take in response to the complaint (ie. retain for investigation themselves, referral to Queensland Health to deal with (either with or without monitoring), or no further action), further advice will be sought from Queensland Health’s Legal Branch and Ethical Standards Unit about any necessary changes to the scope, legal mechanism and/or Terms of Reference for the proposed review. In the meantime, however, it is considered appropriate for Queensland Health to seek confirmation from the Commission that the proposed review into systems and processes of the Forensic DNA Analysis Unit be allowed to proceed without delay.
18. Once approval to conduct the review has been gained, it is proposed that the Director-General write to the Commissioner for the Queensland Police Service with a copy of the Terms of Reference (on a confidential basis) for her reference and to ensure that no concerns arise of prejudice to a current police matter. (Attachment 3).
19. Additionally, once approval to conduct the review has been gained, it is proposed that the Director-General write to the Commission, to request that the review be allowed to proceed without delay, and noting that Queensland Health is awaiting receipt of advice and information about the approach to be taken by the Commission in respect of any corrupt conduct allegations regarding individuals (Attachment 4).
20. An online petition has been established by Shandee Blackburn’s family calling for a number of assurances from the Queensland Government, including for, “...a quality forensic laboratory with an independent monitoring system by qualified professionals and must include avenues for complaints and open procedural and staff reviews, especially for management” (Attachment 8). As at 31 March 2022, this petition has garnered 3,839 signatures.

BACKGROUND

21. The Forensic DNA Analysis unit conducts testing and analysis of samples for the Queensland Police Service from alleged crime scenes and for criminal investigations.

RESULTS OF CONSULTATION

22. Queensland Health’s Legal Branch and the Queensland Health Panel Law Firm, Minter Ellison, have been briefed on this matter, and are providing advice and assistance as requested.
23. The Ethical Standards Unit has also been consulted in relation to the preparation of this Briefing Note.
24. The Strategic Communications Branch, Media and Issues Team, has been providing media support and advice for all media enquiries that have been made in relation to this matter. A draft media release has been prepared for consideration following the selection and appointment of an independent, external reviewer (Attachment 9).

RESOURCE/FINANCIAL IMPLICATIONS

25. Legal fees associated with the systems and processes review are currently estimated at \$16,000 (ex GST).
26. Additional costs (currently unknown) will be incurred to engage the external reviewer/s.
27. Costs associated with this review will be met by FSS.

SENSITIVITIES/RISKS

28. The podcast series 'Shandee's Story' was first released in November 2021, and as at 28 March 2022 is ranked as the 3rd most downloaded podcast in Australia (Apple Podcasts Charts), including over 630,000 downloads in January 2022 alone.
29. Ongoing media coverage is occurring in The Australian.
30. Forensic DNA Analysis unit staff have been briefed and received management support as well as onsite visits from the Benestar Employee Assistance Service.
31. The outcome of the proposed review and/or any investigations by the Commission may bring to light issues that have broader implications for the criminal justice system, including the forensic advice provided by FSS Forensic DNA Analysis Unit in criminal matters over the past decade.

ATTACHMENTS

32. Attachment 1: Media Article – The Australian 28 February 2022
- Attachment 2: **Confidential and Privileged** – Draft Terms of Reference for External Review of FSS Forensic DNA Analysis Unit
- Attachment 3: Letter to Queensland Police Commissioner, for Director-General signing
- Attachment 4: Letter to the Acting Chairperson of the Queensland Crime and Corruption Commission, for Director-General signing
- Attachment 5: **Confidential and Privileged** – Summary of the allegations relevant to the Shandee Blackburn case as well as the alleged systemic failures of the FSS DNA Analysis Unit (as at 11 March 2022)
- Attachment 6: **Confidential and Privileged** – Memorandum from Legal Branch entitled Independent External Review of Forensic and Scientific Services Forensic DNA Analysis Unit
- Attachment 7: Media Article – The Australian 11 March 2022
- Attachment 8: Change.org petition "Justice for Shandee"
- Attachment 9: Draft media release

<p>Author Name: Lara Keller Position: A/Executive Director Unit: Forensic and Scientific Services [REDACTED] Date Drafted: 31 March 2022</p>	<p>Cleared by (GM) Name: Dr Petra Derrington Position: Chief Pathologist Branch: PQ & FSS [REDACTED] Date Cleared: 1 April 2022 <i>*Note clearance contact is also key contact for brief queries*</i></p>	<p>Content verified by (DDG/CE) Name: Prof Keith McNeil Position: A/DDG Division: Prevention Division [REDACTED] Date Verified: 1 April 2022</p>
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[Redacted]

From: Lara Keller [Redacted]
Sent: Tuesday, 22 February 2022 7:05 AM
To: Brett Bricknell; Petra Derrington; Nicola Lord; Megan Fairweather
Subject: Proposed approach to review panel

Good morning All

May I suggest we approach a number of other forensic facilities, e.g. Forensic Science SA, VICPOL, Forensic Science Service TAS, together with Qld Police, and ask them to nominate reviewers, rather than suggesting our own? This may add a risk in terms of history/previous interactions, but shows genuine transparency. Of course, the decision will rest with the DG.

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health

[Redacted]

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and emerging.

[REDACTED]

From: Lara Keller [REDACTED]
Sent: Thursday, 24 February 2022 12:10 PM
To: Nicola Lord; Megan Fairweather
Cc: Brett Bricknell; Petra Derrington
Subject: ANZPAA NIFS contact

Good afternoon Ladies

ANZPAA NIFS is the peak body for forensic science in Australia and NZ.

From their website:

The National Institute of Forensic Science is a directorate within the Australia New Zealand Policing Advisory Agency (ANZPAA NIFS). We were founded in 1992 and are an internationally respected agency, with no counterpart in any other country. We are the contact point for requests requiring forensic representation from Australia and New Zealand. We are governed by the Australia New Zealand Forensic Executive Committee ([ANZFEC](#)) and our member agencies are the government forensic service providers in Australia and New Zealand.

[NIFS Home - ANZPAA Website](#)

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and emerging.

Lara Keller

From: Nicola Lord
Sent: Tuesday, 22 February 2022 3:35 PM
To: Brett Bricknell; Petra Derrington; Lara Keller
Cc: Megan Fairweather; Sharon Hunter
Subject: LN22.191 - Draft Terms of Reference - Proposed Systems and Processes Review
Attachments: LN22.191 - Terms of Reference - FSS - Shandee Blackburn - draft minor edits for client feedback (Final 22022022).docx

Importance: High

Legal Advice – Confidential and Subject to Legal Professional Privilege – Not for Further Distribution

Hi Brett, Petra and Lara,

Further to my email on Monday, Minter Ellison have now provided a draft Terms of Reference for the proposed Systems and Processes Review of Forensic and Scientific Services.

Megan and I have also reviewed the draft Terms of Reference and have marked-up some additional changes / queries for FSS to consider and provide us with your further instructions in relation to (see **attached**).

In particular, please note:

1. FSS to Review Scope of the Review outlined in Paragraph 4.2

Paragraph 4.2(a) – (x) of the draft Terms of Reference needs specific consideration by yourself and Lara (as an expert in DNA analysis for forensic matters) to ensure that these are the appropriate system type questions for this review. Please advise whether any of these can be consolidated, or whether you consider other questions need to be raised – we are happy to discuss;

2. Requirements of Queensland Police Service (QPS)

The Terms of Reference currently state that *'the purpose of this review (the Review) is to assess, report on and make recommendations with respect to systems and processes in place for forensic Deoxyribonucleic Acid (DNA) testing conducted by Queensland Health, Forensic and Scientific Services (FSS) to assist in determining whether those systems and processes are reliable, conducted to an acceptable standard and achieve quality reporting of DNA results and matching that meets the requirements of the Queensland Police Service (QPS).'* [my emphasis]

The purpose for including this (we expect) is to have some consideration given to whether the service is fit for purpose and meeting the needs of the QPS. This scope may be problematic as it would likely invite the need for the Reviewer/s to speak to witnesses within QPS. This might not bring about a constructive analysis from the QPS perspective and may cause unnecessary complexity in the upcoming inquest. I have recommended that the reference to the 'requirements of the Queensland Police Service' are deleted from the Terms of Reference and that the focus of the review remains on the reliability, standard and quality of DNA analysis services performed by FSS. That is not to say that these are not critical matters to explore. As you will see below, I think we can manage the relationship and service delivery questions with QPS under a separate process.

3. Workplace Culture and Working Relationship between FSS and QPS

The draft Terms of Reference request that the reviewers assess 'workplace culture within FSS' and the 'adequacy of engagement by FSS with the QPS, including whether a positive and collaborative working relationship exists'.

I understand that FSS is proposing that the appointed Reviewers will be forensic scientists, rather than workplace / HR consultants. In these circumstances, and for the reasons mentioned above, an assessment of workplace culture and the adequacy of the engagement and working relationship between FSS and QPS may be outside of the scope of the expertise of the Reviewers and should be removed from the scope of the review. In my view, an assessment of the relationship between QH and QPS may be more properly assessed with reference to the outcome of this review through another mechanism.

If you agree, I will also draft correspondence from the Director-General to the Commissioner of the Queensland Police Service advising QPS of the Systems and Processes review of Forensic and Scientific Services being commissioned by Queensland Health for your consideration. In my view, it is appropriate for any consultation between QH and QPS in relation to the Systems and Processes Review to occur at the DG – Commissioner Level, rather than at FSS and QPS Officer level. We are also considering whether the draft letter should attach the Terms of Reference and appointment documentation when progressed to the Director-General for signing, and we will advise further about that once the Terms of Reference are settled.

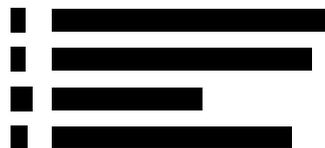
Once you have had an opportunity to review and consider the draft Terms of Reference, I recommend that we set up a Teams meeting with Shane Evans from Minter Ellison in attendance so that we can discuss any necessary changes to the Terms of Reference with a view to finalising the draft Terms of Reference as soon as possible.

Please let me know whether you are available to attend a meeting later this week, possibly on Thursday 24 February 2022?

Kind regards,
Nicola



Nicola Lord
Principal Lawyer
Legal Branch, Corporate Services
Division | Queensland Health
Working hours Monday, Tuesday, Thursday



**CLEAN HANDS
SAVE LIVES**

Wash your hands regularly to stop the spread of germs



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From: Brett Bricknell <[REDACTED]>
Sent: Monday, 21 February 2022 8:43 AM
To: Nicola Lord <[REDACTED]>
Cc: Lara Keller <[REDACTED]> Petra Derrington <[REDACTED]> Megan Fairweather <[REDACTED]>
Subject: DNA Analysis review update

Hi Nicola

Thanks for your help with the brief. We can see on content manager that is with the DG's office now, will get a copy to you once signed

I'd ideally like to get the next BN – with the proposed review TOR and review team membership up by the end of the week – do you think that would be workable with Shane etc?

Thanks

Brett



Brett Bricknell

General Manager

Pathology Queensland & Forensic and Scientific Services

Prevention Division, Queensland Health



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EXTERNAL REVIEW OF FORENSIC AND SCIENTIFIC SERVICES, FORENSIC DNA ANALYSIS UNIT

TERMS OF REFERENCE

1. Purpose

The purpose of this review (the **Review**) is to assess, report on and make recommendations with respect to systems and processes in place for forensic Deoxyribonucleic Acid (**DNA**) testing conducted by Queensland Health, Forensic and Scientific Services (**FSS**), Forensic DNA Analysis Unit to assist in determining whether those systems and processes are reliable, conducted to an acceptable standard and achieve quality reporting of DNA results and matching.

2. Appointment

- 2.1. Following my assessment that they are qualified for the appointment because they have the necessary expertise and experience, I have appointed #names# as reviewers (the **Reviewers**) to conduct the Review.
- 2.2. The Reviewers must undertake a review of the matters outlined under Section 4 below "Scope of the Review", in compliance with the instrument and conditions of appointment, and must prepare a Report in accordance with these terms of reference.

3. Background

- 3.1. FSS provides services to the Queensland Police Service (**QPS**), including analysis and profiling of DNA samples from criminal investigations, and examining and testing of biological items from crime scenes to generate a DNA profile.
- 3.2. On 9 February 2013, Shandee Blackburn died from multiple stab wounds. Despite a police investigation, no person was found responsible for Shandee Blackburn's death. A person was tried but found not guilty of her murder in 2017.
- 3.3. On 21 August 2020, Magistrate O'Connell, the Central Coroner, delivered reasons for decision in the *Inquest into the death of Shandee Renee Blackburn*. It was noted in the reasons for decision that no conclusive DNA evidence was found from any of the interested persons at the scene where Miss Blackburn died and further that there was an absence of DNA evidence found in the vehicle of the person who was tried but found not guilty of Miss Blackburn's murder.
- 3.4. Issues have now been raised in the investigative podcast entitled "Shandee's Story" and

associated media reporting, raising questions about FSS's DNA analysis of samples, processes and equipment, allegedly leading to systemic errors in reporting of DNA results.

- 3.5. Arising from this, on 2 December 2021, the Minister for Health and Ambulance Services wrote to the Attorney-General asking for the *Inquest into the death of Shandee Renee Blackburn* to be reopened. It is understood that the Central Coroner has written to the family advising that the inquest will be reopened to examine these issues.
- 3.6. Further media reporting has also raised issues about FSS's DNA profiling of samples from sexual assault-related cases. This media reporting relies on data published in a 2020 study published by Matt N. Krosch entitled '*Variation in forensic DNA profiling success among sampled items and collection methods: a Queensland perspective*' (2021) *Australian Journal of Forensic Sciences* 53(6) 612-625.
- 3.7. FSS participates in a proficiency testing program and is externally audited by the National Association of Testing Authorities (NATA) in accordance with International Standards. Accreditation against ISO/IEC 17025 has consistently been achieved.
- 3.8. Quality assurance procedures including, but not limited to, audit and calibration schedules, use of quality control samples (positive and negative controls), peer review of results, and a competency-based training program are key components of the quality system within the FSS forensic DNA analysis.

4. Scope of the Review

- 4.1. The Reviewers are to assess whether the systems and processes in place for forensic DNA testing conducted by FSS are reliable, conducted to an acceptable standard and achieve quality reporting of DNA results and matching.
- 4.2. In assessing the matters set out in paragraph 4.1 above, the Reviewers are to specifically consider and address in their report the following:
 - (a) Whether FSS forensic DNA testing adheres to contemporary best practice across all aspects of its systems and processes;
 - (b) Whether adequate internal quality assurance is in place, including measures in place to test that the equipment and software is properly functioning to the required level of sensitivity and any validation processes to ensure that reporting is accurate based upon the samples supplied;
 - (c) Whether adequate external quality assurance and accreditation is in place, including as assessment of the NATA accreditation outcomes;
 - (d) The adequacy and reliability of the equipment and software in use;
 - (e) Any issues that can be identified arising from the introduction of PowerPlex 21 and STRmix, and if so, whether these issues have been adequately addressed;

- (f) Whether sufficient experienced personnel are in place and any identified gaps in expertise or resourcing constraints;
- (g) Adequacy of the training and continuing professional development program in place relevant to the scope of the Review;
- (h) Sample management, including adequacy of handling, packaging, preservation, transport, storage and security of samples;
- (i) Adequacy of systems and processes in place to generate and match DNA profiles;
- (j) Adequacy of extraction processes for DNA material, including to ensure the quality and quantity of DNA extracted;
- (k) Adequacy of quantification processes to estimate how much DNA is extracted from samples;
- (l) The approach leading up to and reporting of "No DNA detected" or "DNA Insufficient for further processing" at the quantification stage, including the apparent approach taken by FSS that samples returning this result do not progress to the amplification or other subsequent stages, with the apparent outcome that the PowerPlex 21 DNA profiling kit and statistical analysis using STRmix software is not utilised in samples where it is reported "No DNA detected" or "Insufficient DNA detected"
- (m) The appropriateness of the established limits or thresholds of detection below which samples at a quantification level are reported as "No DNA detected" or "DNA Insufficient for further processing", including by reference to other comparable jurisdictions;
- (n) Whether any additional steps ought to be in place prior to reporting "No DNA detected" or "DNA Insufficient for further processing", including but not limited to circumstances where it might be expected that DNA would be detected from the samples;
- (o) The approach taken where there is apparent contamination of samples;
- (p) The approach taken where there is an apparent mix of DNA;
- (q) Adequacy of the PCR amplification stage resulting in copies of target DNA to enable detection, including through the use of PowerPlex 21 DNA and STRmix;
- (r) Adequacy of the electrophoresis stage to separate and detect the targeted DNA;
- (s) Systems and processes relating to the interpretation of DNA profiles obtained;
- (t) Systems and processes relating to the comparison and matching of DNA profiles;
- (u) Systems and processes relating to the reporting of DNA profiles;
- (v) Whether there are appropriate systems and processes in place when a report or result is amended, such that the rationale and impacts to relevant stakeholders are clearly articulated and understood;
- (w) Whether DNA profile information supplied to the QPS is reliable and accurate in accordance with accepted and relevant Australian and International standards; and
- (x) In addressing the preceding questions set out in paragraph 4.2 of these Terms of Reference, include in your consideration the matters and concerns raised in paragraph 3.6 of these Terms of Reference.

- 4.3. While specific cases may be examined to inform the Scope of the Review set out above, given that the Review is focused on systems and processes and so as not to prejudice any ongoing or future criminal matters, **excluded** from the Scope of the Review is a re-analysis of DNA samples, inclusion of any information in the Review Report about specific cases or inclusion in the Review Report of any issues relating to a specific identifiable case.
- 4.4. The Reviewers, taking into account matters identified in 4.1 and 4.2 above, are to make recommendations relating to the ways in which any of these matters or any identified issues may be improved.
- 4.5. Should the Reviewers identify any other matters outside the Scope of the Review that they consider require further consideration, the Reviewers should seek further instruction from me.

5. Conduct of the Review

- 5.1. The Reviewers must make every reasonable effort to obtain any information or documentation that is relevant to the Review through #insert# (the Contact Person). The Reviewers will only obtain de-identified information and documentation for the Review.
- 5.2. The Reviewers may disclose information and documentation given to the Reviewers during the Review to someone else to the extent necessary to perform the Reviewers' functions, other than information relating to specific cases which must not be disclosed. The disclosure should be limited to de-identified information and documentation.
- 5.3. The Reviewers should notify any person who provides information for the Review that they have been appointed as an independent Reviewer, having no conflict or perceived conflict of interest regarding the matters under review.
- 5.4. The Reviewers must maintain confidentiality regarding any documentation or information obtained as part of the Review, including personal and health information. Any requests for disclosure must be referred to me for consideration.
- 5.5. To the extent that any matters arise relating to the disclosure of any confidential information in compliance with mandatory reporting or other legislative requirements, these matters must first be brought to my attention.
- 5.6. The Reviewers will, with assistance by the Contact Person, interview those persons who the Reviewers believe may be able to provide information relevant to the Review, which may include persons who are not employees of FSS.
- 5.7. The Reviewers may co-opt specialist assistance, where necessary. The Reviewers must obtain my prior approval, before incurring any expenses in this regard.
- 5.8. Where the Reviewers propose to make a comment, finding or recommendation that may be

adverse to a person, the Reviewers must first afford that person an opportunity to respond to the substance of any allegations against them, or any potential adverse comment, finding or recommendation about them.

- 5.9. The Review Report must specifically address the matters outlined in Section 4 Scope of the Review above. The Reviewers are to provide in the body of the Review Report their assessment of the evidence, reasons for their findings, reasons for any conclusions or opinions expressed and the basis for the recommendations made.
- 5.10. A summary of evidence relied upon by the Reviewers in order to make a finding is to be referred to in the Review Report.
- 5.11. The names and identities of persons providing information to the Reviewers, any employees of FSS or any third party individuals (whether alive or deceased), must be kept confidential and referred to in a de-identified form in the body of the Review Report (with a separate attachment confirming the identity of those persons), unless it is agreed by the Reviewers and me that the identification of a person within the Review Report is essential to ensure that natural justice is afforded to any particular person.
- 5.12. A complete list of documentation gathered will be maintained by the Reviewers.
- 5.13. The Reviewers are to provide the following within **7 days** (or as otherwise agreed) of receiving the Instrument of Appointment and these Terms of Reference:
 - (a) a detailed Review workplan, that includes a detailed methodology of the approach to be taken in accordance with the Terms of Reference in order to meet the Review Report timeframes. The Review workplan should incorporate the end to end systems and process that will be reviewed from receipt of specimen to production of a report, and the approach that will be taken by the Reviewers to address the requirements of the Scope of Review with respect to each of these systems and processes;
 - (b) an estimate of hours of work required to complete the Review; and
 - (c) confirmation in writing of an ability to meet the timeframes for the conduct of the Review, including the due date for the Review Report;
- 5.14. The Reviewers are to notify me about the progress of the Review at specified regular intervals, as will be agreed following the submission of the Review workplan. The progress reports will include an update on progress against the Review workplan and timeframes, as well as any amendments required to the Review workplan. While the progress discussions will not require the Reviewers to address preliminary or substantive findings or conclusions, the progress discussions may incorporate broader discussions to ensure that the Review remains focused on systems and processes in accordance with the Scope of Review. The progress discussions may include any

issues that are barriers to completion of the Review or any aspect of the Scope of the Review.

5.15. Any request for an extension of the due date for the Review Report must be made to me in writing at least 7 days before its due date and include supporting reasons.

5.16. The Reviewers are to submit to me:

(a) by #date# (or as otherwise agreed by me), a draft Review Report;

(b) by #date# (or as otherwise agreed by me) the final Review Report.

5.17. If necessary, the Reviewers should report to #name# (or other person nominated by me) for further instructions during the course of the Review or to advise of issues of concern that the Reviewers consider ought not wait for the conclusion of the Review to address.

6. Media

6.1. Should the Reviewers be approached by a representative of the media, the Reviewers are to make no comment about the Review and refer the media representative to the Media Unit, Integrated Communications, Queensland Health, via [REDACTED]

Signed this day of April 2022.

.....

Name

Designation

EXTERNAL REVIEW OF FORENSIC AND SCIENTIFIC SERVICES, FORENSIC DNA ANALYSIS UNIT

TERMS OF REFERENCE

1. Purpose

The purpose of this review (the **Review**) is to assess, report on and make recommendations with respect to systems and processes in place for forensic Deoxyribonucleic Acid (**DNA**) testing conducted by Queensland Health, Forensic and Scientific Services (**FSS**), Forensic DNA Analysis Unit to assist in determining whether those systems and processes are reliable, conducted to an acceptable standard and achieve quality reporting of DNA results and matching.

2. Appointment

- 2.1. Following my assessment that they are qualified for the appointment because they have the necessary expertise and experience, I have appointed **#names#** as reviewers (the **Reviewers**) to conduct the Review.
- 2.2. The Reviewers must undertake a review of the matters outlined under Section 4 below "Scope of the Review", in compliance with the instrument and conditions of appointment, and must prepare a Report in accordance with these terms of reference.

3. Background

- 3.1. FSS provides services to the Queensland Police Service (**QPS**), including analysis and profiling of DNA samples from criminal investigations, and examining and testing of biological items from crime scenes to generate a DNA profile.
- 3.2. On 9 February 2013, Shandee Blackburn died from multiple stab wounds. Despite a police investigation, no person was found responsible for Shandee Blackburn's death. A person was tried but found not guilty of her murder in 2017.
- 3.3. On 21 August 2020, Magistrate O'Connell, the Central Coroner, delivered reasons for decision in the *Inquest into the death of Shandee Renee Blackburn*. It was noted in the reasons for decision that no conclusive DNA evidence was found from any of the interested persons at the scene where Miss Blackburn died and further that there was an absence of DNA evidence found in the vehicle of the person who was tried but found not guilty of Miss Blackburn's murder.
- 3.4. Issues have now been raised in the investigative podcast entitled "Shandee's Story" and

associated media reporting, raising questions about FSS's DNA analysis of samples, processes and equipment, allegedly leading to systemic errors in reporting of DNA results.

- 3.5. Arising from this, on 2 December 2021, the Minister for Health and Ambulance Services wrote to the Attorney-General asking for the *Inquest into the death of Shandee Renee Blackburn* to be reopened. It is understood that the Central Coroner has written to the family advising that the inquest will be reopened to examine these issues.
- 3.6. Further media reporting has also raised issues about FSS's DNA profiling of samples from sexual assault-related cases. This media reporting relies on data published in a 2020 study published by Matt N. Krosch entitled '*Variation in forensic DNA profiling success among sampled items and collection methods: a Queensland perspective*' (2021) Australian Journal of Forensic Sciences 53(6) 612-625.
- 3.7. FSS participates in a proficiency testing program and is externally audited by the National Association of Testing Authorities (**NATA**) in accordance with International Standards. Accreditation against ISO/IEC 17025 has consistently been achieved.
- 3.8. Quality assurance procedures including, but not limited to, audit and calibration schedules, use of quality control samples (positive and negative controls), peer review of results, and a competency-based training program are key components of the quality system within the FSS forensic DNA analysis.

4. Scope of the Review

- 4.1. The Reviewers are to assess whether the systems and processes in place for forensic DNA testing conducted by FSS are reliable, conducted to an acceptable standard and achieve quality reporting of DNA results and matching.
- 4.2. In assessing the matters set out in paragraph 4.1 above, the Reviewers are to specifically consider and address in their report the following:
 - (a) Whether FSS forensic DNA testing adheres to contemporary best practice across all aspects of its systems and processes;
 - (b) Whether adequate internal quality assurance is in place, including measures in place to test that the equipment and software is properly functioning to the required level of sensitivity and any validation processes to ensure that reporting is accurate based upon the samples supplied;
 - (c) Whether adequate external quality assurance and accreditation is in place, including as assessment of the NATA accreditation outcomes;
 - (d) The adequacy and reliability of the equipment and software in use;
 - (e) Any issues that can be identified arising from the introduction of PowerPlex 21 and STRmix, and if so, whether these issues have been adequately addressed;

- (f) Whether sufficient experienced personnel are in place and any identified gaps in expertise or resourcing constraints;
- (g) Adequacy of the training and continuing professional development program in place relevant to the scope of the Review;
- (h) Sample management, including adequacy of handling, packaging, preservation, transport, storage and security of samples;
- (i) Adequacy of systems and processes in place to generate and match DNA profiles;
- (j) Adequacy of extraction processes for DNA material, including to ensure the quality and quantity of DNA extracted;
- (k) Adequacy of quantification processes to estimate how much DNA is extracted from samples;
- (l) The approach leading up to and reporting of "No DNA detected" or "DNA Insufficient for further processing" at the quantification stage, including the apparent approach taken by FSS that samples returning this result do not progress to the amplification or other subsequent stages, with the apparent outcome that the PowerPlex 21 DNA profiling kit and statistical analysis using STRmix software is not utilised in samples where it is reported "No DNA detected" or "Insufficient DNA detected"
- (m) The appropriateness of the established limits or thresholds of detection below which samples at a quantification level are reported as "No DNA detected" or "DNA Insufficient for further processing", including by reference to other comparable jurisdictions;
- (n) Whether any additional steps ought to be in place prior to reporting "No DNA detected" or "DNA Insufficient for further processing", including but not limited to circumstances where it might be expected that DNA would be detected from the samples;
- (o) The approach taken where there is apparent contamination of samples;
- (p) The approach taken where there is an apparent mix of DNA;
- (q) Adequacy of the PCR amplification stage resulting in copies of target DNA to enable detection, including through the use of PowerPlex 21 DNA and STRmix;
- (r) Adequacy of the electrophoresis stage to separate and detect the targeted DNA;
- (s) Systems and processes relating to the interpretation of DNA profiles obtained;
- (t) Systems and processes relating to the comparison and matching of DNA profiles;
- (u) Systems and processes relating to the reporting of DNA profiles;
- (v) Whether there are appropriate systems and processes in place when a report or result is amended, such that the rationale and impacts to relevant stakeholders are clearly articulated and understood;
- (w) Whether DNA profile information supplied to the QPS is reliable and accurate in accordance with accepted and relevant Australian and International standards; and
- (x) In addressing the preceding questions set out in paragraph 4.2 of these Terms of Reference, include in your consideration the matters and concerns raised in paragraph 3.6 of these Terms of Reference.

- 4.3. While specific cases may be examined to inform the Scope of the Review set out above, given that the Review is focused on systems and processes and so as not to prejudice any ongoing or future criminal matters, **excluded** from the Scope of the Review is a re-analysis of DNA samples, inclusion of any information in the Review Report about specific cases or inclusion in the Review Report of any issues relating to a specific identifiable case.
- 4.4. The Reviewers, taking into account matters identified in 4.1 and 4.2 above, are to make recommendations relating to the ways in which any of these matters or any identified issues may be improved.
- 4.5. Should the Reviewers identify any other matters outside the Scope of the Review that they consider require further consideration, the Reviewers should seek further instruction from me.

5. Conduct of the Review

- 5.1. The Reviewers must make every reasonable effort to obtain any information or documentation that is relevant to the Review through #insert# (the Contact Person). The Reviewers will only obtain de-identified information and documentation for the Review.
- 5.2. The Reviewers may disclose information and documentation given to the Reviewers during the Review to someone else to the extent necessary to perform the Reviewers' functions, other than information relating to specific cases which must not be disclosed. The disclosure should be limited to de-identified information and documentation.
- 5.3. The Reviewers should notify any person who provides information for the Review that they have been appointed as an independent Reviewer, having no conflict or perceived conflict of interest regarding the matters under review.
- 5.4. The Reviewers must maintain confidentiality regarding any documentation or information obtained as part of the Review, including personal and health information. Any requests for disclosure must be referred to me for consideration.
- 5.5. To the extent that any matters arise relating to the disclosure of any confidential information in compliance with mandatory reporting or other legislative requirements, these matters must first be brought to my attention.
- 5.6. The Reviewers will, with assistance by the Contact Person, interview those persons who the Reviewers believe may be able to provide information relevant to the Review, which may include persons who are not employees of FSS.
- 5.7. The Reviewers may co-opt specialist assistance, where necessary. The Reviewers must obtain my prior approval, before incurring any expenses in this regard.
- 5.8. Where the Reviewers propose to make a comment, finding or recommendation that may be

adverse to a person, the Reviewers must first afford that person an opportunity to respond to the substance of any allegations against them, or any potential adverse comment, finding or recommendation about them.

- 5.9. The Review Report must specifically address the matters outlined in Section 4 Scope of the Review above. The Reviewers are to provide in the body of the Review Report their assessment of the evidence, reasons for their findings, reasons for any conclusions or opinions expressed and the basis for the recommendations made.
- 5.10. A summary of evidence relied upon by the Reviewers in order to make a finding is to be referred to in the Review Report.
- 5.11. The names and identities of persons providing information to the Reviewers, any employees of FSS or any third party individuals (whether alive or deceased), must be kept confidential and referred to in a de-identified form in the body of the Review Report (with a separate attachment confirming the identity of those persons), unless it is agreed by the Reviewers and me that the identification of a person within the Review Report is essential to ensure that natural justice is afforded to any particular person.
- 5.12. A complete list of documentation gathered will be maintained by the Reviewers.
- 5.13. The Reviewers are to provide the following within **7 days** (or as otherwise agreed) of receiving the Instrument of Appointment and these Terms of Reference:
 - (a) a detailed Review workplan, that includes a detailed methodology of the approach to be taken in accordance with the Terms of Reference in order to meet the Review Report timeframes. The Review workplan should incorporate the end to end systems and process that will be reviewed from receipt of specimen to production of a report, and the approach that will be taken by the Reviewers to address the requirements of the Scope of Review with respect to each of these systems and processes;
 - (b) an estimate-of hours of work required to complete the Review; and
 - (c) confirmation in writing of an ability to meet the timeframes for the conduct of the Review, including the due date for the Review Report;
- 5.14. The Reviewers are to notify me about the progress of the Review at specified regular intervals, as will be agreed following the submission of the Review workplan. The progress reports will include an update on progress against the Review workplan and timeframes, as well as any amendments required to the Review workplan. While the progress discussions will not require the Reviewers to address preliminary or substantive findings or conclusions, the progress discussions may incorporate broader discussions to ensure that the Review remains focused on systems and processes in accordance with the Scope of Review. The progress discussions may include any

issues that are barriers to completion of the Review or any aspect of the Scope of the Review.

5.15. Any request for an extension of the due date for the Review Report must be made to me in writing at least **7 days** before its due date and include supporting reasons.

5.16. The Reviewers are to submit to me:

(a) by **#date#** (or as otherwise agreed by me), a draft Review Report;

(b) by **#date#** (or as otherwise agreed by me) the final Review Report.

5.17. If necessary, the Reviewers should report to **#name#** (or other person nominated by me) for further instructions during the course of the Review or to advise of issues of concern that the Reviewers consider ought not wait for the conclusion of the Review to address.

6. Media

6.1. Should the Reviewers be approached by a representative of the media, the Reviewers are to make no comment about the Review and refer the media representative to the Media Unit, Integrated Communications, Queensland Health, via news@health.qld.gov.au.

Signed this day of April 2022.

.....

Name

Designation



QUEENSLAND POLICE SERVICE SUBMISSION TO THE WOMEN'S SAFETY AND JUSTICE TASKFORCE

Discussion Paper 3: Women and girls' experiences across the criminal justice system as victims-survivors of sexual violence and also as accused persons and offenders

Table of Contents

BACKGROUND	3
THE ROLE OF THE QPS	3
THE ROLE OF THE CPIU	4
SUSPECTED CHILD ABUSE AND NEGLECT (SCAN) TEAMS	4
TECHNOLOGY FACILITATED CRIME	5
CHILD PROTECTION / YOUTH JUSTICE	6
THE ROLE OF CIB	6
CRIME AND INTELLIGENCE COMMAND	6
CHILD ABUSE AND SEXUAL CRIME GROUP	7
SPECIALIST INVESTIGATIVE UNITS STAFFING	7
TRAINING	8
PART 1 – CROSS-CUTTING ISSUES	9
PART 2 - WOMEN AND GIRLS' EXPERIENCE AS VICTIM-SURVIVORS OF SEXUAL VIOLENCE	13
COMMUNITY UNDERSTANDING OF SEXUAL OFFENDING AND BARRIERS TO REPORTING	13
ATTITUDES TO CONSENT INCLUDING IMPACTS OF PORNOGRAPHY	14
BARRIERS TO REPORTING SEXUAL VIOLENCE	16
PUBLIC REPORTING ON SEXUAL OFFENDING AND DOMESTIC AND FAMILY VIOLENCE	18
REPORTING, INVESTIGATING AND CHARGING OF SEXUAL OFFENCES	19
POLICE RESPONSES TO REPORTS OF SEXUAL VIOLENCE	19
EVIDENCE GATHERING	20
FORENSIC EXAMINATIONS	21
REFERENCE DNA	21
DNA TESTING THRESHOLD	21
SUPPORT PERSONS	22
POLICE TRAINING	22
LEGAL AND COURT PROCESSES FOR SEXUAL OFFENCES	24
ADEQUACY OF CURRENT SEXUAL OFFENCES IN QUEENSLAND	24
ALTERNATIVE JUSTICE RESPONSES	25
PART 3 - WOMEN AND GIRLS' EXPERIENCE OF THE CRIMINAL JUSTICE SYSTEM AS ACCUSED PEOPLE AND OFFENDERS	25
WHY WOMEN AND GIRLS COME INTO CONTACT WITH THE CRIMINAL JUSTICE SYSTEM AS ACCUSED PERSONS AND OFFENDERS	25
CHILDREN IN RESIDENTIAL CARE	25
ENGAGEMENT WITH POLICE AND THE LEGAL SYSTEM	26
DIVERSION FROM THE CRIMINAL JUSTICE SYSTEM	27
CONDITIONS IN PRISONS AND WATCHHOUSES	27
WOMEN'S EXPERIENCE OF REINTEGRATION INTO THE COMMUNITY	28
CONCLUSION	28
ACRONYMS AND ABBREVIATIONS	29
APPENDICES	30

BACKGROUND

The Queensland Police Service (QPS) welcomes the opportunity to provide this submission to the Women's Safety and Justice Taskforce (the Taskforce) with respect to Discussion Paper 3: *Women and girls' experiences across the criminal justice system as victims-survivors of sexual violence and also as accused persons and offenders* (Discussion Paper 3).

The QPS notes the content within its previous submissions to the Taskforce with respect to [Discussion Paper 1: Options for legislating against coercive control and the creation of a standalone domestic violence offence](#) and [Discussion Paper 2: Women and girls' experience of the criminal justice system \(proposed focus areas\)](#) (Discussion Paper 2). The QPS response to Discussion Paper 3 builds on the information provided in the two previous submissions and for the sake of brevity will not repeat the responses provided in those submissions, noting Discussion Paper 2 is particularly relevant to the issues raised in this discussion paper.

This submission will not address every question in the Discussion Paper but will focus on key elements that fall within the purview of the QPS. The QPS acknowledges and respects the views of people with lived experience of sexual violence and their support networks, and notes the terms victim, victim-survivor and victims-survivors are used throughout this document.

The Role of the QPS

The QPS is the primary law enforcement agency for the State of Queensland. Section 2.3 of the *Police Service Administration Act 1990* (PSAA) outlines the QPS functions which include the preservation of peace and good order, the prevention and detection of crime, and the protection of all communities in the State and all members of those communities. Officers predominantly exercise powers under the provisions of the *Police Powers and Responsibilities Act 2000* (PPRA) and are guided by policy contained in the [Operational Procedures Manual](#) (OPM). Officers also administer functions and exercise powers under a broad range of State and Commonwealth legislation.

The QPS delivers a 24 hour, seven days a week policing service including a first response to reported crime. This service has continued during a time of rapid population growth and unprecedented health and natural disasters which has increased demands for services and placed pressures on the allocation of available policing resources.

The policing environment in Queensland has entered a phase of significant transformation where traditional policing services are being challenged to meet the increasing complexity of policing demand. This transformation is driven by shifting community expectations and rapid technological innovation impacting policing and service delivery in a broader context¹. The growth of powers and obligations contained in the PPRA demonstrates the expanded legislative responsibilities placed on QPS members since the inception of the PPRA.

The QPS organisational chart (Appendix 1) reflects the depth and breadth of QPS responsibilities. There are seven (7) police regions and 15 police districts, supported by specialist commands including the Crime and Intelligence Command and the Domestic and Family Violence and Vulnerable Persons Command. Each command and region is led and managed by an Assistant Commissioner, to provide a decentralised law enforcement response across the State, to meet the demands of their local communities. [Chapter 1](#) of the OPM, particularly s1.4, details the structure of the Service and the responsibilities of key organisational leaders. As at 30 June 2021, the total number of full-time equivalent staff in the QPS was 15,953². This includes 12,139 sworn officers.

General duties police officers provide the first response to the community supported by specialist investigative resources including district Child Protection and Investigation Units (CPIU) and Criminal Investigation Branches (CIB), and Crime and Intelligence Command crime groups. There are a range of other specialist resources available to support policing responses to the community including Vulnerable Persons units, Domestic and Family Violence units, the First Nations and Multicultural Affairs unit, First

¹ QPS Annual Report 2020-21

² Report on Government Services 2022

Nations police liaison officers and cross-cultural liaison officers.

The Role of the CPIU

The CPIU format is unique in Australia and is staffed by highly trained, skilled and professional investigators. All police regions have CPIU officers who provide a specialist policing response, primarily focused on the investigation of criminal matters pertaining to child protection and youth justice issues. These dedicated officers provide an ongoing response to the safety of children within the community, where a situation has escalated to a point when police are required to respond.

The role of the QPS in the child protection system is principally the investigation of crimes committed against children (up to 16 years old). Generally, investigations fall into the broad categories of sexual abuse, physical abuse, and serious neglect where there is a suspected criminal offence. The CPIU is responsible, in some areas, for the investigation of criminal offences committed by children, including offences committed upon other children. The QPS' primary contribution to the child protection system is the provision of investigative expertise. Where there is no CPIU office available, the local CIB will assume responsibility for the investigation. If there is no CIB office, first response police will undertake the investigation (at least initially) with specialist assistance provided remotely.

The role and functions of the CPIU has grown over time to accommodate government and community expectations. The responsibilities have increased in response to legislative and policy change, responding directly to emerging social issues, and undertaking work on behalf of other agencies, particularly after hours and in rural and remote areas where those agencies have no physical presence.

The evolution of the policing role and function means CPIU investigators now assume responsibility for a wider variety of duties than ever before, including the following:

- Criminal investigations involving children as victims
- Forensic interviewing of child witnesses
- Investigation of general child protection notifications, particularly sexual and physical abuse
- School based investigations
- Child death investigations and internal child death and serious injury reviews
- Child exploitation investigations and other technologically facilitated crime
- Registration and ongoing monitoring of registered child sex offenders
- Suspected Child Abuse and Neglect (SCAN) team core member responsibilities
- Screening and investigation of domestic violence matters involving children
- Blue card services investigations and compliance activities
- Youth justice investigations, including conferences and diversions
- Missing child investigations including amber alerts
- Assistance to interstate counterparts for child protection investigations
- Information management and release of information to other agencies
- Delivery of training and education to internal and external stakeholders
- General policing roles as required, including major events and disaster management policing
- Establishing and maintaining local child protection and youth justice network relationships.

Suspected Child Abuse and Neglect (SCAN) teams

Chapter 5A, Part 3: 'The SCAN system' of the *Child Protection Act 1999* (CPA), establishes the SCAN team system, purpose, membership and core members and the responsibilities of its core members. The purpose of the SCAN team system is to enable a coordinated, multi-agency response to children where statutory intervention is required to assess and meet their protection needs. This is achieved by timely information sharing between SCAN team core members; planning and coordination of actions to assess and respond to the protection needs of children who have experienced harm or risk of harm; and holistic and culturally responsive assessments of children's protection needs.

The Service is a core member of the SCAN system. The criteria for a SCAN team referral is based on s.10: 'Who is a child in need of protection' of the CPA and relates to a child who has suffered harm, is suffering harm or is at unacceptable risk of suffering harm (per s9 CPA); concern that the child does not have a parent able and willing to protect the child from the harm; and a SCAN team core member believes

coordination of multi-agency actions and/or expert advice from more than one core member representative is required to effectively assess and respond to the protection needs of the child.

Technology facilitated crime

As well as a focus on child protection contact offending, CPIUs across the state, with the support of specialist investigators in Argos, also respond to online or technology facilitated child exploitation offences. This includes serial or organised paedophilia, proactive investigation of child sex offenders utilising the internet, possession, production and distribution of child exploitation material as well as self-produced child exploitation material.

Self-generated sexualised imagery, both pictures and videos, amongst teenagers continues to be a source and a concerning trend for CEM production. The most common age of offenders is between 13 and 15 years, predominantly shared via social media messaging applications (i.e. Snap Chat, Kik Messenger). The volume of self-generated CEM propagates the ongoing sexual exploitation of children and creates future vulnerabilities for children to be extorted and exploited.

Identifying the producers of CEM is an essential aspect of the work of the QPS unit dedicated to online child exploitation (Argos) as it most likely leads to rescuing a child from harm, which is the primary objective of that unit.

Significant numbers of images of children being sexually exploited continue to be seized on a regular basis during the course of police investigations into online sex offenders. QPS works with the Australian Centre to Counter Child Exploitation (ACCCE), national and international partners to process this material and analyse it for clues in relation to the identity of those child victims. The team is made up of international experts in the field of investigating online child sexual exploitation and digital media analysis and make the best use of available technology, intelligence and investigative resources to achieve their results. The team provides a response to requests for assistance in relation to child victim identification investigations. They also provide a high level of service, technical expertise and advice for service-wide victim identification strategies.

There are significant challenges faced in relation to technology facilitated sexual violence. The decentralised nature of the internet makes the control of online actions and content extremely difficult as no single governing body has ownership. Instead, each interconnected autonomous network is responsible for the enforcement of bespoke policies and rules based on internal company policies and jurisdictional legislation. With many communications providers based overseas, there are significant delays in seeking investigative information through conventional Mutual Assistance Request (MAR) protocols. With the recent signing of the 'Agreement between the Government of Australia and the government of the United States of America on access to electronic data for the purpose of countering serious crime', it is hoped these investigative delays will be greatly reduced when International Production Orders are introduced in late 2022 or early 2023.

Significant work has been undertaken across Australia in relation to the reporting of cybercrime related incidents. The Australian Signals Directorates (ASD) and the Australian Cyber Security Centre (ACSC) have been established to manage the operation and sustainment of existing cyber capabilities nationally.

The establishment of ReportCyber <https://www.cyber.gov.au/acsc/report> created a portal for members of the public to report cybercrime related incidents. The reporting of any threat or violence against women or children in any situation should be directed to a police officer for an immediate response, however, such reports can and have been reported through the ReportCyber portal including incidents of domestic violence, violence against women and vulnerable persons in general.

All matters reported via the ACSC ReportCyber portal are reviewed and triaged before being referred via the ReportCyber Application Platform to the respective state or territory for incident response. The ReportCyber Application Platform board continues to review and update the capabilities of the application platform to ensure it remains contemporary and responsive to the community needs.

The Financial and Cyber Crime Group within Crime and Intelligence Command is responsible for the receipt of information referred via the ReportCyber Application Platform. Officers attached to the Cyber Reporting Unit review all matters received via this platform with access to the system being available

from both their work and home environments.

All matters are triaged and prioritised against a risk assessment tool which provides a rating with Category 1 being the highest risk to community members.

1	Any report (irrespective of category) with a Threat To Life (TTL) key word match OR victim is under 18 at time of report OR the report is a FKC (Financial Kill Chain) report.
2	Cyber stalking/harassment/bullying OR Online Image Abuse (OIA)
3	Fraud OR Identity Fraud + total loss > 250 000
4	Fraud OR Identity Fraud

Category 1 and 2 matters include matters which references any threats to life, suicide or domestic violence, including coercive control. These matters are dealt with as a matter of urgency and actioned within 12hrs.

The creation of the ReportCyber Application Platform has made it far easier for members of the public to report cyber related offences. The number cybercrime matters reported continues to increase, suggesting both an increase in cybercrime and the likelihood that there exists a greater level of awareness amongst the community to report.

Child Protection / Youth Justice

Traditionally CPIUs have played a major role in investigating and combating juvenile crime. This has been the preferred method of dealing with juvenile offenders, with CPIU staff being specifically trained and possessing a higher level of experience in enacting the provisions of the *Youth Justice Act 1992* (YJA) pertaining to restorative and diversionary justice measures. One of the key emerging issues for CPIU investigators includes the increased complexity and degree of offending by young people. Youth justice investigations have been traditionally conducted by CPIU officers, who consider diversionary options as a first response to a young person's offending behaviour. The investigation of crimes committed by young people requires additional safeguards and procedures to be utilised to ensure the youth justice principles in the YJA.

It is considered there is a significant overlap between children known to both the child protection and youth justice systems. CPIUs have historically tried to maintain a balance between youth justice and child protection work in order to provide a specialist response to all matters in which children have either committed offences or had offences committed against them. However, the time available for CPIUs to devote to youth justice investigations is decreasing as the volume of child protection matters increases. It is noted the implementation of legislative amendments to include 17 year olds in the youth justice system in February 2018 contributed to the increased demands on youth justice responses by the QPS.

The extraneous duties and escalation of CPIU workload as outlined above, means that CPIUs have less opportunity to attend to youth justice investigations and thus may not have the desired degree of interaction and engagement with children in the overlapping child protection and youth justice systems. Working with young people who are involved in both systems allows police to attempt to address deteriorating behaviours at an early stage. The inability to devote time to such matters also means that the 'overflow' of youth justice investigations the CPIU do not have capacity to deal with, are devolved to other police, primarily the CIB and district crime units.

The role of CIB

The CIB is responsible for delivering specialist investigation services across each QPS district in response to serious indictable/criminal offences. The range of offences includes homicide, robbery, arson, property and fraud offences, and personal and sexual violence committed against adults. Increasingly, CIB investigators are also involved in youth justice investigations, particularly when dealing with property offences such as burglary and unlawful use of motor vehicles, and offences of violence committed by young people and as members of criminal street gangs.

Crime and Intelligence Command

The Crime and Intelligence Command (CIC) commenced on 31 August 2020 as a result of the merging of State Crime Command and the intelligence component of the Intelligence and Covert Services Command. The merging of the specialist capabilities of crime and intelligence allows the Command to assist the frontline in protecting our community by delivering integrated and adaptable intelligence and investigative services to prevent, disrupt, respond and investigate crime.

The Command comprises of five (5) specialist crime groups (Child Abuse and Sexual Crime, Drug and Serious Crime, Financial and Cyber Crime, Homicide and Organised Crime Gangs groups) and two (2) intelligence groups (Intelligence Directorate and State Intelligence Group).

The members of CIC are responsible for state-wide provision of specialist crime and investigative expertise; coordination of state-wide and/or major criminal investigations, both within and outside the State; enhancing the Service's approach to intelligence to support serious, major and organised crime investigations and frontline policing operations; liaison with other law enforcement agencies; and representation of the Service both interstate and nationally on crime related matters.

Child Abuse and Sexual Crime Group

The Child Abuse and Sexual Crime Group (CASCG) aims to protect children and the community by identifying, responding to and preventing physical and sexual offending. The Group is led by a Detective Superintendent who is also the QPS Child Safety Director, and comprises of the following units:

- Argos, principally responsible for the investigation of organised paedophilia, child exploitation and computer facilitated child exploitation
- The Child Trauma Unit, which provides assistance in investigative and operational aspects on all sudden unexplained deaths of children (SUDI), suspicious child deaths and serious injury resulting from suspected child abuse and/or neglect
- The Sexual Crime Unit, which reviews unsolved adult rape investigations, investigates serious or complex cases of serial rape and sexual assault, and provides specialist investigative assistance to regional counterparts.
- The Child Protection Offender Registry (CPOR), which assists in the management and investigation of reportable offenders residing within the community. CPOR also includes a team of forensic behavioural analysts to support effective management of reportable offenders
- The Youth Justice Unit, which provides support to regions in relation to youth justice responses
- The Policy and Programs Unit, which fulfils a broad range of operational policy, training and corporate functions to support the Commissioner, the QPS Child Safety Director and regional Child Protection and Investigation Units.

In March 2021, the CASCG assumed responsibility for Service capability in relation to sexual crime, to ensure a coordinated, consistent and collaborative QPS response to sexual violence. The CASCG is responsible for leading the implementation of the QPS [Sexual Violence Response Strategy 2021-23](#).

Specialist Investigative Units Staffing

As of 28 February 2022, the QPS approved permanent positions for CPIU officers (including CPOR investigators) was 640, and substantive headcount^[1] was 608. This is comprised of specialist CPIU officers in each of the 15 QPS districts. Specialist investigators are also located within CIC, and there are 21 SCAN team representatives.

Likewise, the approved and actual strength of CIB units is 841 and 819 respectively. By gender, approximately 23% of CIB officers are female, compared to approximately 45% of CPIU investigators.

These figures are represented in the tables below:

Allocation	Approved Permanent positions	Substantive Headcount
CPIU	640	608

^[1] Approved permanent positions relate to all permanent positions. The substantive person refers to substantive people occupying positions (some could be on leave, does not account for part-time arrangements).

CASCG	78	72
SCAN	22	21
CIB	841	819
CIC (other than CASCG)	405	390
Total	1986	1910

Allocation	Female	Male
CPIU	271 (45%)	337 (55%)
CASCG	31 (43%)	41 (57%)
SCAN	11 (53%)	10 (47%)
CIB	196 (23%)	623 (77%)
CIC (Other than CASCG)	72 (19%)	318 (81%)
Total	581 (30%)	1182 (70%)

When viewed in the context of the vast array of duties undertaken by investigators, these figures demonstrate the responsibility for completing this volume of work rests with a relatively small proportion (approximately 16%) of QPS sworn personnel. This workload presents significant challenges in terms of resource allocation, prioritisation, demand management and the ongoing psychological wellbeing of staff.

The Queensland Government committed to 2025 extra police personnel by the year 2025. The QPS is using part of this allocation to expand its capacity to respond to vulnerable person related crimes. By example, in the 2020/2021 Financial Year the existing 22 regional CPOR officer positions was supplemented by the allocation of an additional 19 permanent positions, increasing the dedicated regional capacity to 41 investigator positions. In 2022, the QPS will give consideration to the allocation of additional officers to other specialist units including CPIU, CIB and DFV VPU's to meet increasing demand.

Training

Training is a pivotal component of police work and is particularly relevant for CPIU and CIB officers due to the specialised nature of their duties. This in itself creates an issue in terms of allocating time to complete such training, maintaining mandatory training qualifications and completing specialised training as the need arises.

Officers selected to perform duty within the CPIU undertake a rigorous and meritorious selection process, including psychometric testing to assess their suitability for the role, and are subject to specialist training to perform the roles of a CPIU officer.

Unless already qualified, on appointment to a designated CPIU or CIB position, officers are required to complete the Detective Training Program as a qualification for appointment to Detective status. This program is mandatory for all staff being selected to undertake plain clothes, investigative roles within the QPS. Officers who successfully complete the program receive an Advanced Diploma of Public Safety (Police Investigations). The program requires an officer to attend three residential phases at the Queensland Police Academy in combination with workplace assessment and competency achievement. On average, a Detective appointment can take up to four years to attain.

In addition to compulsory training, specialist training to CPIU and CIB officers includes:

- Interviewing Children and Recording Evidence (ICARE) training (CPIU specific)
- Child Protection and Youth Justice Specialist Investigator's Course
- Investigative Interviewing
- Investigating Sexual Assault – Corroborating and Understanding Relationship Evidence (ISACURE)
- Fundamentals of Child Interviewing Skills (FoCIS)

- Child Sexual Abuse Fundamentals Education (CSAFE) Online Learning Product (OLP)
- CPOR OLP.

The People Capability Command (PCAP) Specialist Investigations Team (SIT) has six facilitators and one senior sergeant to deliver specialist training to plain clothes and detectives across the State in specialist and investigative course curriculum.

The SIT officers are also assisting the Domestic and Family Violence and Vulnerable Persons Command (DFVVPC) in the development of training products related to the trial of the use of video recorded evidence of victims of domestic and family violence (DFV). The online and face to face training will focus on trauma and investigative interviewing techniques, in addition to legislative requirements for the trial.

Also considered necessary for investigators are speciality workshops and training in the use of technology to assist investigations relating specifically to 'cyber' crime and technology enabled crime, including the Digital Field Triage Investigators Course (DFTIC) run by CIC, which skills officers to undertake digital evidence collection in-field.

Part 1 – Cross-Cutting Issues

- *Overrepresentation of Aboriginal and Torres Strait Islander women and girls in the criminal justice system as both victims and offenders*
- *Intersecting experiences of disadvantage*
- *Recognising and responding to trauma*
- *Protecting and promoting human rights*
- *Resourcing, investment and value for money*
- *Appropriate governance and accountability mechanisms*

The QPS recognises and acknowledges the significant impact of the cross-cutting issues identified in Discussion Paper 3, not only for women and girls in the criminal justice system, but also for the involved government, private and non-government stakeholders. Where relevant and appropriate, these issues will be addressed elsewhere in this submission. However, it is important to note in this section the legislation, policies and strategies the QPS is committed to ensure awareness of, and respect for, these issues.

Obligations under the *Human Rights Act 2019* (HRA) are embedded through policies, procedures and training products, including compulsory training for all QPS members. Training is also compulsory in relation to inclusion and diversity (relative to culture and gender), domestic and family violence and coercive control.

The QPS Operational Procedures Manual (OPM) provides guidance on application of legislation, policies and best practice policing responses to members of the community. The OPM addresses many of the cross-cutting issues identified in Discussion Paper 3. Relevant chapters of the OPM include:

- [Chapter 2 “Investigative Process”](#) provides direction in relation to specialist investigations including sexual offences. It is noted this section of the OPM is being updated and will be published in June 2022. The updates reflect the additional responsibilities of the Sexual Violence Liaison Officers, and updates current information to reflect the intent of the QPS, through the [Sexual Violence Response Strategy 2021-23](#) in responding to sexual violence. A copy of the revised draft OPM section is attached (Appendix 2)
- [Chapter 5 “Children”](#) outlines the extraordinary practice and procedures in place to respond to young offenders
- [Chapter 6 “Persons who are vulnerable, disabled, or have cultural needs”](#) provides direct links to relevant legislative provisions relating to identified vulnerabilities, and guidance on how to identify and respond to vulnerable members of the community
- [Chapter 7 “Child Harm”](#) relates to children at risk of harm or who have been harmed
- [Chapter 9 “Domestic Violence”](#) outlines policy and procedures for managing domestic violence incidents and providing assistance to members of the community who may be affected by domestic violence.

In addition to the OPM, specialist units and officers are available to assist investigators and first responders to identify and address vulnerability. The Communications, Culture and Engagement Division of the Service (Appendix 1 – Organisational Chart) includes the First Nations and Multicultural Affairs Unit (FNMAU), which aims to promote and maintain effective relationships with our diverse communities based on open communication, mutual understanding, respect, tolerance and trust. Included in this portfolio are Police Liaison Officers, First Nations and Multicultural Networks, and the Police Multicultural Advisory Group. The DFVVPC leads Vulnerable Persons Units across the State. The role of the DFVVPC and the Vulnerable Persons Units is outlined in QPS response to Discussion Paper 2. The CASC and District CPIUs consider intersecting and cross-cutting issues relating to children, and the QPS SCAN representatives are core members of the SCAN team system, which aims to provide a coordinated multi-agency response to the protection needs of children.

Police Liaison Officers (PLOs) are available to assist in supporting First Nations (FN) victims. In 2021 the Queensland Government committed to supporting growth of 65 new PLO positions. To date, 18 PLO growth positions have been provided to districts, with a staged rollout of the remaining positions throughout 2022/2023. Identification of districts to receive initial PLO growth positions was undertaken in consultation with districts and the Human Resources Unit as well as through community engagement and review of sentiment data.

The QPS launched the campaign “What’s your Story” during Harmony Week (21 to 27 March 2022), encouraging members of the Service to record their cultural background on the Human Resources system. While there is a requirement to meet the government aggregate target of 3%, the primary benefit of this information is that knowing where FN members are located throughout the state will assist in responding to critical or sensitive jobs involving FN issues/matters. These officers will also be able to assist in building relationships and connections with community.

Discrete community specific profiles were developed in 2021 and are able to be shared with regional police officers through engaging FNMAU. Following content review, the profiles will be made available to police through the FNMAU internal web pages.

Also under development is a First Nations Protocol. Following the establishment of a Police First Nations Advisory Group (PFNAG), the PFNAG will lead consultation with community to ensure community support prior to the endorsement and publication of the protocol.

All members of the QPS are obliged to complete the SBS Inclusion Program – Aboriginal and Torres Strait Islander Course, which was introduced on 1 February 2022. This course is designed to assist members in understanding the importance and advantages of Australian indigenous cultural diversity. The course is compulsory for all members of QPS with a due date of 30 June 2022.

The PCAP Recruitment Training unit is also conducting a review of recruit training and will take the opportunity to implement FN Cultural Intelligence training within the current recruitment training curriculum, in consultation with FNMAU and key stakeholders.

Supporting the steps being taken by the QPS, the [Australia New Zealand Policing Advisory Agency](#) (ANZPAA) recently released the *Australia and New Zealand Police Anti-Racism and Cultural Diversity Principles*, which reflect the commitment of all police commissioners to promote and advance anti-racism and cultural diversity.

The QPS recognises people of diverse genders, sexualities and sex characteristics, who are often referred to as lesbian, gay, bisexual, transgender, intersex, queer/questioning, and other identities represented by + in the acronym LGBTIQ+, are not a homogenous group; they have unique and distinct needs with diverse experiences and backgrounds. The QPS acknowledges that the relationship with LGBTIQ+ people, both from a historical and contemporary context, has not always been consistent with professional practice and community expectations. More broadly, people who are perceived to be different, including LGBTIQ+ people, are often subjected to violence, harassment, bullying and discrimination by those who are biased or ill-formed. The QPS is committed to strengthening relationships with the community to stop crime and make the community safer.

The QPS LGBTI Liaison Program began in 1997, to establish and maintain effective liaison between police and LGBTIQ+ communities. The program enables appropriate policies and strategies to be developed to ensure the delivery of an equitable service across the State. Integral to the Program is LGBTI liaison officers, who have completed specific LGBTIQ+ training and undertake their role in a

voluntary capacity in addition to their usual duties. LGBTI liaison officers are located across the State and can assist during investigations and other interactions with LGBTIQ+ people. An LGBTI liaison officer contact list is available for police and community members on the [QPS website](#).

Question 6: How are the impacts of trauma for women and girls understood and exercised at each point across the criminal justice system?

Question 7: How can the impacts of trauma be better recognised and responded to at each point across the criminal justice system?

The issues relating to impacts of trauma were explored in the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission). The Royal Commission published its Criminal Justice report in August 2017, which included a number of recommendations to implement victim-centric, trauma informed responses to victims of child sexual abuse. These recommendations included training, alternative reporting options for vulnerable groups, and an intermediary scheme to support witnesses with communication difficulties to give their best evidence.

As mentioned in the QPS response to Discussion Paper 2, the QPS has commenced delivery of new and updated victim-centric and trauma-informed training products, to improve the QPS response to victims of sexual violence at all levels. This training package has been developed in partnership with the University of Queensland resultant from the Royal Commission and aligns with the 'start by believing' philosophy.

Some of the factors that may exacerbate trauma include lack of sentinel support for the victim throughout the course of the criminal justice process and beyond; the complexity of the system and the length of time taken to navigate and complete the process; navigation of forensic examination, including timeliness of the examination; and evidentiary requirements that may seem confronting (e.g. explaining the acts in detail, potentially on multiple occasions) and could be perceived as victim-blaming (e.g. what were you wearing, had you been drinking) but are required in order to prove or support elements of the offence and/or assist in the identification of evidence.

This submission will recommend the implementation of a process to electronically record a victim's statement at the time of complaint, and to ensure the statement is a free narrative that provides a "whole story", which can be used in any subsequent proceedings as evidence-in-chief of the witness.

The impacts of trauma can also be seen in children who are placed into care for their own safety, but is sometimes misidentified when the trauma is exhibited through extreme and challenging behaviours and police are called to respond. A recent Community Support and Services Committee [report](#) on the *Criminal Law (Raising the Age of Responsibility) Amendment Bill 2021* discussed concerns from stakeholders about the "criminalisation of the care system" when a child is placed into the care of the Department of Children, Youth Justice and Multicultural Affairs (DCYJMA), citing a stakeholder's submission that "*there is evidence to suggest that for children in care there is a practice of relying on police and the justice system in lieu of adequate behavioural management*". This issue is raised in this submission, noting that many children entering the care system have experienced trauma, and that a therapeutic response to behaviour borne of trauma is likely to result in better long-term outcomes for the child than a police response, thus preventing entry into the criminal justice system.

Question 8: How are the risks of vicarious trauma and compassion fatigue recognised and addressed by those working in Queensland's criminal justice system? What works? What needs to be improved?

Primary (Preventative Interventions)

The inaugural QPS Wellbeing Strategy released in 2021 has identified several primary, secondary and tertiary interventions to support our people's physical, social and psychological wellbeing. The Strategy identifies 24 initial recommendations that aim to provide education and awareness of wellbeing and psychological injuries such as vicarious trauma (VT) and compassion fatigue (CF). Further, there are several recommendations targeted at uplifting our internal health and wellbeing services to provide support for such psychological injuries. Whilst there are no specific recommendations regarding VT and CF, the overarching purpose of the Strategy is to increase awareness, reduce stigma and foster a supportive culture of comradery, where mental health and wellbeing is an organisational priority.

The QPS Psychological Assessment Unit conducts comprehensive, psychological assessments for all police officer applicants upon their entrance to the QPS; with the aim of screening individuals' suitability

to policing and the inherent stressors in policing that can lead to outcomes such as VT and CF. Similarly, psychological assessments are also conducted as a mandatory requirement to work within identified high risk areas such as CPIU and CASCG.

The need for specific training regarding VT and CF has been recognised in a recent desktop review within the Recruit Training Program. Development of this content is currently underway with subject matter experts from within Safety & Wellbeing and Recruit Training Unit. Psychological injuries similar to VT and CF are explored within the 'Psychological Health and Fitness' OLP. Specifically, recognising the signs and symptoms in oneself and others, as well as help seeking and support options that our members can engage in themselves or via the extensive internal wellbeing support options.

The Senior Psychologists/Senior Social Workers within the QPS Employee Wellbeing unit also provide specific wellbeing workshops to plain clothes officers and detectives during their various training courses, which aim to provide insight into protecting wellbeing from such injuries. These workshops focus on foundationally understanding one's own wellbeing, preventing psychological injury and seeking help early.

The links between physical and mental health are well established in academic literature. The QPS has a team of exercise scientists and dietitians/nutritionists (HealthStart) who aim to provide preventative physical health interventions at a workplace and organisational level which invariably seeks to protect the mental health of our members.

Specialist high risk areas within the QPS including the CASCG and the Electronic Evidence Unit maintain staff wellbeing policies to minimise the risk of harm to its members. Since 2008, the CASCG has adhered to a policy to support the welfare of officers working within the Group, noting the variety of functions undertaken including viewing child exploitation material, direct contact with reportable offenders, investigating child death and serious injury, and investigating sexual offences (current, historical and serial or complex offences against adults). The policy includes a requirement to be psychologically assessed prior to commencement in the Group, and every six or twelve months thereafter; obligations on staff and supervisors to monitor themselves and colleagues and check in regularly; options to self-identify when psychological wellbeing is suffering and be supported to spend time away in another role; and to not view CEM within two hours of the end of their shift.

Secondary (Early Interventions)

The Psychological Assessment Unit also conducts annual Psychological Health Monitoring (PHM) with members of the CASCG, in accordance with the CASCG welfare policy. The intention of the annual PHM is to identify early, signs of poor wellbeing or mental injury in our high-risk areas and subsequently refer them to the appropriate internal and/or external services.

Our voluntary Peer Support Officer (PSO) network receive a comprehensive face-to-face training package which provides them with the tools to be a state-wide internal support option for all staff, but particularly those in high-risk roles. The PSOs can provide early intervention and support to our members and provide a referral to a professional internal wellbeing support option (i.e., Chaplain or Senior Psychologist/Senior Social Worker) or external wellbeing support such as a GP or community support group (i.e., Fortem Australia, LifeLine etc.).

Tertiary (Reactive Interventions)

Employed within the Safety and Wellbeing unit are a number of allied health professionals who are able to provide support to members who are experiencing a psychological illness, injury or significant distress. The QPS employs Senior Psychologists/Senior Social Workers and Chaplains who are able to provide professional, brief mental health intervention and subsequent referral to an appropriate external provider for long-term mental health intervention if required. Our support services have subject matter expertise in psychological illnesses such as VT and CF and can provide bespoke support to members experiencing such.

External support options provided by the QPS include the Early Intervention Treatment Program (EITP), 1800 ASSIST, 1800 4QPS DFV and 1800 Speak Safe. The QPS is also in the final stages of implementing an additional Self Refer program, whereby members can seek completely confidential treatment through external providers contracted to render treatment services, with expertise in first responder matters.

Question 9: What are your experiences or observations about how the rights of women and girls

who are involved in the criminal justice system as either victims-survivors of sexual violence or accused persons or offenders are protected and promoted?

As mentioned previously, the QPS obligations under the HRA are embedded in policies, procedures and training. Similarly, the QPS requires officers to adhere to the Charter of Victims' Rights enshrined in the *Victims of Crime Assistance Act 2009*. The Memorandum of Understanding between the QPS and the Office of the Director of Public Prosecutions (ODPP) respecting the communications between the ODPP and the QPS in sexual offence prosecutions also provides guidance in relation to responsibilities to victims when considering discontinuance of, or substantially reducing, charges against a person accused of sexual crime.

The QPS obligations to victims of crime are reflected throughout the OPM and reinforced in training to police. The training components include understanding sexual crimes, understanding trauma, how to communicate with people with known vulnerabilities including ensuring access to support persons and interpreters, and ensuring the victim understands the criminal justice process and is kept informed of all aspects of the investigation and prosecution.

There are numerous safeguards in legislation and policy to protect and promote the rights of offenders in Queensland. However, these rights and protections are considered gender neutral and apply equally to all offenders. Key safeguards can be found in the *Youth Justice Act 1992* and the *Police Powers and Responsibilities Act 2000*. These safeguards extend to provisions relating to the questioning and interviewing of offenders including special requirements for particular people including Aboriginal peoples and Torres Strait Islander peoples, children, persons with impaired capacity and intoxicated persons. Other safeguards address arrest and custody powers, search warrants, crime scene powers and obtaining personal particulars including DNA from offenders.

Question 10: What are the impacts and implications for women and girls who are victims-survivors of sexual assault if matters are delayed across the criminal justice system?

Evidence shows delays in the criminal justice process can be detrimental to victim-survivors. Anecdotally, there have been instances where victim-survivors have lost faith in the justice system and withdrawn their complaints. There have been instances where delays in investigations, particularly relating to historic and unsolved investigations, has led to the loss of evidence.

As mentioned previously (refer page 11), issues relating to the timeliness of forensic examinations has had a detrimental impact on victim-survivors. From an investigative perspective, the length of time taken to obtain the results of the forensic examination can impact on the time taken to complete an investigation and progress a matter to its conclusion. This can cause frustration for a victim, particularly if they do not have sentinel support to guide them through the criminal justice process. This submission will outline concerns regarding the capacity of the sexual assault support service sector to meet demand, and the impediments to providing consistent and sustained support to a victim from the initial decision whether to make a complaint to police to the conclusion of all proceedings and beyond.

Part 2 - Women and Girls' Experience as Victim-Survivors of Sexual Violence

Community understanding of sexual offending and barriers to reporting

The QPS response to Discussion Paper 2 highlighted the focus of cultural and attitudinal change in the Queensland Government's *Prevent. Support. Believe. Queensland's Framework to Address Sexual Violence* and the *Domestic and Family Violence Prevention Strategy 2016-2026*. The QPS [Sexual Violence Response Strategy 2021-23](#) (Strategy) also identifies the importance of engaging the Queensland community, to provide accessible information about sexual violence and the roles of each stakeholder in the criminal justice system.

The aims of the Strategy under the priority of "empower our community" are to:

- Increase community awareness of the QPS role as part of an integrated system response to sexual violence
- Support tailored strategic and evidence-informed prevention activities for diverse population

- groups in collaboration with government and nongovernment agency partners; and
- Increase awareness of identified and anonymous reporting avenues, and alternative justice options

To action these aims, the QPS has implemented a communication strategy (Appendix 3), which includes external media and communication, to provide information and resources to the community to:

- increase community awareness of sexual violence and its underreporting
- encourage more victims to come forward by highlighting the choices available to them, including the traditional and alternative reporting options available
- highlight how the QPS is taking meaningful action to better meet the needs of victims
- raise awareness of the QPS' role in responding to sexual violence, including how the QPS supports and assists victims and collaborates with partners.

Attitudes to consent including impacts of pornography

It is the QPS' position that the law in respect of rape and sexual assault must be unambiguous and readily enforceable. There must not be any unintended consequences arising from any reform to the current law that may undermine enforceability.

Investigators need to be able to assess the strength of a case based on the available evidence. Clarity in the law ensures there is certainty as to the evidentiary requirements to fulfil the elements of an offence to the required standard.

It is not uncommon for QPS investigators to encounter circumstances where there has been an absence of verbal or physical resistance (including a 'freeze' response) from the victim in a sexual violence case. A lack of resistance does not equate to consent, and the legislation could be clarified by providing explicit recognition of this.

Misinformation about sexual violence is considered a barrier to reporting sexual violence and effective public education campaigns to counter this would be beneficial.

QPS collaboration with Match Group (of which Tinder is a subsidiary) is discussed later in this submission (page 18) and highlights how the QPS is working with stakeholders to educate and better protect the public.

Question 25: Is the current approach in Queensland to the non-consensual sharing of intimate images striking the right balance between criminalising non-consensual behaviour and community education?

In February 2019, new offences relating to the distribution of intimate images came into effect. The sharing of intimate images, commonly referred to as 'sexting', is the act of taking sexually explicit images or videos and distributing the material to partners, friends or anyone else via mobile phone or any other communication method. Once an intimate image is transmitted, the owner of the image or anyone else depicted in the image loses control of it. This means that the recipient of the image, or a person who has accessed the image through other means such as computer hacking, could further distribute the image or upload it to a public forum without the owner's consent. In some cases, recipients of the image might use blackmail for further images or for money by threatening to post the already received image. This can happen to anyone, regardless of the relationship to the recipient.

In Queensland, it is a criminal offence if a person shares an intimate image of another person without their consent in a way that would reasonably cause them distress. It is also illegal if a person threatens to share an intimate image without the person's consent in a way that would cause them fear of the threat being carried out. This applies whether a person threatens the person depicted in the intimate image, or anyone else. This offence applies even if the image does not exist.

Information is provided on the Queensland Government website and on the QPS website for members of the community, with advice to contact the office of the E-Safety Commissioner and seek advice on techniques and strategies to remove the images.

During the development of the *Criminal Code (Non-consensual Sharing of Intimate Images) Amendment Bill 2018* (Intimate Images Bill), feedback indicated that the sufficiency of Queensland's response to CEM offending by children warranted further consideration.

The issue of concern for stakeholders was that Queensland law does not provide adequate protection for children who engage in sexting within their peer group which prima facie would constitute a CEM offence but lacks predatory-type conduct usually associated with these offences. A child convicted of a CEM offence might also be a reportable offender under the *Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004*.

The QPS undertook to review the charging of children with CEM as part of its implementation of the Queensland Government Youth Justice Strategy, in consultation with the Department of Justice and Attorney-General (DJAG) and the then Department of Youth Justice.

Since the passage of the Intimate Images Bill on 13 February 2019, the QPS undertook significant steps to address those concerns including amending policies (refer section 7.11.3 OPM) in relation to sexting, adding similar policies in relation to intimate images offences and reinforcing the focus upon diversion in accordance with the *Youth Justice Act 1992*.

Between 1 July 2019 and 30 June 2021, a total of 738 children aged 10 to 17 inclusive came to the attention of the QPS for CEM offending. These offences included making, distributing, and possessing CEM under the Queensland Criminal Code and similar Commonwealth offences. Of these, approximately 726 children were dealt with including 44 through no further action, 577 diverted from the criminal justice system through cautioning, 30 receiving community conferencing or 75 via other action, with a focus on educative responses and encouraging children to accept responsibility for the impact of their actions.

A small number of children (11, or 1.5%) were charged with an offence, as they participated either in non-consensual behaviour, very serious offending, including violent offending, or consensual behaviour associated with other offending which led to formal charges.

Following identification of CEM charges relating to footage of assault and robbery (a schoolyard fight), advice was provided to QPS officers on the factors to be considered before charging a child with a CEM offence. These include whether there are more appropriate offence options, whether it is in the public interest to charge the child with CEM offences, the intent and spirit of the child exploitation legislation, and implications for the child including the potential to become a reportable offender if convicted on more than one CEM offence.

The QPS continues to reinforce messaging to specialist police regarding the importance of diversion and educative options for children being investigated for CEM offences and the matters to consider prior to charging children.

Question 26: How do pornography, sexting, dating apps or other emerging uses of technology influence community understanding of consent?

The size and popularity of online dating platforms has impacted dating trends altering, for many, their perceptions of and behaviours associated with these social interactions and relationships. An intelligence assessment examined the introduction of technology and its impact including changing views on sex and relationships. The assessment highlighted changing views as likely contributing to sexual assaults between online dating participants, as expectations of sex-on-demand increased and became reinforced.

The prevalence of online dating websites and apps is reported to be encouraging perceptions of a 'hook-up' culture and casualisation of sex. Research shows consumer behaviour in relation to online dating is different to in-person interactions with conversation on these apps turning sexual quickly, sometimes immediately and unwelcomed. The sexualisation of this communication likely reinforces expectations of sexual activity upon face to-face meetings, even if one of the users clearly articulates they do not want sexual activity.

The dissociated and/or anonymous nature of online dating likely extends opportunities for offenders to target previously out-of-reach victims – victims who, for various reasons, may not be comfortable in traditional dating or social behaviours. This anonymity also likely provides protection for offenders; particularly for sites that don't require identity verification. These platforms also extend offending

opportunities for offenders who have trouble in approaching potential victims in person and/or facilitates multiple approaches to potential victims.

A 2021 QPS intelligence assessment highlighted significant increases in reported internet-facilitated sexual offences between 2008 and 2020. A 2015 Australian Competition and Consumer Commission report indicated the Australian online dating industry was worth around \$113.3 million and recorded more than 4.6 million registrations. Research estimates up to 75% of 'millennials' (18 to 33 years) use online dating with online interactions now representing one of the most common ways of people meeting their partner. Tinder launched in the United States in 2012 before expanding internationally. In January 2020 Tinder recorded an estimated 3 million Australian users. The QPS intelligence assessment identified Tinder as the most prevalent platform (41%). Further information about the QPS collaboration with Tinder is on page 18 of this submission.

Barriers to reporting sexual violence

The QPS acknowledges reporting sexual violence can be a daunting prospect for many and notes that some of this reluctance is based on concerns that police will not believe them. The QPS also acknowledges the criticisms of some police in their handling of sexual violence investigations. There has been a long-standing public perception the police and the justice system are not uniformly meeting the needs of victims in every instance. This is supported by recent events indicating the QPS could further improve its response to victims of sexual violence. These include findings from the Royal Commission identifying inadequacies in the response to victims, such as lack of empathy; failing to adequately address victim needs in a trauma informed way; and victims feeling disempowered during investigation and prosecution processes. Although the report acknowledged police had taken steps to address such issues, negative perceptions remain, resulting in victims not reporting offences. The report recommended policing agencies undertake activities to encourage reporting.

The Queensland Sexual Violence Prevention Framework identified similar concerns, the ABC News published a report which was generally critical of the policing response to sexual assaults, and the Office of Health Ombudsman raised concerns about the quality of some police investigations of health practitioners accused of sexual offences.

In acknowledgement of these criticisms, the QPS is undertaking a range of strategies to improve its response to sexual assault investigations and vulnerable victims including the development and launch of the Sexual Violence Response Strategy with 25 actions, including the statewide rollout of SVLOs, and introduction of online reporting options. The Child Abuse and Sexual Crime Group was appointed as the capability owners for sexual violence, to ensure a consistent statewide response to sexual violence.

The QPS response to Discussion Paper 2 referenced the implementation of the online sexual assault reporting form in August 2020. The QPS implemented a digital solution to enable adult members of the public to report sexual violence online. The new form offers victims – including vulnerable members of the community – an alternative channel to reporting sexual assault.

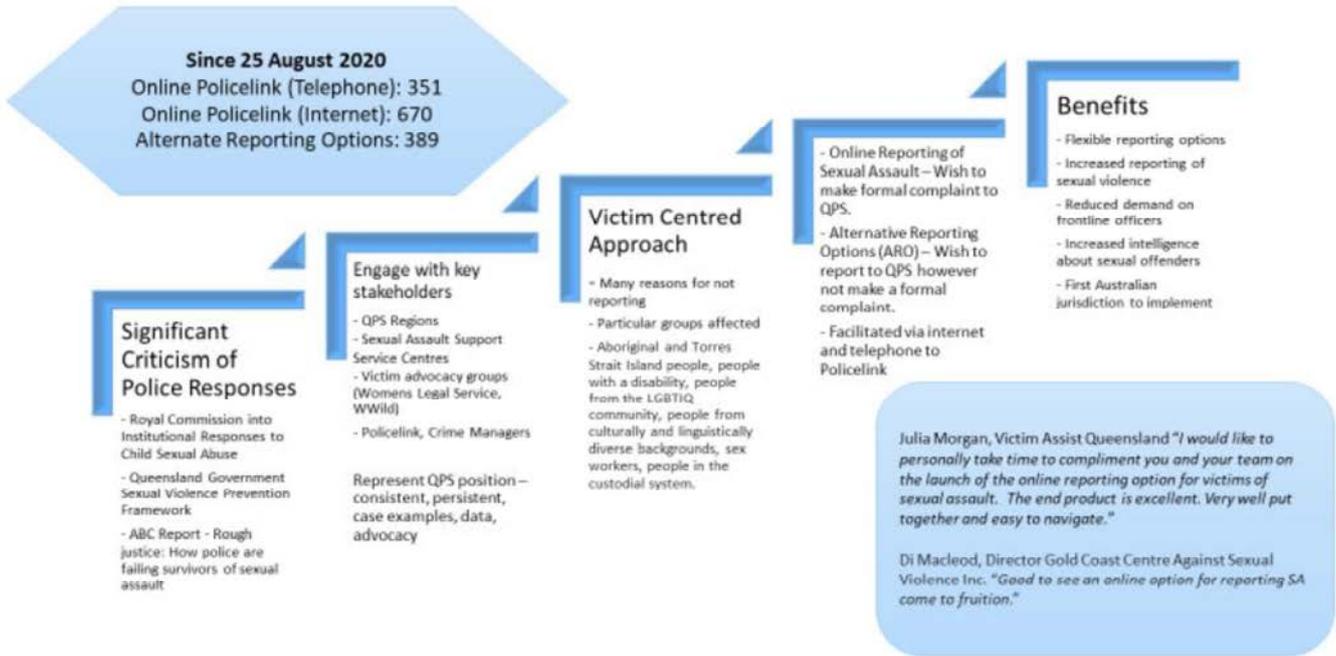
The project also saw the Alternative Reporting Options (ARO) form transition from print-and-complete to online functionality. Parallel consultation occurred to meet sexual assault victim needs and to ensure content and functionality alignment with the online sexual assault reporting form.

Additional to the online options, Policelink opted to expand its services and introduce telephone reporting for non-urgent sexual assault matters, providing a further channel for victims to report. This service enables victims to telephone Policelink and report a sexual assault. Policelink operators record the details, triage the reports, and send relevant tasks for investigation and response.

As part of the development and implementation of the online reporting process, the [QPS website](#) was updated in consultation with sexual assault support services, to ensure the accuracy and readability of the information about sexual violence reporting options. The QPS *Sexual Violence Response Strategy 2021-23* includes actions to increase awareness of reporting options and to direct members of the community and support services to the QPS website for further information.

The diagram below provides a snapshot of the online sexual assault reporting project, its scope, the products delivered, and the project benefits.

Snapshot: Online Reporting of Sexual Assault



'Disclaimer – these figures are not official Service statistics. Official Police Service statistics are released only through Research and Analytics, Organisational Capability Command after available data is collected, classified and collated in accordance with nationally accepted rules.'

Question 31: What can be done to reduce the feelings of shame and the stigma that surrounds sexual violence in our community?

Case Study – not for publication (currently before the courts)

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

This case study demonstrates the complexity of sexual violence reporting, and the variety of reasons for a person to resist reporting to police.

In November 2021, the Police Commissioner officially launched the QPS' joint safety campaign with Tinder. The campaign featured messaging to increase awareness of personal safety, offender behaviour, reporting and support options was the first of its kind, cobranded in partnership with Tinder.

The objectives of the campaign were to:

- promote awareness through messaging within the Tinder app, empowering but not alarming participants to take control of their safety.
- raise awareness among participants that the QPS prioritises the safety of the online community and is here to assist.
- reiterate that if something unwanted happens, individuals are not alone, with support and reporting options available.
- publicise to potential offenders that the QPS will move to protect safety within the online environment and that unwanted or criminal behaviour is not acceptable and will not be tolerated.
- reinforce that reporting sexual assault not only addresses an individual circumstance but can also
- assist police and Tinder in identifying offenders; preventing future occurrences; and supporting other victims.

The campaign culminated in messaging delivered to Queensland-based participants on the Tinder app, proactively promoting tailored safety messaging. The campaign reached 3 million people reached (1.8 million through media, 160,000 on QPS social media, 1 million on Tinder), with 30,000 visits to the campaign landing page on the Tinder app.

As referenced in the QPS response to Discussion Paper 2, the QPS advocated for the introduction of a Just in Case forensic examination process, to provide for collection of forensic evidence from a victim who has not yet determined whether to make a complaint to police. This process allows the victim to retain decision-making power in relation to her options, knowing that the collection of forensic material may assist police if she later chooses to report. In some areas of the state, however, it appears that once a victim attends a hospital for a Just in Case examination, some medical professionals are contacting police to attend and speak to the victim, causing angst for the victim and defeating the principle behind the Just in Case process.

Public reporting on sexual offending and domestic and family violence

The QPS notes the concerns raised at community forums regarding publication of names of victims and offenders include impacts for family members, particularly the children of the named people; the consequences for people in smaller communities; that many social media sites already name victims and offenders, and there does not appear to be many controls in this regard; and the options available to victims who consent to publication but subsequently change their mind as once details are published on the web it is extremely difficult to remove them.

The QPS acknowledges the views of victims are a significant consideration in the criminal justice process. It also acknowledges any community disclosure or reporting has the potential to cause negative consequences for victim survivors and offenders. It can lead to the re-traumatisation of victims, either at the time of publication or in the future. Ongoing and repeated publications by media and social media outlets can be detrimental to the coping and healing process for victims. Public reporting also provides

the ability to identify and target children of the victims and/or offenders, and can lead to the 'labelling' of a person as a victim or offender. Victims are not a homogeneous group. What may be restorative for one person may be detrimental to another. The potential to re-traumatise even one victim must be considered in policymaking.

Taking a conservative, victim-centric approach is particularly pertinent in the context of sex offence matters, as many victims are children, and most offending occurs within a complex intra-familial context³. Identifying victims (or fear of this occurring) through notification or disclosure processes may have significant psychological ramifications for victims and may disincentivise reporting of sexual abuse.

Research suggests that there is also a negative psychosocial impact on the children of identified offenders. In America, where sex offender register community notification schemes operate, a survey of 134 parents or caretakers of children whose other parent was registered sex offender, identified their children exhibited anger (80%), depression (77%), are ostracised by peers (65%) and are fearful (63%), with 13% exhibiting suicidal tendencies⁴.

This same research also identified other perverse impacts on family members of identified sex offenders, particularly those who reside with the sex offender, including the family member is more likely to experience social disadvantages and vigilantism themselves. 53% of family members experienced financial hardship due to the sex offender's loss of employment, 22% experienced housing problems, with 7% reporting being physically assaulted or injured, and 27% having property damaged due to their relationship with the identified sex offender.

Public identification of an offender can also potentially undermine protective risk factors such as stable housing, employment, and pro-social relationships.

The QPS notes and supports the limitations on publication of the names of young offenders, noting the principles of rehabilitation, similar to those in the *Criminal Law (Rehabilitation of Offenders) Act 1986*.

Reporting, investigating and charging of sexual offences

Police responses to reports of sexual violence

A key focus of the QPS *Sexual Violence Response Strategy 2021-23* is the delivery of victim-centric and trauma-informed responses to victims of sexual violence. The implementation of the Sexual Violence Liaison Officer (SVLO) responsibilities is a key driver of change in this regard. In January 2020, the QPS commenced a 12-month trial of dedicated SVLOs in response to the Queensland Government's *Prevent. Support. Believe. Queensland's Framework to address Sexual Violence*. Two trial sites were nominated: Logan District in South East Queensland, and Townsville District in Northern Queensland.

During the trial, the role of the SVLO was to ensure the QPS provides a victim-centric response to victims of sexual violence, liaise with local Sexual Assault Support Services to identify and address issues relating to victim experiences, and ensure accurate and consistent communication was provided to all victims of sexual violence who report to the QPS.

Following the trial, an evaluation identified positive outcomes including:

- Improved perceptions of the QPS response to victims
- Increased referrals offered to and accepted by victims
- Increased reports of sexual violence
- Increased number of distinct victims
- Decreased withdrawn offences
- Decreased unfounded outcomes

³ Lievore, D (2003). Non-reporting, and Hidden Recording of Sexual Assault: An International Literature Review, report. *Australian Institute of Criminology*. <https://www.aic.gov.au/publications/archive/archive-135>

⁴ Tewksbury, R., & Levenson, J. (2009). Stress experiences of family members of registered sex offenders. *Behavioral Sciences & the Law*, 27(4), 611-626. https://www.researchgate.net/publication/26269684_Stress_experiences_of_family_members_of_registered_sex_offenders.

The results from the evaluation were a driving factor in the decision to roll-out the SVLO role across the state and the expansion of the SVLO was incorporated as an action in the QPS' *Sexual Violence Response Strategy 2021-2023*.

SVLO responsibilities rest with the Officer in Charge (OIC) of each CPIU and CIB. The state-wide rollout commenced on 1 January 2022. The policy and procedure document (Instruction) that was utilised in the trial was revised in consultation with the SVLOs and forms the basis of the SVLO responsibilities. The Instruction (Appendix 4) will be incorporated into the OPM, due to be published in June 2022 (refer Appendix 2).

In addition to the direct communications with SVLOs, a communications pack was distributed to District Officers (senior leaders in the organisation) to help drive the key messages (Appendix 5) which include:

- Be aware of your own attitudes and biases
- Understand myths and misconceptions around sexual violence
- Understand trauma, how it can affect everyone differently and that a flexible and agile policing response is required
- Listen to the victim and ensure they feel supported
- Investigate the crime, not the victim.

Evidence gathering

As mentioned previously, the QPS response to children who have experienced sexual violence is primarily provided by CPIU investigators. Chapter 7 "Child Harm" of the OPM provides direction in relation to interviewing child victims and witnesses and investigating criminal offences against children. The commencement of the Queensland Intermediary Scheme Pilot Program in July 2021 provides further support and assistance to investigators to interview witnesses with communication difficulties when conducting child sexual offence investigations.

CPIU investigators record interviews with child witnesses and witnesses with an impairment of the mind, in accordance with s93A of the *Evidence Act 1977* (Evidence Act). The OPM states that "*statements in this format should be undertaken in accordance with the interviewing children and recording evidence (ICARE) interviewing model. The ICARE interviewing model encompasses an electronically recorded free narrative of the witnesses' recall of the event. The initial information obtained from a child is critical in the prosecution process. In instances of child abuse, sexual assault or where the witness suffers an intellectual disability, the matter is to be referred to the OIC of the district CPIU for their consideration, advice and where appropriate, the appointment of a suitably qualified officer to undertake an ICARE interview.*"⁵

Current legislative restrictions prevent the recording of evidence from adult witnesses who may be deemed to be special witnesses under s21A of the Evidence Act. Section 110A of the *Justices Act 1886* requires "written statements" to be tendered for the purposes of a committal proceeding. Section 21AF of the Evidence Act provides exceptions for the presentation of a "written statement" at committal for affected child witnesses, however there are no similar exceptions for any of the other special witnesses in s21A Evidence Act.

The effect of this legislation is that investigators must obtain a written statement from adult victims of sexual violence. This process is not victim-centric and can cause further trauma to the victim, noting that the time taken to sit with an investigator to type a statement is greater than the time taken to record a free narrative account. A free narrative account is considered best evidence as it allows the victim to describe the event in her own words. The taking of a typed statement can often unwittingly result in the words of the victim being altered by the investigator, recorded inaccurately, or otherwise forgotten in the telling and retelling of the account. This can often lead to questions in court about the credibility or recall of the victim.

***Recommendation:** It is therefore recommended that consideration be given to more closely aligning the provisions of s93A and s21A of the Evidence Act to allow for the admission of electronically recorded evidence of all witnesses who would be deemed to be special witnesses.*

As outlined in the submission, an investigative tactic sometimes used by police is the use of pretext

⁵ Section 7.3 OPM

conversations. Pretext conversations are an investigative tool that can be utilised in a wide variety of investigations but are particularly effective in sexual assault matters. Conversations are recorded between victims/witnesses and a suspect to obtain voluntary admissions. Pretext conversations can be conducted either by phone or face to face with a suspect. There are clear guidelines for the conduct of pretext conversations to ensure compliance with evidentiary requirements and to establish appropriate safeguards for victims. Officers are required to consider the emotional impact the proposed conversation may have on the victim in reliving events with the suspect, the age of the victim and their suitability to participate in a pretext conversation as well as any safety issues for the victim arising from the conversation.

Forensic examinations

In 2018-19, the Queensland Audit Office (QAO) conducted an audit of forensic services in Queensland. The QPS contributed to the audit to highlight concerns from officers investigating sexual violence regarding inconsistent and untimely provision of forensic examinations, often referred to as Sexual Assault Investigation Kits (SAIK), by medical professionals. Case study examples were provided and discussions held with QAO officers to express concerns that medical responses were not victim centric, and in many ways caused further trauma to the victim. The issues included refusal to conduct the examination, requirement for a victim to travel up to ten hours to a hospital that would undertake the examination, waiting (often in the same clothes) for hours before being seen by a medical professional, all of which were likely to result in the victim deciding to not further proceed with the complaint.

The QPS engaged regularly with Queensland Health to seek resolution to the concerns raised, and to also discuss the implementation of a 'just in case' model for victims who were undecided about whether to report to police. The combined engagement and QAO report resulted in the implementation of the Just in Case process in 2019, and a commitment from Queensland Health to strengthen their forensic responses.

While improvements have been identified, there remains concerns across parts of Queensland that the forensic responses by medical professionals have not improved to any great extent. The QPS continues to engage with Queensland Health to identify issues as they arise in order to address issues early.

Reference DNA

In addition to the SAIK examination, reference DNA is required from the victim to compare against samples obtained during the SAIK examination. The Queensland Government Guidelines for Responding to Sexual Assault signed by a number of Government Agencies including Health and QPS in 2014, state that forensic medical examiners **should** take a DNA reference sample from a victim. It is considered this would reduce the trauma suffered by the victim in having a police officer (often male) take the reference sample at a later time.

Queensland Health practitioners stopped this practice, causing a delay in processing the analysis, and requiring police officers to revisit the victim to take the sample. The reason provided by Queensland Health is that the word 'should' is used in this statement regarding the taking of the reference sample, and thus is optional. On 31 March 2022, Queensland Health agreed in principle that replacing "should" with "shall" in the guidelines will remove doubt about the requirements to take a reference sample.

DNA Testing Threshold

There has been recent commentary in the media about DNA testing thresholds in Queensland compared to other states and territories in Australia. In February 2018 Queensland Health Forensic and Scientific Services (QHFSS) made a recommendation to QPS that testing of samples containing less than 0.008ng/uL of DNA should discontinue because the chance of obtaining meaningful evidence was low. Previously samples below this concentration underwent a process of micro-concentration to try and improve the likelihood of obtaining a useful profile. QHFSS advised that the overall success rate of micro-concentration was 10.6%. However, they advised that in most of these instances the process of micro-concentration did not provide any new evidence for the case due to the same profile already having been detected on other samples. They reported that the actual success rate of micro-concentration finding new evidence was 1.86%.

Based on the advice of QHFSS, QPS agreed that further testing of samples with less than 0.008ng/uL

of DNA should cease as a matter of routine. In these instances, the outcome of the testing would be reported to police as 'insufficient DNA for further processing' and investigators would be given the option to request testing (which involves micro-concentration) to continue if the sample was important for the case.

For the calendar year of 2021 the QPS gathered information to monitor the success rate of obtaining a usable profile when investigators requested testing to continue for samples initially reported as 'insufficient DNA for further processing'. The observed success rate of obtaining a profile from these low concentration samples was approximately 30%. This success rate includes samples collected in relation to all crime classes. Given the observed success rate was substantially higher than was forecast by QHFSS, in December 2021 the QPS requested that the process be reviewed by QHFSS including the threshold value used.

The success of further testing for samples collected in relation to sex offences was much higher which may be attributed to the sample type which are generally taken from intimate areas. During 2021, 583 samples relating to sex offences were initially reported as 'insufficient DNA for further processing'. Investigators requested for testing to continue for 47 of these samples. Upon the continuation of testing, 31 samples yielded a useable profile. This equates to a success rate of 66% when samples below the threshold progressed through the full testing process.

Support Persons

The QPS response to Discussion Paper 2 included detailed information about the Townsville Sexual Assault Response Team (SART), which is a multi-disciplinary, specialised team of stakeholders who are available 24/7 to engage directly with victims of sexual violence, and support victims throughout the criminal justice process. It is evident from research and stakeholder submissions that consistency of support from end to end helps victims to feel supported and to navigate the system, and that this function is best performed by sexual assault service workers, in collaboration with criminal justice stakeholders (QPS, Health, Justice and Courts).

The QPS response to Discussion Paper 2 discussed the evaluation of the SVLO trial. This evaluation identified the benefits of a SART model and noted a SART model will provide more benefit to victims than the SVLO model alone. The evaluation report noted concerns about the capacity of sexual assault support services to meet demand, particularly in rural and remote areas of the State, and recommended further funding be considered and acknowledged as a limitation in current support for victims. It is noted this recommendation is beyond the remit of the QPS, which does not fund these services, but it is an issue of concern for the QPS if there are limitations on the ability for police to refer victims for necessary support.

Through the SVLO role, it is anticipated stronger connections will be made between the QPS and sexual assault support services, however concerns about capacity of services to meet demand remain.

The QPS strongly favours a model of sentinel support, where specialist support services are available and able to be engaged from the time when a victim is considering her reporting options, throughout the course of the criminal justice process, and beyond. By way of example, the following communication from a victim-survivor was received by the investigating officer following conclusion of the appeal period: *"However difficult the trial was it was small beer to the aftershock. We have yet to find our new normal. ... Then there's the question of 'what next'? On that I'll have to get back to you – I'm still a bit lost there."*

Police Training

As mentioned in the QPS response to Discussion Paper 2, the QPS has commenced delivery of new and updated victim-centric and trauma-informed training products, to improve the QPS response to victims of sexual violence at all levels. This training package has been developed in partnership with the University of Queensland (UQ) and aligns with the 'start by believing' philosophy.

The CSAFE OLP, released on 31 January 2022, is the first in a series of products, mandatory for all police officers from the rank of Constable to Inspector, Policelink staff and Counter Service Officers, to address:

- Understanding institutional child sexual abuse
- Understanding trauma

- Survivors from diverse backgrounds (First Nations victims; Culturally and Linguistically Diverse victims, victims with disability)
- Child development
- Being effective communicators (how to take a disclosure).

This OLP is highly recommended for Superintendents to Assistant Commissioners as many manage investigative units across the State.

The second stage is an OLP scheduled for release in 2022 for generalist investigators to address:

- Biases and decision-making
- Myths and misperceptions of child sexual abuse, sexual violence, and domestic and family violence
- Trauma and complex trauma
- Vicarious trauma and self-care.

Additionally, the two-week Detective Training (Phase 2) curriculum includes training relating to understanding sex crimes. Members of the UQ team who partnered with QPS to develop trauma informed training were invited to observe this training in March 2022 and are currently working with PCAP to include trauma informed components to enhance investigative understanding and responsiveness to victims in this phase of training. The training will include a session on 'The Whole Story' to build the foundational understanding of trauma before they attend the ISACURE course.

The ISACURE course provides participants with the knowledge, skills and behaviours to effectively understand and support victims of sexual offences; and hone communication and investigation strategies to effectively prevent, disrupt and prosecute sex offences. Participants are challenged to critically examine their existing understanding of trauma; victim behaviour; 'sex offences' and 'sex offenders'; as well as their own investigative processes to see how they impact investigations. The course was developed in consultation with expert academics and external stakeholders with the aim of enabling investigators to provide an enhanced response to adult victims. Skills with which to work effectively within a multi-disciplinary team to achieve mutual outcomes are also emphasised.

As outlined in the QPS Discussion Paper 2 response, an evaluation of the ISACURE course identified that as a result of the training, it significantly changed investigators' knowledge and perceptions of their role and approach to victims of sexual assault, leading to improved investigative practices. Investigations undertaken by members who had completed the ISACURE course, compared to investigations by members who had not completed the course, achieved significantly greater proportions of solved sexual offences, significantly lower unfounded sexual offences and significantly reduced withdrawals (for rape and attempted rape).

In 2022, the Detective Training unit is facilitating 16 courses across all three phases to accommodate 520 students (4 of which are phase 2). There are 6 ISACURE courses to cater for 240 students.

The QPS Prevention Together Strategy aims to prevent harm, trauma and crime. Courses delivered at the Investigative Interviewing Training Unit (IITU) ensure the curriculum reflects this strategy, the QPS Sexual Violence Response Strategy, legislative and policy requirements in addition to addressing external recommendations such as Royal Commission, Inquiries or Coronial Inquests where required.

PCAP also provides face to face training for recruits and in-service police with respect to policing with influence and tactical communication. While not specific to sexual violence crime, the application of this training is designed to assist police to de-escalate violent situations and/or build rapport and actively listen to victims or community members in times of distress or crisis.

This training includes a focus on the following:

- de-escalation of incidents through effective communication skills; and specifically
- the use of the behavioural influence stairway model (BISM).

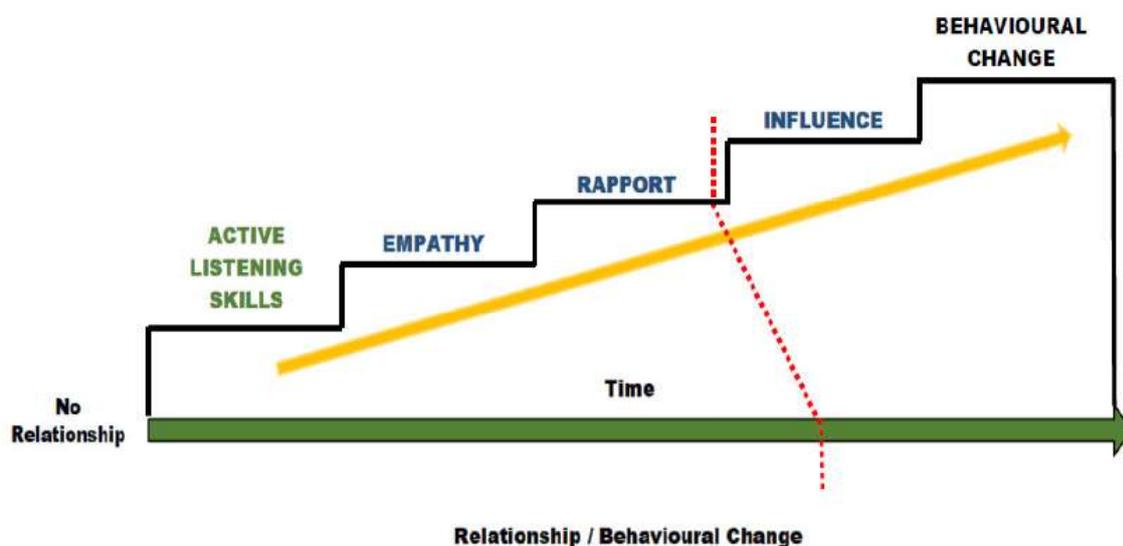
QPS Operational Skills and Training has included Statewide training to all police on the BISM model since 2018. The focus of this training is on communication techniques and specifically the ability to build relationships with people in crisis who are experiencing, or who have suffered traumatic events, including offenders, victims and witnesses alike. The BISM model is traditionally used by negotiators and has been included in general police training to educate all police on how to:

- use active listening skills
- empathise with the person they are speaking with
- build rapport
- influence behaviour
- change behaviours.

The techniques used in this model coincide with those used in high pressure police negotiations and investigative interviewing in general police work.

The skills, behaviours and principles incorporated in these training products are all transferrable to other aspects of policing activities outside of high risk or violent confrontations. For example, the model may be used by police generally to establish rapport, to assist persons experiencing a mental health related issue, victims of a crime or domestic & family violence; and witnesses of reportable incidents.

BEHAVIORAL INFLUENCE STAIRWAY MODEL (BISM)



Scenario based recruit training also includes policing with influence techniques (BISM) such as talking to aggrieved and respondent persons in domestic and family violence situations, non-compliant offenders and persons in distress due to mental health issues.

Legal and court processes for sexual offences

Adequacy of current sexual offences in Queensland

The QPS supports consideration of legal remedies to improve the experiences of victims through the prosecution process. We refer to the recommendation above in relation to electronic recording of victim and special witness evidence at investigation stage, and admissibility of the electronically recorded interview as the witness statement. As discussed previously, a free narrative account of the incident, with an ability to provide the Whole Story, will provide additional context around offender action and victim reaction⁶.

The QPS notes consideration of new offences relating to stealthing and acknowledges the submission from Respect Inc. about the lack of provision for charging a client of a sex worker with rape when they do not pay for services.

The QPS seeks consideration and possible review of judicial directions in sexual offence hearings, particularly in relation to the evidence of the victim, referred to as the "[Robinson](#)" direction. An alternate

⁶ Tidmarsh, P (2021) The Whole Story: Investigating Sexual Crime - Truth, Lies and the Path to Justice
Queensland Police Service

option to removal of the warning may be to allow expert evidence to explain to a jury and court participants such matters as the impact of trauma on memory, fight/flight/freeze responses, and offending behaviours.

Alternative justice responses

The QPS acknowledges that “justice” has different meaning for different victims. For example, some victims of child sexual abuse tell someone about the offending because they want the offending to stop. Other victims want their story to be heard, and to be believed. It is therefore considered appropriate that a variety of options be made available to victims to provide them with a sense of control over how they participate in the system.

A number of diversionary options are available to police when responding to young offenders, however there remains limited options for restorative justice beyond restorative justice conferences. There is no impediment to utilising these alternative responses with a young person who has committed a sexual offence.

Question 71: Should a special sexual violence court be trialled in Queensland? What would be the risks and benefits?

The benefits of a sexual violence court are unclear. The QPS notes the views of the Victorian Law Reform Commission as outlined in Discussion Paper 3. It is considered that greater benefits would be achieved universally with training in trauma-informed approaches to all criminal justice participants (police, prosecutors, defence, courts personnel), noting these skills can be applied when dealing with all victims, witnesses and defendants.

Part 3 - Women and Girls’ Experience of the Criminal Justice System as Accused People and Offenders

Why women and girls come into contact with the criminal justice system as accused persons and offenders

The PPRA provides the powers and safeguards when investigating offences and dealing with offenders. While there are no specific requirements in responding to women and girls, officers are required to comply with all safeguards and with requirements in the OPM when dealing with offenders, including Chapter 2 (Investigative process) and Chapter 6 (Persons who are Vulnerable, Disabled or have Cultural Needs).

The QPS acknowledges the stories of women with lived experience and the research which identifies that many women who commit offences have a history of trauma and disadvantage. The role of police in investigating crime is outlined in Chapters 2 and 3 of the OPM. Officers must act impartially in the discharge of their duties. Consideration must be given to whether there is sufficient evidence to charge someone with an offence, and to also consider whether it is in the public interest to do so. Section 3.1.1 of the OPM requires officers, when deciding what action in response to an offence is appropriate, to adopt the ‘PLAN’ approach (Proportionate, Lawful, Accountable, Necessary) to assess whether an action or decision is compatible with human rights, and to consider whether alternatives to charging would be more appropriate.

Children in Residential Care

Earlier in this submission, we discussed the criminalisation of the care system. Children who are removed from their homes for their own protection by DCYJMA can be placed in a range of care environments, including with other family members, foster carers, or residential care services. Residential care services accommodate children and young people with complex and/or extreme support needs. Some homes can house up to 4-6 children. There are currently over 450 residential care houses across Queensland.

Children placed in residential care homes are likely to have suffered significant trauma and may exhibit challenging behaviours which require a holistic, trauma-informed response.

Responding to calls for service from residential care consumes significant and disproportionate policing resources. Regular police attendance at these addresses leads to negative community perceptions, negative police interaction and greater exposure of children in residential care to the criminal justice system, resulting in poor long-term outcomes for these children.

In 2018, the Queensland Family and Child Commission (QFCC) led development of the *Joint Agency Protocol to reduce preventable police callouts to residential care services* (the Protocol), which was published in September 2018. The intent of the Protocol is to limit the exposure of children in residential care to police and the criminal justice system for actions that would be managed without police involvement in a family home.

An analysis of data relating to calls for service to residential care services for 2018 – 2019 was undertaken by the QPS and shared with Child Safety.

The key points include:

- 22,241 total calls for service for 2018/2019 calendar years
- 30 service providers are responsible for 370 juvenile care house addresses
- 60% of calls are in relation to ‘absconders’ incident group (absent from placement/missing persons)
- 70 addresses (18.9%) had over 100 calls for service (range 100-542) across the two year reporting period.

Ongoing engagement with stakeholders in intervening years has seen a significant and sustained reduction in the number of calls for service to residential care facilities. In that same timeframe, we have seen a significant increase in the number of residential care houses (from 299 in 2018 to 459 in 2021), and a similar significant increase in the number of children in residential care (814 to 1,374). The average number of calls per child has reduced from 12.5 to 4.9, however the risk remains that this cohort of children will be at greater risk of entering the criminal justice system.

In February 2022, Child Safety published Operational Guidelines to support the implementation of the Protocol. It is hoped the implementation of the Operational Guidelines will see further reductions in unnecessary police involvement with these children and a subsequent reduction in their involvement in the criminal justice system.

Engagement with police and the legal system

The Discussion Paper commentary in relation to gender-responsive policing is noted. In 2022, the QPS commenced working with the University of Queensland to trial a gendered policing model. It is noted a broader consideration of gendered responses across the criminal justice system may result from this current inquiry.

The QPS works closely with partner agencies to identify young people at risk of entering the criminal justice system and of the child protection system and to implement intervention strategies to divert them from that path. As previously discussed, the QPS is a core member of the SCAN team system which provides a multi-agency response to children at risk of significant harm.

One initiative currently supporting girls at risk of entering, or who have entered, the criminal justice system is the recent establishment of multi-agency collaborative panels in all police districts. These panels have been established to provide support and intensive case management for the serious repeat young offenders who are consistently entering/exiting detention. These panels include representatives from various Government agencies who collaborate to provide support and links to pathways to prevent re-offending and incarceration.

Youth co-responder teams (YCRT) consisting of QPS and DCYJMA (Youth Justice) employees operate in eight police districts throughout Queensland. These teams perform street and home visits to young girls who have entered or at risk of entering the criminal justice system. The teams provide links for the young person and their family to support services ensuring holistic support to the family unit.

The following examples identify the benefit of early engagement and access to support for girls at risk of entering the criminal justice system:

14 year old girl, commenced offending in [REDACTED] 2020 and escalated with more than 70 [REDACTED] offences committed between [REDACTED] 2021 and [REDACTED] 2021. The girl was in care but living with kin. She has [REDACTED] older brothers, who were [REDACTED] involved in offending, which was the main influence of her behaviour. The offending related to property offences [REDACTED]

[REDACTED] The YCRT commenced regular engagements in May 2021, checking in on the girl two or more times per week, providing support and referrals to the family. The YCRT also engaged with the girl's Child Safety officer. Since October 2021 the girl has only committed one offence, in [REDACTED] 2022. The YCRT still engage with the girl and her current carer, including recently assisting with transporting her to school which she commenced at the start of the year after being absent from schooling for two years.

14 year old girl, first came to QPS attention in [REDACTED] 2020 for assault matters, for which she was cautioned. Her offending escalated the following year from [REDACTED] to [REDACTED] 2021, charged with over 20 [REDACTED] property offences [REDACTED]. The YCRT commenced engagements in June 2021, with the girl and her mother, including attending the home address for bail checks, engagements and referrals offered. Peer influence was a big factor in the girl's offending behaviour, along with conflict with her mother. There were several barriers to overcome working with the girl due to the family conflict and disengagement from schooling. The YCRT also regularly engaged with the girl's mother and provided advice. The girl's last offence was in [REDACTED] 2021. QPS have not been called to the address this year due to any family conflict matters.

Diversion from the criminal justice system

The QPS notes the discussion about the use of diversion options for women and girls as offenders from the criminal justice system.

Girls have greater opportunity of being diverted from the criminal justice system than women due to the diversion options available to young people and the historic use of such diversion options. Police are well versed with the diversion options available under the *Youth Justice Act 1992* including taking no action, caution, restorative justice conference, drug diversion or the graffiti program. Some women may be provided the opportunity of an adult caution depending on the circumstances. Expansion of adult cautioning and the ability to provide restorative justice conferencing to adults would provide greater options for police when considering responses to offending. Any diversionary practice for women and girls which includes links with further support may provide greater long-term benefits.

In 2019, the QPS commenced a Protected Admission Scheme for young offenders. The Protected Admissions Scheme allows police (through a legal representative, parent or support person) and a young person to come to an agreement about the young person's eligibility for a court alternative such as a caution or youth justice conference and the use of any admission. The lawyers advising the young person can provide advice to the young person to admit the offence in the confidence that they are acting in the best interests of the young person.

The investigation of an offence by the young person does not change, nor does the cautioning or restorative justice conference schemes.

The Protected Admission Scheme only operates where the young person has declined to make an admission, but a caution or other diversionary option is appropriate. The scheme is designed to remove the potential blockage to the cautioning or restorative justice conference options. A protected admission interview allows the young person to make admissions during a police interview, but any admissions made are not admissible in court proceedings.

Conditions in prisons and watchhouses

Chapter 16 of the OPM outlines the requirements for the care and safety of people in police custody. The OPM states "*Holding cells at police stations are designed to hold prisoners in custody for a short time, whilst watchhouses are primarily designed to hold persons overnight or for 24 hours or longer. Never-the-less, both these facilities are for the temporary holding of prisoners before prisoners are released or transferred to a corrective services facility or detention centre. Therefore, prisoners are to be held in police custody for the minimum length of time necessary.*"

While the OPM is clear in relation to best practice, often circumstances and factors beyond the control of

the police result in the detention of prisoners for more than 24 hours. These circumstances include the inability to transport prisoners to and from remote locations within a timely and practical manner, which often require flights or long-distance driving, particularly if there are limited police resources available. Likewise, if there are no beds available at the correctional or detention centres, requests are made to police to keep the prisoners at the watchhouse for longer periods. Finally, if a court appearance is only a day or two ahead, prisoners are often kept in the watchhouse as a more logistically feasible option to ensure the prisoner is able to attend court, particularly in the northern and western parts of the State.

Section 5.9.4 in Chapter 5 of the OPM provides direction in relation to requirements when taking children into custody and further guidance is provided in s16.12.1 in relation to segregation of prisoners.

The QPS notes that watchhouses are not designed to respond specifically to the needs of women and girls.

Women's experience of reintegration into the community

A new statewide initiative called a "72-hour Release from Detention Plan" has been implemented in Queensland. It provides a dedicated plan for youth aged between 10-17 years in the first 72 hours post release from detention centre. The plans provide support to the young person including supervision and engagement opportunities to help prevent re-offending.

Consideration could be given to establishing a similar model for women exiting prison, to ensure appropriate supports are available to her to re-establish her connections in the community.

The QPS supports all programs which support successful reintegration into the community. Not only will this reduce demand on QPS resources, but more importantly it will reduce recidivism rates for women and girls.

Conclusion

The QPS is committed to the safety of the community now and into the future. Whilst there are many and varied activities developed and ongoing to support women and girls in the criminal justice system, we recognise that the more Government and non-Government agencies work together to support our community, the better the outcomes will be. As the primary law enforcement agency for the State of Queensland our 24 hour, seven days a week policing service is increasingly met with high levels of demand, shifting community expectations and rapid technological innovation. These factors, coupled with our access in all parts of the State including remote areas, where other support agencies are not available, ensure policing is often the only point of call for community members across a wide range of policing and non-policing issues.

ACRONYMS AND ABBREVIATIONS

ARO	Alternative Reporting Options
CALD	Culturally and linguistically diverse people
CASCG	Child Abuse and Sexual Crime Group
CFMU	Clinical Forensic Medicine Unit
CIB	Criminal Investigation Branch
CPIU	Child Protection and Investigation Unit
CPYJ	Child Protection and Youth Justice
CSAFE	Child Sexual Abuse Fundamentals Education
DFV	Domestic and Family Violence
FoCIS	Fundamentals of Child Interviewing Skills
HHS	Hospital and Health Service
ICARE	Interviewing Children and Recording Evidence
ISACURE	Investigating Sexual Assault – Corroborating and Understanding Relationship Evidence
JIC	Just in Case Examination
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex and asexual
MOU	Memorandum of understanding
ODPP	Office of the Director of Public Prosecutions
OIC	Officer in Charge
OPM	Operational Procedures Manual
QH	Queensland Health
QPS	Queensland Police Service
SART	Sexual Assault Response Team
SASS	Sexual assault support service
SCAN	Suspected Child Abuse and Neglect
SCU	Sexual Crime Unit
Sexual Violence Framework	<i>Prevent. Support. Believe. Queensland's Framework to address Sexual Violence</i>
Sexual Violence Response Strategy	<u>QPS Sexual Violence Response Strategy 2021-2023</u>
SVLO	Sexual Violence Liaison Officer
Taskforce	Women's Safety and Justice Taskforce

Appendices

1. QPS Organisational Chart
2. Chapter 2 OPM amendments (to be published in June 2022)
3. Sexual Violence Response Strategy – Communication Strategy
4. Sexual Violence Liaison Officer Instruction
5. District Officers Communication Pack
6. Sexual Violence Liaison Officer Trial Evaluation Report – not for publication
7. Sexual Assault Response Team Evaluation Report – not for publication

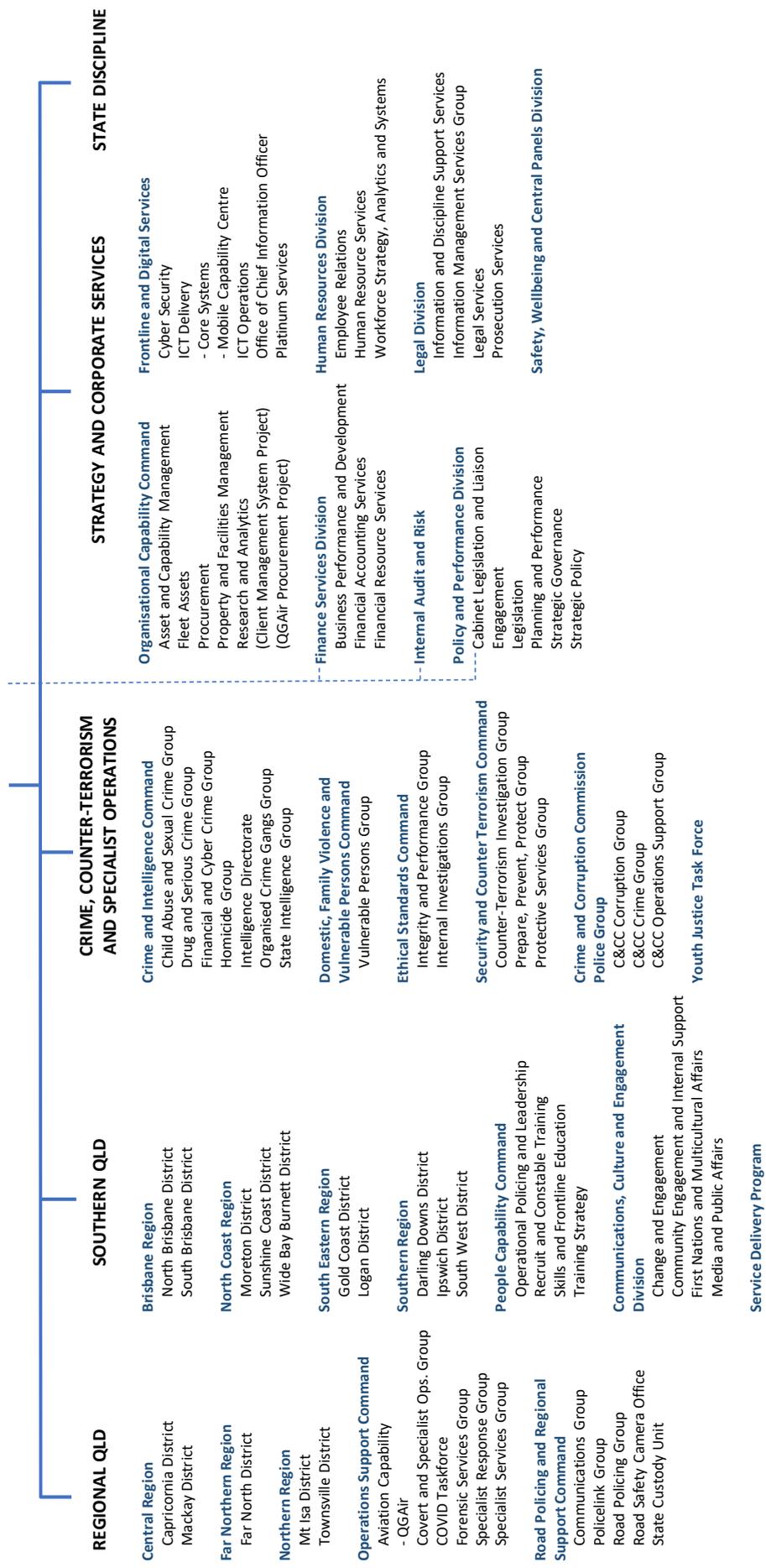
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Queensland Police Service

ORGANISATIONAL STRUCTURE AS AT 20 SEPTEMBER 2021

COMMISSIONER OF POLICE



Note: All draft amendments are in tracked changes.

CHAPTER 1 AMENDMENTS -

1.4.5 Responsibilities of officers in charge of stations or establishments

Officers in charge of stations or establishments are responsible for:

- (i) the efficient and effective management of policing within their area of control;
- (ii) ensuring close interaction between members of the Service under their control and the community, including the appointment of appropriate officers to perform the role of:
 - a. Adopt-a-Cops to schools within the division;
 - b. Neighbourhood Watch police liaison officer for Neighbourhood Watch groups within the division;
 - c. station community crime reduction officer; and
 - d. station domestic and family violence liaison officer (see s. 9.15.4: 'Station domestic and family violence liaison officers' of this Manual).

see also s. 1.7.8: 'Police in schools' of this chapter.

The OIC of officers appointed to the roles in (a)-(d) is responsible for the performance and supervision of the officers and should allow adequate time and resources for the officers to perform their appointed duties;

- (iii) the effective management of resources allocated within their area of control;
- (iv) discipline;
- (v) liaison within and external to the Service;
- (vi) budgeting;
- (vii) welfare, health and safety issues relating to members under their control;
- (viii) implementation of education and training programmes;
- (ix) developing and maintaining a register of physical resources under their control which includes equipment on personal issue to officers under their control;
- (x) transfer of information;
- (xi) monitoring district/branch operational plans and developing, division/unit 28-day rosters to address operational requirements. The OIC is also to monitor roster compliance in conjunction with shift supervisors or district duty officers and evaluate the outcomes;
- (xii) selecting a shift supervisor (see s. 1.4.6: 'Responsibilities of regional duty officer, district duty officer and shift supervisor' of this chapter) for each shift and indicating that selection on the duty roster;
- (xiii) the regular monitoring of good order and other minor offence records on the QPRIME computer system to ensure that police officers under their control comply with s. 3.5.9: 'Justification for arrest' of this Manual;
- (xiv) the efficient and effective deployment and management of all members under their control in compliance with Service policy, procedure and legislation;
- (xv) monitoring compliance with Service policy and procedure by all members under their control;
- (xvi) participation in the divisional and crime/support unit performance review process ensuring the operational business strategies and activities within the division are aligned to Service strategic and operational imperatives (see s. 1.3: 'Regional operations performance review strategy' of this chapter); and
- (xvii) foster an inclusive workplace where health, safety and wellbeing are promoted and prioritised.

Officers in Charge of Criminal Investigation Branches (CIB) and Child Protection Investigation Units (CPIU) are responsible for undertaking the role of the Sexual Violence Liaison Officer (SVLO).

See s.2.6.3 'Sexual Offences' of this Manual for the responsibilities of an SVLO.

CHAPTER 2 AMENDMENTS -

2.6.3 Sexual offences

Where a sexual offence has been identified, first response officers should consider contacting the relevant district Sexual Violence Liaison Officer (SVLO) to assign an investigating officer in line with local arrangements and the responsibilities of an SVLO contained in this chapter.

Additional responsibilities of first response officers for sexual offences include:

- (i) ensuring the safety and welfare of the victim (see Charter of Victims' Rights of the Victims of Crime Assistance Act (VOCAA) and s. 2.12.1: 'Victims of Crime Assistance Act' of this chapter);
- (ii) identifying any person to whom the victim may have stated the complaint to following its occurrence, i.e. preliminary complaint and any other possible witnesses;
- (iii) obtaining personal particulars from the victim and identifying the offence to be investigated, i.e. rape, sexual assault;
- (iv) completing a brief account of the occurrence involving the offence complained of, including location, time, injuries, conversation, indicia, sequence of events, etc.;
- (v) obtaining sufficient information which would assist in identifying the suspect(s), including as appropriate:
 - (a) ascertaining if the suspect(s) is known to the victim or any witnesses;
 - (b) obtaining an accurate description of the suspect(s);
 - (c) identifying if any CCTV or security surveillance camera vision is available (see s. 2.4.11: 'Video and photographic evidence recorded during the commission of offences' of this chapter);
 - (d) obtaining any information which will assist investigators in locating and identifying the suspect(s); and
 - (e) arranging for a broadcast of suspect(s) where necessary; and
- (vi) not asking leading questions of the victim in relation to the complaint.

Additional responsibilities of investigating officers for sexual offences include:

- (i) providing an objective account of the investigative process and judicial process to ensure the victim is fully informed of the process;
- (ii) discussing with the victim their needs and concerns in relation to the investigative process including whether the victim has any preference in relation to the gender of any officer to be present during the investigation. Preferences should be complied with where possible;
- (iii) providing the opportunity for the victim to have a support person present during the various stages of the investigation, including taking the victim's statement and during any medical examinations. A support person may include an employee from a sexual assault support service. Victims should be advised witnesses or potential witnesses may not act as support persons;
- (iv) fully informing the victim of the importance of retaining forensic evidence. However, officers should not discourage victims from washing bodily fluids from the vaginal or anal areas due to the risk of infection from potentially life-threatening diseases such as HIV;
- (v) arranging for a medical examination by a forensic medical officer (FMO), doctor or forensic nurse;
- (vi) providing the examining medical practitioner with a Sexual Assault Investigation Kit (SAIK);
- (vii) taking possession of the completed SAIK and ensuring it is:
 - a) allocated a forensic exhibit number;
 - b) entered onto the forensic register by a forensic officer; and
 - c) delivered to Queensland Health Forensic and Scientific Services (FSS) (see s. 2.19.6: 'Forensic Services Group (FSG)' of this chapter);
- (viii) where additional biological evidence is taken from the complainant, only the SAIK is to be delivered to FSS. The biological samples are to be:
 - a) retained by the investigating officer whilst awaiting the results of SAIK analysis; and

Sexual Violence Liaison Officer OPM Amendments – Section 1.4.5 and 2.6.3

- b) submitted for analysis, if the analysis fails to identify the offender;
- (vii) ensuring a DNA reference sample is collected from the complainant:
 - a. at the same time as the SAIK; or
 - b. in offences involving oral rape, 48 hours after the time of the offence; and
 - c. using a DNA 'Mouth Sample Kit – QPS'; and
 - d. completing a: • QP 0442: 'DNA Sample Particulars Form'; and • QP 0535B: 'Signed consent for the taking of sample for DNA Analysis from victim/complainant/witness',

(see s. 2.25.6: 'Obtaining samples for DNA analysis from a victim/complainant/witness' of this chapter);

- (viii) collecting DNA reference samples from witnesses/husband/partners for the purpose of assisting analysts with the interpretation of complex mixed DNA profiles and improving the timeliness of results;
- (ix) prior to obtaining a DNA sample:
 - a) ensure the victim is fully aware of the procedures involved in the medical examination and discuss the evidentiary benefit to have such examination;
 - b) explain to the victim written and signed consent should be given for:
 - any clinical or forensic examination;
 - the collection of specimens by the doctor;
 - the release of any specimens taken or relevant laboratory results; and
 - the taking of necessary photographs;
 - c) provide the victim the option of having a support worker present during the examination. The examination should be directed to establishing whether the victim had been penetrated to any extent or sexually assaulted. All possible evidence of the commission of the crime should be obtained from the examination of the victim including signs of injury corroborating lack of consent (these signs may consist of bruises, lacerations, scratches, etc. on any part of the body, including the thighs and genital area).
Note: there is no legal requirement for a police officer to be present during a medical or forensic examination. Officers may however advise the victim they or medical staff may request an officer to be present;
 - d) be aware of the provisions of s. 93A: 'Statement made before proceeding by child or person with an impairment of the mind' of the Evidence Act (EA) which deals with the admissibility of statements by a child or an intellectually-impaired person. Wherever possible, statements in this format should be obtained by officers who have successfully completed an ICARE (Interviewing Children and Recording Evidence) course; and
 - e) where possible, obtain photographs of the victim which illustrate any injuries or other evidence;
- (x) ensuring the victims clothing and underclothing which may assist in the investigation (e.g. bodily fluids such as saliva, semen or blood) are collected as per s. 2.25.20: 'Procedure for items of clothing worn by a complainant' of this chapter;
- (xi) arrange for the examination of the crime scene by forensic personnel as soon as possible, ensuring the scene is not disturbed until the examination is completed. Items such as discarded clothing, bed linen etc. which may provide forensic evidence to support the investigation are collected in accordance with s. 2.25.19: 'Procedure for items left at scenes of crime' of this chapter;
- (xii) making, if appropriate, a detailed plan of the scene. Officers trained in accident investigation procedures may be able to assist;
- (xiii) obtaining a detailed statement from the victim. In doing so officers should:
 - a) consider the provisions of Chapter 6: 'Persons who are vulnerable, disabled or have cultural needs' of this Manual;
 - b) consider the provisions of s. 93A of the EA (Admissibility of statements by a child or an intellectually impaired person). Statements in this format should, where possible, be taken by officers who have completed an ICARE course;

Sexual Violence Liaison Officer OPM Amendments – Section 1.4.5 and 2.6.3

- c) inquire if a support person is required during the interview, e.g. a friend, family member or a community support worker;
 - d) ensure if the victim has a disability/impairment, a representative from the appropriate agency or a support person, where available, is present during the interview;
 - e) ensure, where the victim is not conversant with the English language, where available, an appropriate interpreter is present (see s. 6.3.7: 'Interpreters' of this Manual);
 - f) consider the use of a Queensland Intermediary Scheme (QIS) intermediary to assist witnesses with communication difficulties during the interview process for child sexual offence investigations (see s. 7.6.3: 'Procedures for interviewing a child' of this Manual);
 - g) acknowledge the impact of sexual violence can be different for everyone and ensure the victim is comfortable prior to commencing the statement;
 - h) create an environment of trust with the victim;
 - i) conduct the interview in a private quiet area;
 - j) inform the victim of the investigative processes which will take place;
 - k) advise the victim of the format of the interview and how it will be conducted;
 - l) answer and clarify any questions asked by the victim;
 - m) take care when interviewing the victim. The investigating officer is to be mindful the victim may subconsciously try to fill in gaps in memories and become suggestible when answering questions;
 - n) record accurately the victim's responses;
 - o) ensure the statement is signed by the victim in accordance with the Justices Act or Oaths Act provisions;
 - p) keep all transcripts secured and together;
 - q) ensure a copy of the statement is given to the victim;
 - r) advise the victim that if the matter goes to court, the legal representative for the defence will be receiving a copy of the statement; and
 - s) advise the victim that if the matter goes to court, they may be afforded rights granted to a special witness, e.g. the pre-recording of evidence, see s. 21A: 'Evidence of special witnesses' of the EA;
- (xiv) keeping the victim fully informed on what is happening throughout the investigation;
 - (xv) complying with the Charter of Victims' Rights of the VOCAA (see s. 2.12: 'Victims of crime' of this chapter);
 - (xvi) if necessary, arranging for photographs to be taken of the crime scene, any exhibits, and photographs of any injuries received by the victim;
 - (xvii) collating, labelling and securing all exhibits in accordance with the provisions of Chapter 4: 'Property' of this Manual;
 - (xviii) maintaining a log of events to assist in the management of the investigation;
 - (xix) obtaining statements from any possible witnesses;
 - (xx) obtaining a statement of preliminary complaint without asking leading questions;
 - (xxi) if the identity of the suspect is not known, arranging a Comfit and ensure the completed Comfit is attached to the relevant QPRIME occurrence (see s. 2.11.8: 'Comfit identification (Computer Generated Images)' of this chapter);
 - (xxii) if the identity of the suspect is known, locating and interviewing as necessary;
 - (xxiii) conducting any necessary searches to obtain any evidence from the suspect or from any other place;
 - (xxiv) once a statement has been taken from the complainant, forwarding a notification task within the relevant QPRIME occurrence to the Child Abuse and Sexual Crime Group, Crime and Intelligence Command for intelligence purposes; and
 - (xxv) offering a Police Referral for support services and financial assistance. Victims Assist Queensland can assist with providing counselling, medical costs, security to place of residence, clothing and bedding.

Sexual Violence Liaison Officer OPM Amendments – Section 1.4.5 and 2.6.3

Additional responsibilities of the Officer in Charge of Criminal Investigation Branches and Child Protection Investigation Units include undertaking the role of Sexual Violence Liaison Officer (SVLO). This responsibility relates to QPS responses to victims over the age of consent (16 years or older) and includes historical sexual offence matters. For reports of sexual violence offences to the Service, the SVLO is to ensure:

- (i) the first point of contact for the victim is with an appropriately trained investigator following initial advice of a reported sexual violence offence. This process is to be established by the SVLO based on local resourcing arrangements;
- (ii) all interactions between police and victims are recorded in the QPRIME Occurrence Enquiry Log (OEL). The SVLO should monitor occurrence OELs to ensure all contact is recorded;
- (iii) at all stages throughout the investigation, and where operationally practical and appropriate, the victim is afforded the opportunity to have a support person present during all in-person contact with the investigating officer(s);
- (iv) during the initial reporting of a sexual violence offence, the discussions around the proposed investigation process focus on ensuring the victim can access the justice process. Any undue emphasis on negative aspects of the process or to withdraw is unacceptable. This does not prevent an investigating officer from providing an honest and transparent account of the investigation and judicial processes, with the aim of ensuring the victim can make an informed decision;
- (v) a referral to an appropriate support service is offered to all sexual violence victims;
- (vi) where a matter cannot be progressed to prosecution, advice is provided in person to the victim by the investigating officer (where practicable);
- (vii) a withdrawal of complaint is not formally progressed from the victim within 14 days from the date the offence is reported to the Service unless there are extenuating circumstances. If a withdrawal of complaint is to be obtained within 14 days it should only occur following consultation and approval by the SVLO;
- (viii) additional support and referrals are offered to a victim who insists of withdrawing within the first 48 hours after making a complaint;
- (ix) all withdrawals of complaints relating to sexual violence offences are electronically recorded. Any recording is to cover the entirety of the interaction with the victim not just the completion of the withdrawal of complaint documentation;
- (x) a monthly review of withdrawal of complaints is conducted with an entry made on the OEL in QPRIME;
- (xi) a random audit of sexual offence investigations within the associated district is conducted for the purpose of quality assurance;
- (xii) a local escalation process is established to ensure the SVLO is the first point of contact should a victim or sexual assault support service employee wish to raise an issue/s concerning the response provided by the investigator and/or the QPS;
- (xiii) relationships with the local sexual assault support services are built and maintained and information is shared between agencies to improve the response to victims.

Where appropriate the SVLO can delegate some of the above responsibilities to appropriately trained officers.

ORDER

In cases of rape, serious or complex sexual assaults the regional crime coordinator is to notify the Detective Inspector, Child Abuse and Sexual Crime Group, Crime and Intelligence Command, forthwith.

Drug facilitated sexual assaults

First response officers and investigating officers are to always consider the possibility of drugs being used to facilitate the commission of sexual assaults. In cases where it is suspected drugs may have been used, officers are to:

Sexual Violence Liaison Officer OPM Amendments – Section 1.4.5 and 2.6.3

- (i) ensure appropriate testing is conducted at the crime scene to maximise the chances of detecting these substances. The government medical officer or doctor conducting the examination is to be advised, so the appropriate blood and/or urine samples are correctly obtained. The decision to test for these remains a clinical one which is made by the victim in consultation with the doctor;
- (ii) advise the victim of the need to examine the clothes they were wearing when both the drug was administered, and the sexual assault occurred. These clothes may contain traces of the drug used by the offender, which may provide corroboration of the victim's allegations. Items seized are to be placed separately into appropriate exhibit bags, to avoid cross transfer of evidence;
- (iii) take care when interviewing the victim. The investigating officer is to be mindful the victim may subconsciously try to fill in gaps in memories and become suggestible when answering questions; and
- (iv) consider locating potential witnesses in relation to these crime scenes.

Crime scenes may include the premises where the drug may have been administered to the victim or where it has been stored and/or prepared by the suspect.

Officers should search crime scenes for:

- (i) possible drugs that may have been administered, including prescription medication;
- (ii) devices used to administer the drug, syringes, eye droppers etc.;
- (iii) receptacles and packaging used to store the drug;
- (iv) in the case where the crime scene is a licensed premise, any CCTV footage; and
- (v) any property of the victim the suspect may be in possession of.

Response to Sexual Assault Guidelines

Guidelines for responding to adult victims of sexual assault are available on the Child Abuse and Sexual Crime Group 'Resources' web page on the Service Intranet.

Officers are to:

- (i) refer to the 'Response to Sexual Assault' Guidelines when dealing with victims of rape and sexual assault; and
- (ii) ensure information, including local support agencies, is made available to victims of rape and sexual assault. Queensland Health maintain a list of support agencies on their 'Sexual Assault' webpage.

Online Sexual Assault Reporting for Adults

Adult members of the public may report a sexual assault online through the Queensland Police Service website (<https://www.police.qld.gov.au/units/victims-of-crime/support-for-victims-of-crime/adult-sexual-assault>).

Victims may use the online sexual assault reporting form to report a sexual assault to police as an alternative way to making a report at a police station or over the phone.

If a victim wishes to report a sexual assault, but does not want to make a formal complaint or they want to remain anonymous, the Alternative Reporting Option form located on the Queensland Police Service website can be used.

Adult Sexual Assault Resource Package

The [Adult Sexual Assault Resource Package](#) is an on-line resource that provides alternative reporting options as well as detailed information relating to adult sexual assault. The package is available on the Service internet website and has been designed to be used by members of the Service, victims, sexual assault support counsellors, government and non-government service providers as well as members of the public. The package includes information on:

- (i) making a complaint of sexual assault;

Sexual Violence Liaison Officer OPM Amendments – Section 1.4.5 and 2.6.3

- (ii) the investigative and court processes;
- (iii) alternative reporting options; and
- (iv) appropriate support services.

The Adult Sexual Assault Resource Package is managed by Child Abuse and Sexual Crime Group, Crime and Intelligence Command.

Witness Intermediaries

Officers in the Brisbane and Cairns District and Supreme Court jurisdictions who are investigating allegations of child sexual offences and have prosecution witnesses who may have communication difficulties should consider the services of the QIS pilot program. For policy in relation to QIS eligibility and requesting process see s. 7.6.3 of this Manual.

Intermediaries can assess a witness with communication difficulties to advise police on the best way to interview the witness and ensure that the witness understands police questions and police understand the witness's answers.

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APPENDIX C – SEXUAL VIOLENCE PREVENTION COMMUNICATION STRATEGY

Goal	In collaboration with CASC, raise public confidence in the police response and commitment to preventing and responding to sexual violence, with this strategy to complement the DFV communication strategy.
Objectives	<ul style="list-style-type: none"> • Increase community awareness of sexual violence and its underreporting • Encourage more victims to come forward by highlighting the choices, including the different (ARO vs formal complaint) and enhanced (online) reporting options available. • Highlight how the QPS is taking meaningful action to better meet the needs of victims. • Raise awareness of the QPS' role in sexual violence response, including how the Service supports and assists victims and collaborates with partners. • Increase community confidence in reporting to police through highlighting third party endorsements/partnerships with service providers.
Strategy	<ul style="list-style-type: none"> • Identify spokespersons from CASC and Regions to deliver consistent messaging that resonates with key target audiences including women, LGBTIQ, school-aged children (16yrs and over), vulnerable groups (the elderly, people with disabilities and mental health). • Undertake regular briefings between the Command and Media and Public Affairs to identify trends / focus areas / operational outcomes / progress and priorities of Sexual Violence Prevention Working Group. • Develop targeted campaigns and leverage relevant awareness initiatives (e.g. dating apps / Match Group) • Announce key milestones in victim-centric initiatives (e.g. training rollout) • Highlight on an ongoing basis when perpetrators are held to account • Profile collaboration and action with agencies such as Qld Health, Dept of Justice and Attorney-General, Department of Children, Youth Justice and Multicultural Affairs, Queensland Corrective Services, NGOs, support services and agencies.
Key messages	<ol style="list-style-type: none"> 1. Reporting sexual violence is essential. The QPS encourages survivors to notify authorities, whilst acknowledging the process of reporting can be a confronting and difficult experience. 2. Police will listen to survivors of sexual violence, respect their wishes, privacy and health and safety needs, regardless of when the offending may have occurred. 3. If you are a victim of sexual violence, help is available. There are several ways to report and access support including making a formal police complaint and Alternative Reporting Option (ARO) which gives survivors the opportunity to share their experience with police in a way that could assist others. 4. A whole-of-community response is critical to shifting societal attitudes and beliefs and preventing sexual violence. 5. Preventing and responding to sexual violence is everyone's responsibility.
Communication principles	<ul style="list-style-type: none"> • Use supportive, empathetic and non-judgemental language that avoids victim blaming • Acknowledge difficulties in survivors coming forward

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- Be transparent and acknowledge where change is needed – not all survivors have had positive or consistent interactions with police
- Spokespeople should help convey trust, authenticity and empathy
- Focus on equipping people with facts including options for reporting and seeking justice.

Tactics

External - Media and Public Affairs (MPA)

- Proactive media and content highlighting victim-centric focus:
 - Reporting options (formal and ARO) and ways to contact police
 - Profile on specialist officers – e.g. investigating a sexual assault, working as a sexual violence liaison officer (Townsville, Logan)
 - Update on UQ training partnership and rollout
 - Social media tiles – graphically represent reporting options & stats
 - Video / social story – e.g. importance of speaking up
 - Pre-prepared social media responses
- Collateral – handouts / materials for regions
- Targeted media – e.g. podcast, Triple J and CM stories on reporting
- Campaigns – e.g. Sexual Violence Prevention Month (Oct), dating app campaign
- Mythbuster series – e.g. underreporting, gender issue, police response

How do we measure success?

- Frequency and strength of key messages on social / traditional media
- Change in public sentiment on social / traditional media commentary
- Change in behavioural trends, noted through operational and reporting statistics
- Anecdotal feedback from one-on-one engagement.

External - Regions

- Supported with Media and Public Affairs content with the addition of local messages and statistics utilising:
- Local media
 - Engagement events
 - Local myPolice blogs.
 - Reactive media in relation to sexual violence incidents and investigations.
 - Local proactive media (e.g. promotion of support services, events etc).

Internal – Change and Engagement

- Assist in the development of internal communications (email, Workplace posts/tiles) to inform QPS members about sexual violence prevention updates, including available training to Service members.
- Help CASCG with sharing their announcements and progress information through internal channels.
- Provide engagement strategies to assist CASCG with their face to face (f2f) engagement of service members.
- Proactive and aligned internal and external messaging for sexual violence prevention, highlighting policing responses that are victim-centric and align with QPS values.

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QUEENSLAND POLICE SERVICE
INSTRUCTION
SEXUAL VIOLENCE LIAISON OFFICER



1. PURPOSE

The purpose of this guideline is to outline the role and responsibilities of the Queensland Police Service (QPS) Sexual Violence Liaison Officer (SVLO).

2. BACKGROUND

In 2019, the *Prevent. Support. Believe. Queensland's Framework to address Sexual Violence*¹ (the Sexual Violence Framework) was published and outlines the Queensland Government's approach to preventing and responding to sexual violence in Queensland. The Framework set priorities for action to guide the Queensland Government's response to sexual violence.

The SVLO trial was developed in response to action 3.2.1 from the Sexual Violence Framework which recommended QPS conduct a pilot of a dedicated SVLO within the Townsville QPS District, and conduct a comprehensive evaluation to determine the feasibility of the model and resourcing needs for expansion across QPS regions. As Townsville had existing multi-agency processes set up to respond to sexual violence through the Sexual Assault Response Team (SART), the Logan District was added as a trial site for comparison.

An evaluation of the SVLO trial concluded that there were some improvements in the response to victims of sexual violence in the trial locations. However, as the trial did not address all reporting barriers identified in the Framework, it was recommended if the SVLO model was expanded state-wide, reconsideration of the role and responsibilities would be required.

This document outlines the amended role and responsibilities of the SVLO following the results of the trial.

3. POLICY

This guideline must be read in conjunction with the QPS Operational Procedures Manual (OPM) sections 2.6.3 'Sexual Offences' and 2.12.1 'Victims of Crime Assistance Act' as well as the Victims' Rights of the Victims of Crime Assistance Act.

OPM section 2.6.3 outlines the process for managing a complaint of sexual assault by an adult, including ensuring compliance with the Charter of Victims' Rights. The OPM includes links to other resources to guide officers about providing a victim-centric response to complaints of this nature.

4. RESPONSIBILITIES

The SVLO role is a function of the Officer in Charge (OIC) Criminal Investigation Branches (CIB) for victims aged 18+ and the OIC Child Protection and Investigation Unit (CPIU) for victims aged 16 and 17 and for historical child sexual matters. It is noted the carriage of sexual violence investigations can vary depending on location. To ensure an appropriate response to reported sexual violence offences, the SVLO should ensure the following strategies are followed:

- All interactions between police and victims are to be recorded in the Occurrence Enquiry Log (OEL).

¹ [Prevent. Support. Believe. Queensland's Framework to Address Sexual Violence](#)

- At all stages throughout the investigation, and where operationally practical and appropriate, the victim should be afforded the opportunity to have a support person present (including a representative from a Sexual Assault Support Service), during all in person contact with the investigation officer(s).
- Following initial advice of a report of a sexual violence offence, the first point of contact for the victim must be with an appropriately trained investigator.
- Where no appropriate investigator is available at the initial contact, local arrangements must be established to facilitate this process.
- During the initial reporting of a sexual violence offence, the discussions around the proposed investigation process should not overly focus on the victim withdrawing the complaint or any perceived negative aspects of the judicial process. This does not prevent an investigating officer from providing an honest and transparent account of the investigation and judicial processes.
- A referral to an appropriate support service must be offered to all sexual violence victims.
- Where a matter cannot be progress to prosecution i.e. insufficient evidence, this advice is to be provided in person to the victim by the investigating officer (where practicable).
- A withdrawal of complaint is not to be formally progressed from the victim within fourteen days from the date the offence is reported to police unless there are extenuating circumstances. If a withdrawal of complaint is to be obtained within fourteen days, it should only occur after consulting the Sexual Violence Liaison Officer.
- All withdrawals of complaints relating to sexual violence offences are to be electronically recorded.
 - The recording is to be uploaded to Evidence.com with the Q-prime occurrence number as the ID/reference number. Note this recording is to cover the entirety of the interaction with the victim not just the completion of the withdrawal of complaint documentation.
- A monthly review of withdrawal of complaints should be conducted with an entry made on the relevant OEL.
- A local escalation process must be established should a victim or sexual assault support service employee wishes to raise an issue concerning the response provided by the investigator and/or the QPS.

5. DELEGATION

Where appropriate, the SVLO can delegate some of the above responsibilities to appropriately trained officers based on district demand, structure and local policy.

6. AUTHORITY

Officer Authorising Instruction:	Signature:
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7. DATE

Effective Date:	Review Date:
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Sexual Violence

Officer in Charge and District Officer Communications Pack

Background

The fundamental premise of dealing with a victim of sexual violence is to treat them with empathy, respect, dignity, courtesy and compassion. It is recognised that dealing with these complaints is often complex and time consuming in an already challenging environment for police.

In October 2019, the Queensland Government released [Prevent. Support. Believe. Queensland's Framework to address Sexual Violence](#). This report (and framework) identified that on occasion, police have displayed negative attitudes towards victims of sexual violence including victims feeling they have been judged harshly and were not believed by police when reporting sexual violence.

More recently, [media](#) reports have noted the QPS has the highest rates of unfounded and withdrawn outcomes for sexual offences compared to every other state and territory.

Many victims choose not to report sexual violence to police and it is important to understand a victim's reason for this decision. QPS members should consider all steps possible to remove barriers for victims to report sexual violence and access the judicial process if they wish.

The QPS response to victims of sexual violence must be victim-centric and trauma-informed. This means it is important to place the victim at the centre of all decision making and understand there will be factors which may impede an investigation, or influence a victim to withdraw their complaint. All QPS members should focus on investigating complaints of sexual violence rather than the credibility of the victim.



Some examples

In responding to sexual violence, all QPS members should consider and be aware of unconscious biases which may influence their actions towards vulnerable groups and lead to unintended discrimination. Recent examples of unconscious bias are outlined below.

Example 1:

Occurrence – A male offender charged with sexual assault
 QPS response – Arresting officer justified the offender’s behaviour by stating the matter was an *“isolated incident involving a hormonal teenager that had been consuming alcohol and did not know when to stop his actions.”* Through the process, it was suggested to prosecutions that a ‘No Conviction’ should be recorded by the court as the embarrassment the offender faced from his school, the police and his family was enough punishment. This personal opinion was written in the QP9 and provided to the offender and his legal representative.

Example 2:

Occurrence – An offender was charged with rape and the adult complainant later withdrew her complaint. The victim cited poor mental health arising from the offence and the fact they did not wish to see the offender in court as the reason for withdrawal.
 QPS response – In an email requesting authority to withdraw the charge, the arresting officer wrote *“Just the typical case with a rape victim going bad on us, despite her assurance that she wanted to proceed earlier in the piece and throughout the entire investigation!”*



Considerations when responding to sexual violence



Working out what is immediately important:

- Consider whether there are medical or safety issues which need to be addressed immediately. Remember, a police investigation can be commenced without a full statement.
- At all times act with the QPS values and show respect, courtesy, compassion and dignity at all times.
- It is recommended to contact the CIB or CPIU upon initial advice to avoid the victim retelling the details of the complaint multiple times which may cause further trauma.
- Reporting sexual assault matters should only be done where the victim is safe and feels comfortable e.g. in a private witness room.



Strategies for responding to sexual violence

- Be aware of your own attitudes and biases.
- Understand myths and misconceptions around sexual violence.
- Understand trauma, how it can affect everyone differently and that a flexible and agile policing response is required.
- Listen to the victim and ensure they feel supported.
- Investigate the crime, not the victim.



When undertaking the investigation:

- **Be aware of your own biases, attitudes and opinions.** By doing this you will ensure fair, impartial and comprehensive dealings with the victim, including showing empathy.
- **Follow the Charter of Victims Rights** and ensure the privacy of the victim is upheld at all times, and the victim is informed of all relevant information in a timely fashion.
- Consider that **everyone responds to trauma differently** and our role as police is to investigate the offence.
- Seek to **provide additional support and referrals** to a victim who insists on withdrawing their complaint within the first 48 hours. Police should also find out why they wish to withdraw their complaint and seek to address any barriers raised by the victim in continuing with the complaint.
- As the investigator, ensure you are providing the victim with **consistent and professional contact**.
- **Set aside time and provide the resources to obtain a statement** using best practice methods, including investigative interviewing techniques and/or a 93A statement (e.g. where a child is under 16 years old or if an adult victim has an impairment of the mind).
- In determining the appropriate action when finalising an investigation, officers should refer to s3.4.2 of the Operational Procedures Manual and the Office of the Director of Public Prosecutions Guidelines and **always ensure the most appropriate outcome is recorded** in the Incident/Count stats e.g. Solved, Unsolved, Unfounded, Withdrawn, Investigating or continuing.
 - Where an investigation is occurring and insufficient evidence is available to proceed, the occurrence should be recorded as Unsolved.
 - Unfounded should only be used where there is sufficient evidence and that evidence indicates that the offence did not occur.
- **Develop strong networks** with local Sexual Assault Support Services and engage with them early in an investigation.
- In order to understand how trauma affects a victim (and their potential indecision), **place the victim at the centre of the decision-making process** and allow them to have some control while providing information, receiving support and making choices.
- Wherever possible, **consider continuity** of the lead investigator as best practice for the victim.
- **Accept some decisions made by the victim may impact evidence gathering practices.** However, this should not automatically impact adversely on the decision to charge an offender or continue with the prosecution.
- **Ensure there is senior officer oversight** throughout all stages of the investigation.



Service-wide continuous improvement strategies

01

Victim-centric and trauma-informed training

Work is underway to develop and deliver victim-centric and trauma-informed training products to improve the QPS response to victims of sexual violence at all levels. This training is intended to rollout from August 2021.

The 'Investigating Sexual Assault – Corroborating and Understanding Relationship Evidence' (ISACURE) course is also currently available to members of CPIU and CIB and provides participants with the knowledge, skills and behaviours to effectively understand and support victims of sexual offences.

An evaluation of ISACURE identified the course significantly changed investigators knowledge and perceptions of their role and approach to victims of sexual assault, and led to improved investigative practices. ISACURE investigators (as compared to investigators who had not completed the course) achieved significantly greater proportions of solved sexual offences, significantly lower unfounded sexual offences and significantly reduced withdrawals (for rape and attempted rape)

02

Sexual violence prevention working group

The Child Abuse and Sexual Crime Group, Crime and Intelligence Command has established a sexual violence prevention working group to drive continual improvement. The group is comprised of senior representatives from each region and command and is formulating a holistic approach to the QPS response to victims of sexual violence.

03

Sexual Violence Liaison Officer (SVLO) model

In 2020, a pilot of dedicated Sexual Violence Liaison Officers (SVLO) was commenced in Townsville and Logan Districts. An evaluation identified an increase of sexual assault reports and distinct victims in both trial sites as well as a decrease of withdrawn and unfounded matters. Commissioner Carroll has made the decision to roll-out the SVLO model state-wide over the next 6 months. The Child Abuse and Sexual Crime Group is currently preparing an implementation plan to support the roll-out and will liaise directly with districts during August and September 2021. Further information will be communicated as this progresses.



Your responsibilities as an OIC



[Child Abuse & Sexual Crime Group Workplace](#)



[Child Abuse & Sexual Crime Group Intranet](#)



[Sexual Crime Unit Intranet](#)

Alison Slade

From: Lara Keller
Sent: Wednesday, 8 June 2022 12:28 PM
To: Lara Keller
Subject: A message of support

Dear FSS Colleagues

I'm writing to you today from COVID isolation, wishing I could be with you in the office. Unfortunately, I cannot return until next Wednesday.

We face uncertainty in the coming months. The Commission of Inquiry, the QH business case for change, spikes in influenza and COVID, increased demand and media attention will challenge us.

Please keep in mind that what you contribute matters. Many of you have told me of your pride in serving the community, and for the happiness you derive from delivering unique outcomes. I am proud to work with you.

I offer my full and unwavering support as we face these challenges. Please remember that for every negative comment directed at us, we receive many more compliments.

I hope that you have a strong support network around you. If not, please consider reaching out to Benestar Employee Assistance Provider. Their contact number is 1300 360 364 and website is www.Benestar.com

I will check my emails when able. Feel free to contact me if you need anything.

We can do this.

Best wishes,

Lara



Lara Keller, B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director
Forensic and Scientific Services
Prevention Division, Queensland Health



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Alison Slade

From: Lara Keller
Sent: Thursday, 9 June 2022 2:49 PM
To: McNab.BruceJ[OSC]
Subject: Re: Interagency Sexual Assault Response Guidelines Working Group

Hello Bruce

I have asked Adam to deliver a workable solution with QH collecting the reference samples. I understand that there will be steps to be put into place first, e.g. training, new kits, comms.

It may be that Adam is referencing oral swab when oral assault is suspected when it mentions contamination and 'where practical', but this will need to be clarified.

As discussed, I'm happy to be part of the working group if that helps expedite the change.

Presumably you are aware of the return to pre-threshold processes. FYI, I'm sick with Covid so will not be in until next Wed. Once I'm back I'd like to discuss further.

Kind regards
Lara

Get [Outlook for iOS](#)

From: McNab.BruceJ[OSC] <[REDACTED]>
Sent: Thursday, June 9, 2022 2:18:57 PM
To: Lara Keller <[REDACTED]>
Subject: FW: Interagency Sexual Assault Response Guidelines Working Group

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Hi Lara,

I just wanted to let you know Adam has put in a chance, I'll be seeking to explore the challenges arounds the statement marked in yellow and provide that feedback through our chain of command.



Bruce McNab BM
Superintendent 7417
Forensic Services Group
OPERATIONS SUPPORT
COMMAND
0419676959
Police HQ
[REDACTED]



Our values are at the core of who we are and what we do each day

From: Blanchfield.StephenJ[CIC] <[REDACTED]>
Sent: Wednesday, 8 June 2022 14:15
To: Pippa Davie <[REDACTED]> McNab.BruceJ[OSC] <[REDACTED]>
 Jones.DebbieM[CIC] <[REDACTED]>
Cc: Louise Gottardo <[REDACTED]>
Subject: Re: Interagency Sexual Assault Response Guidelines Working Group

Hi Pippa,

We are looking at the draft and should have some feedback soon.

Child Abuse and Sexual Crime Group will provide consolidated feedback from the QPS and it will in life comment on the proposed change you have forwarded.

Thanks

Stephen Blanchfield
 Detective Acting Superintendent
 Operations Commander
 Child Abuse and Sexual Crime Group
 Crime and Intelligence Command | Queensland Police Service

From: Pippa Davie <[REDACTED]>
Sent: Wednesday, June 8, 2022 1:42:05 PM
To: McNab.BruceJ[OSC] <[REDACTED]> Blanchfield.StephenJ[CIC]
 <[REDACTED]>
Cc: Louise Gottardo <[REDACTED]>
Subject: RE: Interagency Sexual Assault Response Guidelines Working Group

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Hi Bruce

I just wanted to touch base about QPS's feedback to confirm whether there are still some comments you would like to progress back to us, per email below?

In the interim, we thought it would be useful for QPS to be aware of a proposed change that Adam Griffin from Qld Health's Clinical Forensic Medicine Unit has proposed.

The amended wording, to be included under the "Victim DNA reference samples" heading at the top of page 29 is *"Reference sampling involves the collection of a person's DNA for comparison against forensic samples. **Where practical** and with patient consent, the reference sample will be collected at the time of forensic examination. The sample must be collected in a distinct and discrete process, packaged separately to the Sexual Assault Investigation kit. **Barriers to collection include risk of collecting a mixed sample at the time of forensic examination.**"*

This would replace the draft text at the top of page 29 which currently reads *"DNA reference samples (usually a blood sample or mouth swab) should **not** be taken routinely as part of the FME."*

Following further consideration and discussions I think it is unlikely we will provide a draft to the Taskforce, but we will be looking to quickly progress interim guidelines, pending further discussion and approvals. We will bring the working group back together in the next week or so to discuss next steps.

Thanks
Pippa

Pippa Davie
A/Manager
Department of Justice and Attorney-General
[REDACTED]

From: McNab.BruceJ[OSC] <[REDACTED]>
Sent: Monday, 30 May 2022 6:54 PM
To: Louise Gottardo <[REDACTED]> Adam Griffin <[REDACTED]> Anna Temple <[REDACTED]> Jo Hughes <[REDACTED]> Stephen Stewart <[REDACTED]> Jan Connors <[REDACTED]> Todd Fuller <[REDACTED]> Julia Morgan <[REDACTED]> Strategic Policy - Director <[REDACTED]> Claire X Hurst <[REDACTED]>
Cc: Pippa Davie <[REDACTED]> Jones.DebbieM[SCC] <[REDACTED]> Otilie Tork <[REDACTED]> Cathie Allen <[REDACTED]> Stephen Blanchfield (QPS) <[REDACTED]>
Subject: Re: Interagency Sexual Assault Response Guidelines Working Group

Hi Louise,

Thanks for the update. I've included my concerns with the wording in one section through to Stephen for return to you. Looking forward to working with you all to prepare the Guidelines from a victim centric perspective.

Bruce McNab BM
Superintendent 7417
Commander
Forensic Services Group
Operations Support Command
Qld Police Service
0419676959

From: Louise Gottardo <[REDACTED]>
Sent: Monday, May 30, 2022 3:56:56 PM
To: Adam Griffin <[REDACTED]> Anna Temple <[REDACTED]> Jo Hughes <[REDACTED]> Stephen Stewart <[REDACTED]> Jan Connors <[REDACTED]> Todd Fuller <[REDACTED]> Julia Morgan <[REDACTED]> Strategic Policy - Director <[REDACTED]>

McNab.BruceJ[OSC] <[REDACTED]> Claire X Hurst <[REDACTED]>
Cc: Pippa Davie <[REDACTED]> Jones.DebbieM[CIC] <[REDACTED]> Otilie
Tork <[REDACTED]> Cathie Allen <[REDACTED]> Blanchfield.StephenJ[CIC]
<[REDACTED]>
Subject: RE: Interagency Sexual Assault Response Guidelines Working Group

CAUTION: This email originated from outside of Queensland Police Service. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi all,

As discussed last week, we would welcome any feedback from you asap on critical issues that we'd want to address if a draft is to be provided to the WSJT Secretariat – ideally we'd need feedback by cob tomorrow but please let us know if you'll need more time. In the meanwhile, we have done a very quick review of the latest draft and done a light-touch update (attached) to address:

- Under scope – note that sexual harassment is a form of sexual violence, but is not specifically addressed as part of these guidelines
- Under audience – notes that while other agencies may have a role in supporting people who have experienced sexual violence, the guidelines focus on those agencies with a specific role in responding to sexual assault and sexual abuse and how they work with other agencies
- Throughout – included references to trauma-informed responses where appropriate, and a definition of trauma-informed included in the glossary.

I can also confidentially share an extract of related text included in corro from DJAG DG to the WSJT last week – this was in response to specific query from the Taskforce re the guidelines:

The scope of the guidelines has been broadened to include responses for children and young people, as reflected in the updated title: "Response to sexual assault and childhood sexual abuse: Queensland Government Interagency Guidelines for responding to children, young people and adults who have experienced sexual assault or childhood sexual abuse". The Guidelines have undergone a significant redraft since the published 2014 version, with many changes to terminology, process and procedure as well as updates to reflect changes in agency responsibilities/titles.

The revised draft Guidelines include an increased focus on responses to children and young people. This includes specific advice on how to respond to children and young people who have experienced sexual abuse or sexual assault, as well as on implementing the new legislative requirements of failure to report/failure to protect. They also include specific guidance relating to children who are in the care of the Department of Children, Youth Justice and Multicultural Affairs.

The revised draft Guidelines include a range of amendments to reflect altered legislative requirements or changed processes and procedures. An example is the inclusion of guidance around the implementation of 'just in case' forensic examinations, which is a more recent reform, as well as broader guidance around policies and procedures for all forensic examinations.

The draft Guidelines include additional guidance on supporting people with diverse needs, including Aboriginal and Torres Strait Islander peoples, people with disability, people from culturally and linguistically diverse backgrounds, LGBTIQ+ people, older people and sex workers. There is, as mentioned, specific guidance throughout the Guidelines on supporting children and young people.

This version of the revised draft Guidelines is nearing completion. However, further amendments to the Guidelines may be required following the Government Response to the recommendations of the Taskforce in its second report.

Happy to discuss,

Kind regards
Louise

Louise Gottardo | Director
Strategic Policy and Implementation | Office for Women and Violence Prevention
Department of Justice and Attorney-General
Ph: 0477 740 421 | Email: [REDACTED]

-----Original Appointment-----

From: Louise Gottardo
Sent: Friday, 20 May 2022 2:00 PM
To: Louise Gottardo; Adam Griffin; Anna Temple; Jo Hughes; Stephen Stewart; [REDACTED] Todd Fuller; Julia Morgan; Strategic Policy - Director; [REDACTED] Claire X Hurst
Cc: Pippa Davie; Jones.DebbieM[CIC]; Otilie Tork; Cathie Allen; Blanchfield.StephenJ[CIC]
Subject: Interagency Sexual Assault Response Guidelines Working Group
When: Thursday, 26 May 2022 2:00 PM-3:00 PM (UTC+10:00) Brisbane.
Where: Microsoft Teams Meeting

Dear colleagues,

I am pleased to invite you to a meeting of the Queensland Government Interagency Guidelines Working Group, bringing together key contacts with an interest in the *Queensland Government Interagency Guidelines for responding to children, young people and adults who have experienced sexual assault or childhood sexual abuse*.

I acknowledge it has been a while since the Working Group last came together, and there are a number of colleagues who are no longer in the roles they were in when we last liaised on the Guidelines. For that reason, we have identified some new colleagues who we believe will be the appropriate contacts – if you have received this invite and don't believe you have a role, it would be appreciated if you could identify the most appropriate person in your agency to pass this work on to.

The purpose of the meeting will be to discuss the latest version (attached – not for further sharing please) and canvas your views on next steps and approval processes. The version has been updated earlier this year with input from DCYJMA to reflect relevant legislative changes. We are mindful the Women's Safety and Justice Taskforce is due to provide government with their second report by end June, and we would like to discuss potential intersection/implications with you, as well as options for 'future-proofing' the guidelines.

I hope you are able to join us next week. Please RSVP to meeting invite by Tuesday 24 May, and contact either myself or Pippa Davie, A/Manager, Policy Development and Intergovernmental Relations on 3031 6618 with any queries.

Kind Regards

Louise

Louise Gottardo
Director, Strategic Policy and Implementation
Office for Women and Violence Prevention
Department of Justice and Attorney-General
[REDACTED]



Microsoft Teams meeting

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Alison Slade

From: Lara Keller
Sent: Monday, 6 June 2022 2:19 PM
To: Cathie Allen
Subject: RE: Options Papers - First one and Draft of Second

Hello Cathie

I will seek advice on this.

Please proceed as though we will be sharing it. Once it is ready, please let me know.

With thanks

Lara

From: Cathie Allen <[REDACTED]>
Sent: Monday, 6 June 2022 2:01 PM
To: Lara Keller <[REDACTED]>
Subject: RE: Options Papers - First one and Draft of Second

Hi Lara

Given the announcement today, is it still the intention to provide the follow-up report to the QPS?

Cheers

Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services
Prevention Division, Queensland Health



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From: Lara Keller <[REDACTED]>
Sent: Friday, 3 June 2022 1:27 PM

To: Cathie Allen <[REDACTED]>
Subject: RE: Options Papers - First one and Draft of Second

Hello Cathie

Could you kindly arrange for the final version of the second paper to be sent to me by COB Tuesday, please?
I am confirming with Megan in terms of provision to QPS.

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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From: Cathie Allen <[REDACTED]>
Sent: Friday, 3 June 2022 8:33 AM
To: Lara Keller <[REDACTED]>
Subject: RE: Options Papers - First one and Draft of Second

Hi Lara

When legal provided advice on this, you asked me to add draft to it.

I will need to re-review it and see when it's ready to be shared. We can issue it early next week, if we're advised it can be shared.

Cheers
Cathie



Cathie Allen BSc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

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From: Lara Keller <[REDACTED]>
Sent: Friday, 3 June 2022 6:24 AM
To: Cathie Allen <[REDACTED]>
Subject: RE: Options Papers - First one and Draft of Second
Importance: High

Good morning Cathie

Could you please advise the status of the second report? This copy states 'draft'. I am certain to be asked if it is ready to be shared with QPS. If it is not yet ready, when can I advise that it will be?

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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From: Cathie Allen <[REDACTED]>
Sent: Thursday, 2 June 2022 2:08 PM
To: Lara Keller <[REDACTED]>
Subject: Options Papers - First one and Draft of Second

Hi Lara

The first options paper is the pdf doc = #184 review of Microcon Options paper QPS. Attached email from Supt Frieberg advising her authorisation to proceed with the 'DNA Insufficient' process (dated Feb 2018).

I'll work on the rest and send as it's done.

Cheers

Cathie



Cathie Allen Bsc, MSc (Forensic Science) (She/Her*)
Managing Scientist

Social Chair, Organising Committee for 25th International Symposium of the
Australian and New Zealand Forensic Science Society (ANZFSS), Brisbane, 11 – 15 Sept 2022

Police Services Stream, Forensic & Scientific Services
Prevention Division, Queensland Health



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Lara Handover

September 2022

Commission of Inquiry

- Big changes in legal team. Lots of new faces.
- Justin and Cathie have separate legal representation. Glen Rice QC had 'ethical' dilemma, due to different version of events, and felt he could not represent both versions, therefore recommended separate legal representation for them. They are OK(ish) now but felt they had done something wrong, not supported etc.
- '~~No DNA detected~~'DIFP change of wording memo from A/DG 5/8/2022



DG Memo - Urgent
Amendment to Stan

- Notices 4, 5, 7, 8, 9, 10, 11 (no notice 6)
- Cathie was provided assistance with 'big' statement from many people.
- Select notices sent to DNA staff for emails, files notes etc. Began to feel 'real' but still no takers for Benestar (2x phone, 1x onsite, cancelled 23/8 and 6/9). No Benestar scheduled for future.
- Shandee Blackburn matter: Additional information required by Coroner. Consequently, found minor error with number of references samples – corrected. Extension request for one item. Interim letter signed 26/8/2022.
- 'Clarification of process' memo

Cathie not clear in initial explanation put forward regarding workflows (email)



Advice regarding
information supplied

So additional memo released to clarify 'pre-2018'. QPS were consulted who advised that they did not want FSS to exhaust the sample without their permission. I suggested a workflow where we do one microcon, leaving behind 15uL for a second amp, and if second amp is required, get QPS permission as we will exhaust sample.



20220819 1458 DG 20220819 1458
Memo - Required ar Extract 19.4 from SO



- We have collated details of reports from 2018 reported as DIFP (DNA Insufficient for Further Processing)

- We have also collated details for NDNA. 1061 QP numbers with statements in (FR= 775 from 10/5/2017 – first statement – 5 June 2022) (AUSLAB =286). 142/775 in FR were no fluorescence ‘undetermined’. Waiting on AUSLAB data for this subset.
- Meetings held 5/8/2022 re: Col and management engagement: Make sure staff are not feeling intimidated. OK to go direct to Commission. Treat everyone the same.
- There are now 2 emails addresses;
 - o [REDACTED] – for contacting QH’s legal team
 - o [REDACTED] – for Aaron, Cath and Tamara
- Starting to see requests for reworks (concentration) after statement has been written. Writing to Stephan Foxover QPS to get assistance with ensuring this is necessary (31/8). Nil response.
- Alicia Quartermain – reworked a sample that had a statement drafted. Stated that it was because she had ‘been asked by the Col to undertake certain work, and this was part of that’. Allan (who wrote the statement) was upset thinking the Col was targeting him. Notified our legal team. Met with Alicia to clarify (as requested by legal team). See file note. Legal drafted email for me to send. Sent 31/8/2022.
- DNA support

Police

- TAT in FDNA has increased dramatically since Apr 2022 (Col). From avg 20 days to 60 days. Email sent to Keith (was going to brief A/DG) - instead Keith said he would raise with Shaun. Staff concerned about media backlash. Want A/DG support. Maybe visit?
- Use of FR as a matching engine: Meeting held 26/8/2022 Troy (BDNA) and Stephen Foxover to discuss possible options for resolution of issue.
 - o Neither Troy nor Stephen were clear exactly what the issues David Neville wanted fixed were. Stephen to follow up with David.
 - o Reiterated we need to do risk assessment
 - o Troy to write up proposal and circulate so we can consider further



FR as matching
engine 20220826.doc

- QPS/FSS meeting held 18/8/2022.
 - o TOR not finalised – Feedback provided by Cathie and included. QPS to run by AC.
 - o Draft MOU raised. Interim required a WSJT recommendation. Located latest draft and schedule. Sent to QPS
 - o Duncan McCarthy acting Bruce until Nov
 - o Steve Foxover acting David Neville, who is offline for Col

- Allocation of development hours from QPS to FSS. QPS chasing up documentation of handshake agreement. Will need this for enhancement to exhibit movements in FPP
- ANZFSS sponsorship – unable to support due to QH sponsorship policy and DG/DDG sign off. Too late. Advice provided to Cathie
- Brief submitted for Forensic Chem rapid screen. Supported by QPS Jim McKay
- Electronic QP127 – Peter Culshaw and Jim McKay.
- Susan Brady: Meeting held with her 31/8 to discuss options for return to work. F/T temp position in PEH (Micro) for 6 mths, hold substantive in FDNA while stress of Col is underway. Email sent with details.
- Started to look into Part-time TOIL/O'Time issue (only get TOIL if work >8hrs, otherwise standard hours). Referred to Josleen but no response.
- Also asked Cathie to get Sherri to do audit of Police services staff and which award they are on, as she has been raising this since Apr 2017 about HP and ATO/TOIL and people being put on system incorrectly
- Review of STRMix commercial arrangement – legal agrees it is free for life of product. Other jurisdictions are signing up to pay

CFMU

- Ongoing HR issues with nurses. Adam received letter from Keith – no response and no changes in process.
- HR issues being dealt with by Keith, Lois Craig and Michael Aust. Kirsty and Gary given PID outcome letters 9/8/2022. Diazepam matter close with ESU
- FMO book matter closed with ESU.
- QNMU involved. Meeting held 11/8/2022. QNMU thought it went well, then talked to Jacqui and realised it sounds good, but there has not been any action.
- Cultural review: Lois and Michael Aust meeting management consultant Thurs 1 Sept.
- Response from Adam re QPS complaint – sent to Keith. 'Independent' review by Gary Hall and team. Summary provided to QPS.
- BC4C re-issued. CFMU still under CMO. Consultation closes 5/9/2022
- Significant changes to Interagency guidelines – removing 'operational' content as agreed at meeting held 28/7/2022. I submitted final with wording from text from Lara. Do not know if Adam submitted something directly without my knowledge. Asked him not to. Group also looking to 'add more formality to meeting re: membership as it seems to have grown'. ?Adam;s influence?
- Gary Hall broke leg on way to work 31/7/2022. At least 8 weeks off.
- SANE courses being held over weekend to manage workload. Jacqui not happy.
- Still no resolution of staffing temp to perm. No action from Adam, despite additional emails
- Usual clinical incidents in RiskMan

- Nothing from TQ
- CFMU started working from home 3/8/2022. Some now back in office 50/50.
- General approval under MPA - HARU have found approval under old regulations (HPDR 1996) and have advised that this still applies. Expires Feb 2023. Does not address QPS supplying (with nurses packaging). Seeking advice as to whether still need to progress general approval with Dorothy Vincenzino and team using GCHHS approval as a template. Liz Coombes from GCwatchhouse very helpful. Meeting will be arranged.
- Medication management document – No change to Brisbane process/document pending MPA approval. Meeting held 29/8 to get legal advice on process (emailing)
- 4G router installed in BCWH – much better! Two mini desktops installed. But still no medirecords.
- RFQ Queensland Sexual Assault reform issued 15/8. Closes 29/8 with decision date 12/9.
- CFMU are paying for TOLL to move paperwork from the watchhouse to Herschel street.
- Gold Coast were winners in the QH Awards for excellence in the connecting healthcare category “collaboration in the Watchhouse”. Cathy Lincoln got a bit emotional reflecting on the journey, and how the model is now being looked at by us! Email from Adam not liking the wording in the DG email. Wants a retraction request to be sent from EDFSS.
- Adam recently concerned about HHS’s funding for sexual assault services. I think Jacqui’s sexual assault reform RFQ will address this. ?COI and Adam.
- Norfolk Island Sexual assault – no progress/meeting. Sorting coronial services first.
- Jacqui
 - Extended Sam Mason probationary period – not sure his performance is satisfactory
 - Biala back up – no change. CFMU nurse still covering sick, ADO and public holiday. Adam met with Biala on 24/8 but not clear outcomes.

WSTJ

- Two submissions
 - High level nominating of lead agency/support/costing/timeline – submitted 21/7/2022
 - Detailed costings spreadsheets – submitted 30/8/2022

SAIK/JIC

- Summarised NSW and VIFM contents. Circulated to Cathy Lincoln, Jacqui, Cathie and Adam. Response from Adam was not informative. No response from others. Contacted HazPak (NSW and VIFM provider). Awaiting costings (Approx \$30). Getting sample kits from VIFM and NSW.

- FPP are storing JIC for 24 months. Requests from Gold Coast 18/7/2022 kicked it off. Easier to keep all.

Coronial Services

- Recruitment process for HP5 mortuary manager unsuccessful. Ricky Truong declined offer on personal grounds. New recruitment process needs to be commenced. Damien thinking about BC4C in this space. Maybe Temp HP5 appointment. Currently staying until 2/10 (4 weeks) with possible extension for 4 weeks. Damien concerned about Ricky's mental health.
- Did not get additional Coronial Services funding. Gemma advises to extend the temp positions until 30 June, as operational requirement, and continue to raise need for funding.
- Damien keen to go through proper recruitment process for LIMS replacement (similar to VIFM)
- David Williams reports. Working with CCQ (meeting held 29/8) to determine what other cases may need to be reissued. Coroners discussing this Friday. Working on getting his autopsy records from his house to FSS.
- Anita Russell reported as accessing John Russell record in ieMR on 13/7/2022. (email received 25/8/2022). Referred to Josleen 26/8/2022 who will refer to ESU.
- Mortuary Manager on call. List provided by Ricky 2/8/2022. No other progress.
- Senior Mortuary Technician HP4 – sent by Ricky for JEMS.
- Norfolk Island – meeting held 26/7/2022.
- Karina no longer doing TAFE course – no reduction in hours required.
- Family Engagement strategy: Written by Di Jordan. Crossover with FSS Regional Coronial Counselling Service. Feedback Provided 23/8/2022.
- FSS Regional Coronial Counselling Service: Magistrate Gallagher stated at meeting that Central and Northern Coroner made it very clear that counsellors only get involved if they elect to get assistance from them. Made changes to that effect, V0.2 sent 28/8/2022 with request for OOS approval – nil response to date.
- Regional Coronial Services Plan: significant rewrite. Still in draft Damien has plan to socialise, prior to going to coordination group.
- Coronial System Coordination group - Secretariat Director - Sophie Weisselberg. Next meeting at Coroners Court in October.
- Alex – was on sick leave 11/8 – 22/8. Currently on PDL but doing A/CFP duties. Organising professional materials accumulated over the years that he will organise, including presentation to trainees. Unable to drive (GP). Damien and Nadine have stated that he needs to be at FSS more. Have checked his reports issued while sick – OK. Not sure about his emails.
- Initial meeting with David Sinclair held 22/8/2022 re: new mortuary building. Sent them FSS master plan, and Damien to send them contact details for NSW Lidcombe facility. Damien will be on tender panel. Letter of support for co-location sent from DG of DJAG to QH DG.

- Met with Kathryn Monaghan re: new process for requesting ante-mortem samples from PQ. Resolved.
- TN CT scanner: Rebecca Williams met with radiographers, who are keen. Nerida (Nth Qld Coroner) talked to Terry Ryan who will write letter to DG advocating for dedicated CT scanner at TN.
- OQI re Admin errors has been closed
- Interim stats re: regional conveyancing show workload of TN is very high for one pathologist, and GC has light workload compared to other areas. Have not been provided to Raelene (Damien not ready). Touched based with her as requested.
- CCQ converge psychologist program – joint submission. Touched base with Raelene 26/7/2022. She was on leave for a significant period (only just back) so no progress.
- Mapping Form 1A's – no progress since you left
- Viewing/bier room: half panelling, half sheets. Aiming to start viewings mid-late Sept
- Damien doing BC4C for FP admin – to address cause of recently upheld workcover claim, minimise AO4s, cross skilling and roster to 5pm. AO3s not aware of JEMS result. Have asked Damien to contact Tony Winchcombe re delays.
- Streamlining Criminal Justice Committee meeting – held 2/8/2022. Mainly around QPS and disclosure. QH - Emergency clinicians' hesitancy to provide statements. Contact details given to Justice Bodice. Comment made during conversation (I think with Mag Gett) and did not want to intervene as it was early in the meeting (nervous). Should have asked about spreadsheet. Sent email 4/8/2022 to Phillip McCarthy – no response. Next meeting 11 October.
- Received request from TMR to provide data on drugs in drivers to inform policy decisions under the Drug Driving Reforms program. Have requested legal advice on whether we can provide to TMR.
- Mark Stephenson has indicated to Damien he will stay for a couple of years and will ensure good handover.
- Whole brain disposal (historical) – potential for adverse media. 2015 death. Disposal via private funeral director. 2019 receive Form 6. 2022 still have brain. Sufia contacts Funeral Director, who then contacts family, who have no recollection of brain being retained.
- Bianca Phillips would be interested in A/CFP next time Alex is away. Currently P/T but would be F/T if given the opportunity.
- IT project officer request (Enterprise PACS, Dragon direct troubleshooting, stats, autopsy report #s, smartsheet).
- No significant progress on;
 - Photography: last action was for Alex to discuss with Damien (24/8)
 - Tox for ICU: Last action was for Alex to discuss with Damien and Mark S (24/8). Petra had advised Alex to draft email/memo to ICU lead or lead group.
 - GCH jurisdiction - Larissa was on leave for quite a while. Only back this week
 - Improving OAR

- Missing persons human remains project – funding approved for further 12 months. Costs provided to AFP by Alex.
- RDO for Damien
- Xylene recycler

PEH

- Virology BC4C nervousness – meeting held with Keith. Resolved. No change now, any change in future will have new BC4C.
- IDL lab at PQ vs FSS Virology – ongoing. IDL proposed as overflow site 22/7/2022. Apparent at PQFSS collaboration meeting on 24/8 run by Claire Heney. Ian Mackay looking for things to do. Lee says Sanmrie to take lead, but FSS actions not done (are now). Claire and Ian run the meeting.
- Langya virus assay being developed by PHV – need live virus to validate
- COVID transition planning has commenced. COVID uplift 2 positions have been extended to end Dec 2022 as per direction from Petra.
- Unvalidated lab numbers – stems from CORGEN unvalidated stopping records going to My Health record. Also from Citadel Health report showing FSS has 437,655. Meeting being held 6/9/2022
- MTA – revised draft template received 4/8/2022 currently limited to biological. Discussed with Lee that trying to get 100% coverage will mean it never gets finished. Mainly for biological, therefore keep at biological, and treat others on case by case basis. Lee discussed with Sam Lemon and Ken Miller. Ken going back to lawyers with some questions to finalise. Aiming for resolution by end Sept.
- Genomics initiatives and team collaboration (GWI)– eHealth initiative. Intent is to ‘document a way forward for the current Genomics Cloud Compute platform that will meet the needs of the organisation into the future’. Overall workshop held 31/8. FSS specific workshop 16/9. There may also be a site visit on 8th Sept but not in diary.
- Dimitri back at work in RNSU on 4/8/2022. Update requested 27/8/2022.
- Arbovirus Surveillance Program - Need \$198,000 to do what CDB requires, but only have \$150,000. MOU expired and don't need one as all in PD. Currently working out what \$150,000 will be spent on. Will give 990 tests, last year was 1300(ish). Funding will be sent to FSS via Div to Div transfer with first one in Sept. CDB annoyed at our delay – writing options paper to outsource. We provided input 24/8/2022.
- JEV – we don't have to apply for the FSS funding, as the approved brief is enough. Have asked Lee to purchase equipment asap and put resources on.
- Multipliers in AUSLAB – would make billing for PEH Chem labs easier. Working with Dean Winter CISSU to action.
- OGTR (GMO) incident (spill outside BSCII) reported 29/8/2022. Incident 25/8/2022. No risk to staff health. <500uL leak.
- Checked in on Stephen Finlayson as requested. Ludwika has been extended to her visa expiration (17/12/2022). Hopefully by then she will be a citizen and can convert temp to perm. HaS plan to temp backfill 2x positions in Nutrients for 6 weeks, while

running EOI for a longer temp appointment until their leave as ended (Gary May 2023 and Tuyet 2024). Appointing Matthew Cross and Tatiana Komarova

- AUSLAB Evolution Project. Working groups have started – meeting every three weeks. Training material and F2F training discussed. Lee raised screen size. Project will run out of money Par 2023 (post FSS go-live). Discussion of extending project time, request extra funds (from DoH – again, or eHealth/FSS/PQ) or handover rollout to CISSU, or try to rollout by June. Project is paying Citadel to keep black screen – but this is BAU cost.
- CISSU FSS Prioritisation meetings: Trying not to have separate PEH meeting. One meeting. Feels like Big/Small battle for CISSU resources (PQ/FSS, PEH/rest of FSS)

Finance

- Gemma working on standard costing template, test list and pricing (last email 25/8).
- Additional funding process: No formal process for additional funding. Will be formalised in coming weeks. DG will probably go to divisional level (i.e. PD) and then up to Keith how he distributes. Mid year review in Nov. Influence Keith or Nick Steele?
- Excessive overtime – Alyssa Pyke, Rebecca Williams, Adam, Beng Ong. Emails sent 30/8/2022 except Adam. Alyssa and Rebecca responded. Both OK.

IT

- IT brief for PQ – contacted Matt Ford. Brushed off- included in BC4C submission.
- Roadmap submitted to Citadel Health
- FSS unvalidated numbers. Citadel performance review meeting 25/7/2022. FSS responsible for 400,000 of 700,000 unvalidated lab numbers. Meeting to be held 6 Sept.
- Next Citadel Health Exec meeting to be held 19/10/2022 (last meeting 4/5/2022)
- Human centred design (Citadel Health) workshops to be organised. Four week program. To commence soon. Have proposed Lara, Damien, Mark S, Kat, Amy, Stephen Finlayson, Drew, Cathy Hurst
- Target State Architecture (GWI) –
- PQ/FSS ICT meeting – Action item 18 re PQ undertaking doctor configs – Matt agreed to add Cathy Hurst to the PQ list.

Campus Support

- Refurbishment of male bathrooms in mortuary has commenced (Sat 27/8).
- Jamie du Bois on secondment for 12 months. Second round of recruitment.
- Rachelle – ongoing. Has drafted workload report but has not submitted it
- Allan Pye – electrician – working well. Cecilia still has doubts about Ben Brown (Trade coordinator). Campus operations position to be advertised. Having trouble with John Powell.
- Cecilia has everything covered.

Other

- Incoming GM – Nick Steele – provided pack. Andrew setting up meeting for you to meet him. He wants to be onsite one day per week. I am happy for him to have my office on those days. I figure the nicer the office the keener he will be to visit. He raised with Keith the 'care of the living/care of the deceased' idea. Wanted to know what CFMU dr would go with the work. I suggested someone recently appointed.
- Support Service Agreements – meeting cancelled. Not sure why. Alison could not find SSA.
- RD's for the CA2 positions (email from Lois). No contact.
- Amended risk – smartsheet to include excel spreadsheets
- Continued to meet with Union reps – sorted a few issues (Virology concerns re BC4C, HP5 to HP4 in Virology, MOHRI and extended leave). I have not told them about AO3s in FP admin being JEMs'd to AO4. Have asked Damien to contact Tony Winchombe re: delay. Still working on getting them an answer re: part-time workers and TOIL/Overtime.
- Cybersecurity incident 25/8. Emma Caunt computer reimaged. Nothing compromised. SCUH primary target.
- PC3 in Virology probably went positive over the weekend (sat night 3am). OGTR and AQIS have been notified. Very very low risk given the time of day – no material was being worked on.
- Have worked by BDNA to document FPP requirements for streamlining drug exhibit allocations and returns to For Chem. BDNA seeing if QPS will donate 30 development hours to this, or if we have to pay.

PQ

- Lara to chair PQ/FSS staff forum Friday 9 Sept
- Petra looking to streamline PQ meetings (not as many)

Tom Goodwin

From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Tuesday, 20 September 2022 8:47 AM
To: Lara Keller; Helen Gregg
Cc: Miller.LarissaN[OSC]
Subject: FW: FSS SOP draft memo

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Hi Helen and Lara

I appreciate the efforts being undertaken to assess the concerns about the potential risk of evidence being lost if samples in the range of .001-.0088ng/uL (the range) are concentrated to a blanket volume.

Out an abundance of caution, I would request QHFSS temporarily pause testing P1 or P2 samples within the range until the matter is resolved, please.

This temporary pause of testing of samples in the range is contingent on QPS receiving advice on the outcome of your data analysis.

Could you please confirm by return email that such testing has been paused.



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command

[REDACTED]

From: Neville.DavidH[OSC]
Sent: Friday, 16 September 2022 13:28
To: Helen Gregg <[REDACTED]>
Cc: Lara Keller <[REDACTED]> McCarthy.DuncanJ[OSC] <[REDACTED]>
Subject: RE: FSS SOP draft memo

Hi Helen
Thankyou
David

From: Helen Gregg <[REDACTED]>
Sent: Friday, 16 September 2022 11:57
To: Neville.DavidH[OSC] <[REDACTED]>
Cc: Lara Keller <[REDACTED]> McCarthy.DuncanJ[OSC] <[REDACTED]>

Helen Gregg <[REDACTED]>
Subject: Re: FSS SOP draft memo

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Hi David,

Lara has passed this on to me. I will be able to give you a better indication of timeframe by the end of next week.

Regards
Helen



Helen Gregg
Quality Manager

Forensic and Scientific Services
Prevention Division, Queensland Health



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From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Friday, 16 September 2022 7:17 AM
To: Lara Keller <[REDACTED]>
Cc: McCarthy.DuncanJ[OSC] <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Hi Lara

I understand that DNA analysis is destructive and that consumption of the sample is unavoidable when the quantity present is low. Its hard to give a blanket decision that any sample can be completely consumed given it will depend on numerous factors, but there is also a risk in trying to preserve sample when the DNA is present in low concentration. As I understand it, if a sample is concentrated to a volume that is too dilute and half of it is processed, the likelihood of getting a result is very low meaning that half of the sample might be wasted with the remaining half now being too low in concentration to be of any use.

If QHFSS is able to reliably undertake a test that is likely to yield a useful profile, the testing should be undertaken even if it might exhaust the extract. This might include microconcentration to an amount less than 35uL. We understand that there is no guarantee such testing will yield a profile. However, if in the scientist's view the technology used at QHFSS is unlikely to yield a forensically meaningful result, consideration needs to be given to allowing the QPS the opportunity to engage the services of another laboratory that has the requisite technology. The scientist's decision should also take into account the existence and nature of any other DNA evidence already available for the particular case.

If QHFSS seeks the QPS to make a decision on testing a sample that may deplete the extract, that would need to be an informed decision based on a recommendation from the scientist.

I do appreciate that you are looking into the concerns raised around the blanket microconcentration policy, especially given the matter has now been raised separately by another scientist. I look forward to the outcome of the data analysis. Given that if the concerns are correct, the practice could be risking the loss of evidence, would it be possible to establish a timeframe around this please.?

Regards



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



From: Lara Keller <[REDACTED]>
Sent: Thursday, 15 September 2022 13:34
To: Neville.DavidH[OSC] <[REDACTED]>
Cc: McCarthy.DuncanJ[OSC] <[REDACTED]> Helen Gregg
<[REDACTED]>
Subject: RE: FSS SOP draft memo

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Good morning David

I trust that our conversation yesterday answered your questions and clarified the process in place since 19 August 2022 (per the attachments).

We look forward to receiving definitive advice from QPS regarding permission to consume remaining sample.

In the meantime, we will collate and analyse data (as discussed).

Thanks and Kind Regards

Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
 A/Executive Director
Forensic and Scientific Services
 Prevention Division, Queensland Health



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From: Neville.DavidH[OSC] <[REDACTED]>

Sent: Wednesday, 14 September 2022 12:29 PM

To: Lara Keller <[REDACTED]> Helen Gregg <[REDACTED]>

Cc: McCarthy.DuncanJ[OSC] <[REDACTED]>

Subject: RE: FSS SOP draft memo

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Hi Lara and Helen

Thanks for taking the time to speak to me today. I understand the complexity involved with modifying procedure and validation requirements and the reasons for reverting to a previous processes. For clarity, could you please confirm that the newly adopted process of concentrating all samples to 35uL is the same process that was in place prior to February 2018.

I guess I am still left with the concerns raised by the lab member and whether they have any basis. The specific concerns were:

- The volume a sample should be concentrated to is dependent on the actual quantity of DNA present; and
- Samples with a concentration at the lower end of the 0.001-.0088ng/uL range should be concentrated to a lower volume to ensure the concentration is sufficient to develop a reliable profile; and
- For those samples at the low end of that range, adhering to the directive, results in a concentrate that is too dilute to provide a result for some samples and the process, as described, wastes half of the already diminished sample.

In essence I was advised that the QPS is losing evidence by the current process of blanket concertation to 35uL. Could I please be provided advice as to whether these concerns have any basis please.

Could I ask that the suggested change to the process that involves concentrating to a volume based on the quantity of DNA present be explored to examine its merits please.

Kind regards



David Neville
 Inspector
 Biometrics
 Forensic Services Group
 Operations Support Command



From: Lara Keller <[REDACTED]>
Sent: Tuesday, 13 September 2022 13:17
To: Neville.DavidH[OSC] <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Thanks David
Perfect. How about I call you at 11 am tomorrow?
Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director
Forensic and Scientific Services
Prevention Division, Queensland Health
[REDACTED]

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From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Tuesday, 13 September 2022 1:14 PM
To: Lara Keller <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Hi Lara
Thanks for letting me know. If you have time for a phone call tomorrow that might be helpful. I could make time anytime you like.
Regards



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command
[REDACTED]

From: Lara Keller <[REDACTED]>
Sent: Tuesday, 13 September 2022 13:11
To: Neville.DavidH[OSC] <[REDACTED]>
Cc: McCarthy.DuncanJ[OSC] <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Hello David

Thanks for the email.

I am not available this afternoon, but could make time tomorrow if there is a suitable time for you and/or Duncan? Alternately, I understand we have our regular FSG-FSS meeting on Thursday?

Thanks and Kind Regards

Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director
Forensic and Scientific Services
Prevention Division, Queensland Health

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From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Tuesday, 13 September 2022 8:18 AM
To: Lara Keller <[REDACTED]>
Cc: McCarthy.DuncanJ[OSC] <[REDACTED]>
Subject: FW: FSS SOP draft memo

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Hi Lara

Recently I was contacted by the office of the Director-General of QH seeking advice on a proposed new workflow. My advice was basically that the QPS did not hold sufficient expertise to comment on the proposal. I was later given a copy of a memo sent to Helen Gregg that directed all samples in the low quant range to be concentrated to 35uL. Last week a scientist from your DNA lab reached out to me raising concerns that the blanket concentration to 35uL was risking the loss of evidence. As a result I forwarded that concern to Matt Rigby who was the contact in the first instance.

I apologise if it appears that I have gone over your head in this instance, that was not my intent, I was just trying to give information to the apparent decision maker in the instance. I am please that this matter has now been referred you.

Do you have any time today to discuss the matter, please. I have a meeting from 10-11, but I am free mostly after that.

Kind Regards

David Neville

From: Matthew Rigby <[REDACTED]>
Sent: Tuesday, 13 September 2022 08:06
To: Neville.DavidH[OSC] <[REDACTED]>
Cc: McCarthy.DuncanJ[OSC] <[REDACTED]> Lara Keller <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Hi Dave,

We have carefully considered the issues raised in your email below.

Our primary objective is to undertake DNA testing in a manner that has been appropriately validated by FSS scientists and approved by QPS.

We understand that questions have been raised following the decision, on 19 August 2022, to revert to pre-2018 testing processes.

It seems there are also questions about the circumstances in which QPS should approve testing if the result will risk exhausting sample volume.

It might be beneficial for us to arrange a meeting between QPS and key personnel from FSS to discuss these matters. If you agree, can you please contact Lara Keller, A/Executive Director FSS (copied in for ease of reference) to arrange a suitable time.

Kind regards, Matt



Matt Rigby
 Executive Director
 Office of the Director-General
 Queensland Health

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Thursday, 8 September 2022 8:58 AM
To: Matthew Rigby <[REDACTED]>
Cc: McCarthy.DuncanJ[OSC] <[REDACTED]>
Subject: FW: FSS SOP draft memo
Importance: High

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Dear Matt

I refer to your email below and to the attached directive from A/Director-General Dr Rosengren to the A/Executive Director of the QHFSS that prescribes the manner in which samples in the concentration range of 0.001-0.0088ng/uL are to be processed. In particular I refer to the following instruction:

“For clarity, all Priority 1 and Priority 2 samples with a quantitation result between 0.001ng/uL (LOD) and 0.0088ng/uL, should be concentrated down to a volume of 35uL and undergo one amplification process.”

I have been contacted by a scientist at the QHFSS DNA laboratory who expressed concerns in relation to the attached directive.

To summarise the information provided by the scientist, I was advised that:

- The volume a sample should be concentrated to is dependent on the actual quantity of DNA present; and
- Samples with a concentration at the lower end of the 0.001-.0088ng/uL range should be concentrated to a lower volume to ensure the concentration is sufficient to develop a reliable profile; and
- For those samples at the low end of that range, adhering to the directive, results in a concentrate that is too dilute to provide a result for some samples and the process, as described, wastes half of the already diminished sample.

In short, the scientist expressed the view that by complying with the directive they were wasting evidence and potentially losing the opportunity to obtain a profile from some samples.

The scientist further stated that the scientists should make a decision on the concentration volume based on the Quant Trio data, and that a one size fits all approach is not appropriate. I was informed that other scientists hold the same view and that attempts had been made to raise these concerns with the QHFSS senior leadership team without success.

As outlined in my email response to you of 19 August 2022, the QPS desires to maximise the potential to obtain a profile from every sample, whether that be through services delivered by QHFSS, or by another provider. I mentioned my concern about the micro concentration process exhausting all samples in the context of a warning given by the Managing Scientist in 2018 when the QPS raised concern about the removal of the process. Recent information from the Managing Scientist to the effect that, after amplification, a volume of concentrate that was sufficient for further testing would remain, makes it clear that this original advice was quite incorrect.

If QHFSS is able to reliably undertake a test that has a high likelihood of yielding a useful profile, the testing should be undertaken even if it might exhaust the extract. However, if in the scientist's view the technology used at QHFSS is unlikely to yield a forensically meaningful result, consideration needs to be given to allowing the QPS the opportunity to engage the services of another laboratory that has the requisite technology. The scientist's decision should also take into account the existence and nature of any other DNA evidence already available for the particular case.

The QPS requests that attached directive be urgently reviewed in light of and having regard to the concerns raised by the scientist. Could I also be provided return advice on the result of such review, please.



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command

[Redacted]

From: Matthew Rigby <[Redacted]>
Sent: Friday, 19 August 2022 16:29
To: Neville.DavidH[OSC] <[Redacted]>
Cc: McCarthy.DuncanJ[OSC] <[Redacted]> David Rosengren
<[Redacted]>
Subject: RE: FSS SOP draft memo

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Hi Dave,

Thanks for providing your feedback below through to us.

For your information, the Acting DG has approved the attached and this has been provided through to FSS this afternoon.

Thanks Matt



Matt Rigby
Executive Director
Office of the Director-General
Queensland Health

[Redacted]

From: Neville.DavidH[OSC] <[Redacted]>
Sent: Friday, 19 August 2022 9:22 AM
To: Matthew Rigby <[Redacted]>
Cc: McCarthy.DuncanJ[OSC] <[Redacted]>
Subject: FW: FSS SOP draft memo

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Hi Matt

Thank you for the opportunity to comment on the proposed change to the laboratory workflow involving automatic micro-concentration of samples in the concentration range of .001-.0088ng/uL.

The QPS agreed to the removal of this process in February 2018 following a recommendation that was initiated by the DNA laboratory and presented in an Options Paper. The QPS now has some concern about the information it was provided to make this decision including the manner in which the supporting data was derived.

In November 2018 the QPS first raised concern with the Managing Scientist that the removal of the automatic micro-concentration process may have resulted in evidence being missed. At that time the QPS was given an assurance that the success of micro-concentration was very low and that 'automatic progression of samples through the Microcon process means that all available DNA extract will be consumed, so no further testing can be conducted on these samples after this step'. Based on this advice, the QPS continued with the arrangement.

Due to limitations of the QHFSS DNA laboratory, from time to time the QPS seeks the services of other providers to undertake alternative testing, particularly for low concentration and degraded samples. If the advice from the Managing Scientist is correct, the automatic concentration of all samples in the range of .001-.0088ng/uL could result in the opportunity being lost to use another service provider to obtain important probative evidence. This is a consequence that the QPS is unable to accept as a matter of routine.

The risk is that the proposed directive may result in a sample being exhausted making alternative testing impossible. The QPS does not have the expertise to assess the likelihood of the risk given such an assessment can only be made based on information that is exclusively within the domain of QHFSS. As a result, the QPS considers the decision to reimplement automatic micro-concentration an internal matter that QH must decide in the context that the customer (the QPS) desires to maximise the potential to obtain a profile from every sample, whether that be by services delivered by QHFSS or by another provider that can deliver a service QHFSS is not resourced to deliver.

Regards



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



From: Matthew Rigby <[REDACTED]>
Sent: Wednesday, August 17, 2022 7:10 pm
To: Neville.DavidH[OSC] <[REDACTED]>
Cc: David Rosengren <[REDACTED]>
Subject: FSS SOP draft memo

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Hi Dave,

Thanks for your time today and as discussed with the Acting DG and myself this afternoon, please find attached a draft memo that has been prepared and the associated SOP extract to provide some further clarity to our staff at FSS.

Appreciate any feedback/input that you have from a QPS perspective.

Thanks Matt



Matt Rigby
Executive Director
Office of the Director-General
Queensland Health

■ [REDACTED]
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Tom Goodwin

From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Wednesday, 21 September 2022 2:53 PM
To: Lara Keller
Subject: RE: FSS SOP draft memo

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Thank you Lara
I hope you and your team are being looked after at this difficult time.
Dave

From: Lara Keller <[REDACTED]>
Sent: Wednesday, 21 September 2022 14:51
To: Neville.DavidH[OSC] <[REDACTED]>
Cc: Miller.LarissaN[OSC] <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Good afternoon David

Thanks for the email and request.
I have briefed up and will be in contact when I'm able.

Thanks and Kind Regards
Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health



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From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Tuesday, 20 September 2022 9:55 AM
To: Lara Keller <[REDACTED]>
Cc: Miller.LarissaN[OSC] <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Hi Lara

This week a third scientist made a request to concentrate to a different volume because they thought that concentrating to 35uL was not appropriate for that sample. We are in a position now that we have multiple experts indicating that the concerns raised initially may be valid.

This is a formal request from QPS made in consultation with A/Supt Larissa Miller. Please note that it is only a request for a temporary pause until Helen can advise as to whether there is any risk in the recent process adopted.

Regards



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



From: Lara Keller <[REDACTED]>
Sent: Tuesday, 20 September 2022 08:56
To: Neville.DavidH[OSC] <[REDACTED]>
Cc: Miller.LarissaN[OSC] <[REDACTED]> Helen Gregg <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Good morning David

Thank you for your email.

Could you be very specific about your request please, and confirm whether this represents a formal request from QPS?

We are presently under the direction of the QH A/Director General, as per the memo dated 19 August 2022. Any proposed change to current practice would require consultation and clearance by his office before implementation could even be considered.

I will await your advice.

Thanks and Kind Regards

Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director

Forensic and Scientific Services
Prevention Division, Queensland Health

[REDACTED]

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From: Neville.DavidH[OSC] <[REDACTED]>

Sent: Tuesday, 20 September 2022 8:47 AM

To: Lara Keller <[REDACTED]> Helen Gregg <[REDACTED]>

Cc: Miller.LarissaN[OSC] <[REDACTED]>

Subject: FW: FSS SOP draft memo

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Hi Helen and Lara

I appreciate the efforts being undertaken to assess the concerns about the potential risk of evidence being lost if samples in the range of .001-.0088ng/uL (the range) are concentrated to a blanket volume.

Out an abundance of caution, I would request QHFSS temporarily pause testing P1 or P2 samples within the range until the matter is resolved, please.

This temporary pause of testing of samples in the range is contingent on QPS receiving advice on the outcome of your data analysis.

Could you please confirm by return email that such testing has been paused.



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command

[REDACTED]

From: Neville.DavidH[OSC]

Sent: Friday, 16 September 2022 13:28

To: Helen Gregg <[REDACTED]>

Cc: Lara Keller <[REDACTED]> McCarthy.DuncanJ[OSC] <[REDACTED]>

Subject: RE: FSS SOP draft memo

Hi Helen
Thankyou
David

From: Helen Gregg <[REDACTED]>
Sent: Friday, 16 September 2022 11:57
To: Neville.DavidH[OSC] <[REDACTED]>
Cc: Lara Keller <[REDACTED]> McCarthy.DuncanJ[OSC] <[REDACTED]>
Helen Gregg <[REDACTED]>
Subject: Re: FSS SOP draft memo

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Hi David,

Lara has passed this on to me. I will be able to give you a better indication of timeframe by the end of next week.

Regards
Helen



Helen Gregg
Quality Manager

Forensic and Scientific Services
Prevention Division, Queensland Health

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[REDACTED]

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From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Friday, 16 September 2022 7:17 AM
To: Lara Keller <[REDACTED]>
Cc: McCarthy.DuncanJ[OSC] <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Hi Lara

I understand that DNA analysis is destructive and that consumption of the sample is unavoidable when the quantity present is low. Its hard to give a blanket decision that any sample can be completely consumed given it will depend on numerous factors, but there is also a risk in trying to preserve sample when the DNA is present in low concentration. As I understand it, if a sample is concentrated to a volume that is too dilute and half of it is processed, the likelihood of getting a result is very low meaning that half of the sample might be wasted with the remaining half now being too low in concentration to be of any use.

If QHFSS is able to reliably undertake a test that is likely to yield a useful profile, the testing should be undertaken even if it might exhaust the extract. This might include microconcentration to an amount less than 35uL. We understand that there is no guarantee such testing will yield a profile. However, if in the scientist's view the technology used at QHFSS is unlikely to yield a forensically meaningful result, consideration needs to be given to allowing the QPS the opportunity to engage the services of another laboratory that has the requisite technology. The scientist's decision should also take into account the existence and nature of any other DNA evidence already available for the particular case.

If QHFSS seeks the QPS to make a decision on testing a sample that may deplete the extract, that would need to be an informed decision based on a recommendation from the scientist.

I do appreciate that you are looking into the concerns raised around the blanket microoncentration policy, especially given the matter has now been raised separately by another scientist. I look forward to the outcome of the data analysis. Given that if the concerns are correct, the practice could be risking the loss of evidence, would it be possible to establish a timeframe around this please.?

Regards



David Neville
 Inspector
 Biometrics
 Forensic Services Group
 Operations Support Command



From: Lara Keller <[redacted]>
Sent: Thursday, 15 September 2022 13:34
To: Neville.DavidH[OSC] <[redacted]>
Cc: McCarthy.DuncanJ[OSC] <[redacted]> Helen Gregg
 <[redacted]>
Subject: RE: FSS SOP draft memo

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Good morning David

I trust that our conversation yesterday answered your questions and clarified the process in place since 19 August 2022 (per the attachments).

We look forward to receiving definitive advice from QPS regarding permission to consume remaining sample.

In the meantime, we will collate and analyse data (as discussed).

Thanks and Kind Regards

Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
A/Executive Director
Forensic and Scientific Services
Prevention Division, Queensland Health



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From: Neville.DavidH[OSC] <[REDACTED]>

Sent: Wednesday, 14 September 2022 12:29 PM

To: Lara Keller <[REDACTED]> Helen Gregg <[REDACTED]>

Cc: McCarthy.DuncanJ[OSC] <[REDACTED]>

Subject: RE: FSS SOP draft memo

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Hi Lara and Helen

Thanks for taking the time to speak to me today. I understand the complexity involved with modifying procedure and validation requirements and the reasons for reverting to a previous processes. For clarity, could you please confirm that the newly adopted process of concentrating all samples to 35uL is the same process that was in place prior to February 2018.

I guess I am still left with the concerns raised by the lab member and whether they have any basis. The specific concerns were:

- The volume a sample should be concentrated to is dependent on the actual quantity of DNA present; and
- Samples with a concentration at the lower end of the 0.001-.008ng/uL range should be concentrated to a lower volume to ensure the concentration is sufficient to develop a reliable profile; and
- For those samples at the low end of that range, adhering to the directive, results in a concentrate that is too dilute to provide a result for some samples and the process, as described, wastes half of the already diminished sample.

In essence I was advised that the QPS is losing evidence by the current process of blanket concertation to 35uL. Could I please be provided advice as to whether these concerns have any basis please.

Could I ask that the suggested change to the process that involves concentrating to a volume based on the quantity of DNA present be explored to examine its merits please.

Kind regards



David Neville
 Inspector
 Biometrics
 Forensic Services Group
 Operations Support Command



From: Lara Keller <[REDACTED]>
Sent: Tuesday, 13 September 2022 13:17
To: Neville.DavidH[OSC] <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Thanks David
 Perfect. How about I call you at 11 am tomorrow?
 Kind Regards
 Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
 A/Executive Director
Forensic and Scientific Services
 Prevention Division, Queensland Health



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From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Tuesday, 13 September 2022 1:14 PM
To: Lara Keller <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Hi Lara
 Thanks for letting me know. If you have time for a phone call tomorrow that might be helpful. I could make time anytime you like.
 Regards



David Neville
 Inspector
 Biometrics
 Forensic Services Group
 Operations Support Command



From: Lara Keller <[REDACTED]>
Sent: Tuesday, 13 September 2022 13:11
To: Neville.DavidH[OSC] <[REDACTED]>
Cc: McCarthy.DuncanJ[OSC] <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Hello David

Thanks for the email.

I am not available this afternoon, but could make time tomorrow if there is a suitable time for you and/or Duncan? Alternately, I understand we have our regular FSG-FSS meeting on Thursday?

Thanks and Kind Regards

Lara



Lara Keller B App Sc (MLS), Grad Cert Health Mgt, MAIMS, CMgr FIML
 A/Executive Director
Forensic and Scientific Services
 Prevention Division, Queensland Health



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From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Tuesday, 13 September 2022 8:18 AM
To: Lara Keller <[REDACTED]>
Cc: McCarthy.DuncanJ[OSC] <[REDACTED]>
Subject: FW: FSS SOP draft memo

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Hi Lara

Recently I was contacted by the office of the Director-General of QH seeking advice on a proposed new workflow. My advice was basically that the QPS did not hold sufficient expertise to comment on the proposal. I was

later given a copy of a memo sent to Helen Gregg that directed all samples in the low quant range to be concentrated to 35uL. Last week a scientist from your DNA lab reached out to me raising concerns that the blanket concentration to 35uL was risking the loss of evidence. As a result I forwarded that concern to Matt Rigby who was the contact in the first instance.

I apologise if it appears that I have gone over your head in this instance, that was not my intent, I was just trying to give information to the apparent decision maker in the instance. I am please that this matter has now been referred you.

Do you have any time today to discuss the matter, please. I have a meeting from 10-11, but I am free mostly after that.

Kind Regards

David Neville

From: Matthew Rigby <[REDACTED]>
Sent: Tuesday, 13 September 2022 08:06
To: Neville.DavidH[OSC] <[REDACTED]>
Cc: McCarthy.DuncanJ[OSC] <[REDACTED]> Lara Keller <[REDACTED]>
Subject: RE: FSS SOP draft memo

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Hi Dave,

We have carefully considered the issues raised in your email below.

Our primary objective is to undertake DNA testing in a manner that has been appropriately validated by FSS scientists and approved by QPS.

We understand that questions have been raised following the decision, on 19 August 2022, to revert to pre-2018 testing processes.

It seems there are also questions about the circumstances in which QPS should approve testing if the result will risk exhausting sample volume.

It might be beneficial for us to arrange a meeting between QPS and key personnel from FSS to discuss these matters. If you agree, can you please contact Lara Keller, A/Executive Director FSS (copied in for ease of reference) to arrange a suitable time.

Kind regards, Matt



Matt Rigby
Executive Director
Office of the Director-General
Queensland Health

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]00

From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Thursday, 8 September 2022 8:58 AM
To: Matthew Rigby <[REDACTED]>
Cc: McCarthy.DuncanJ[OSC] <[REDACTED]>
Subject: FW: FSS SOP draft memo
Importance: High

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Dear Matt

I refer to your email below and to the attached directive from A/Director-General Dr Rosengren to the A/Executive Director of the QHFSS that prescribes the manner in which samples in the concentration range of 0.001-0.0088ng/uL are to be processed. In particular I refer to the following instruction:

“For clarity, all Priority 1 and Priority 2 samples with a quantitation result between 0.001ng/uL (LOD) and 0.0088ng/uL, should be concentrated down to a volume of 35uL and undergo one amplification process.”

I have been contacted by a scientist at the QHFSS DNA laboratory who expressed concerns in relation to the attached directive.

To summarise the information provided by the scientist, I was advised that:

- The volume a sample should be concentrated to is dependent on the actual quantity of DNA present; and
- Samples with a concentration at the lower end of the 0.001-.0088ng/uL range should be concentrated to a lower volume to ensure the concentration is sufficient to develop a reliable profile; and
- For those samples at the low end of that range, adhering to the directive, results in a concentrate that is too dilute to provide a result for some samples and the process, as described, wastes half of the already diminished sample.

In short, the scientist expressed the view that by complying with the directive they were wasting evidence and potentially losing the opportunity to obtain a profile from some samples.

The scientist further stated that the scientists should make a decision on the concentration volume based on the Quant Trio data, and that a one size fits all approach is not appropriate. I was informed that other scientists hold the same view and that attempts had been made to raise these concerns with the QHFSS senior leadership team without success.

As outlined in my email response to you of 19 August 2022, the QPS desires to maximise the potential to obtain a profile from every sample, whether that be through services delivered by QHFSS, or by another provider. I mentioned my concern about the micro concentration process exhausting all samples in the context of a warning given by the Managing Scientist in 2018 when the QPS raised concern about the removal of the process. Recent information from the Managing Scientist to the effect that, after amplification, a volume of concentrate that was sufficient for further testing would remain, makes it clear that this original advice was quite incorrect.

If QHFSS is able to reliably undertake a test that has a high likelihood of yielding a useful profile, the testing should be undertaken even if it might exhaust the extract. However, if in the scientist's view the technology used at QHFSS is unlikely to yield a forensically meaningful result, consideration needs to be given to allowing the QPS the opportunity to engage the services of another laboratory that has the requisite technology. The scientist's decision

should also take into account the existence and nature of any other DNA evidence already available for the particular case.

The QPS requests that attached directive be urgently reviewed in light of and having regard to the concerns raised by the scientist. Could I also be provided return advice on the result of such review, please.



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



From: Matthew Rigby <[redacted]>
Sent: Friday, 19 August 2022 16:29
To: Neville.DavidH[OSC] <[redacted]>
Cc: McCarthy.DuncanJ[OSC] <[redacted]> David Rosengren
<[redacted]>
Subject: RE: FSS SOP draft memo

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Hi Dave,

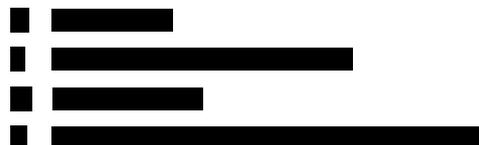
Thanks for providing your feedback below through to us.

For your information, the Acting DG has approved the attached and this has been provided through to FSS this afternoon.

Thanks Matt



Matt Rigby
Executive Director
Office of the Director-General
Queensland Health



From: Neville.DavidH[OSC] <[redacted]>
Sent: Friday, 19 August 2022 9:22 AM
To: Matthew Rigby <[redacted]>

Cc: McCarthy.DuncanJ[OSC] <[REDACTED]>
Subject: FW: FSS SOP draft memo

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Hi Matt

Thank you for the opportunity to comment on the proposed change to the laboratory workflow involving automatic micro-concentration of samples in the concentration range of .001-.0088ng/uL.

The QPS agreed to the removal of this process in February 2018 following a recommendation that was initiated by the DNA laboratory and presented in an Options Paper. The QPS now has some concern about the information it was provided to make this decision including the manner in which the supporting data was derived.

In November 2018 the QPS first raised concern with the Managing Scientist that the removal of the automatic micro-concentration process may have resulted in evidence being missed. At that time the QPS was given an assurance that the success of micro-concentration was very low and that 'automatic progression of samples through the Microcon process means that all available DNA extract will be consumed, so no further testing can be conducted on these samples after this step'. Based on this advice, the QPS continued with the arrangement.

Due to limitations of the QHFSS DNA laboratory, from time to time the QPS seeks the services of other providers to undertake alternative testing, particularly for low concentration and degraded samples. If the advice from the Managing Scientist is correct, the automatic concentration of all samples in the range of .001-.0088ng/uL could result in the opportunity being lost to use another service provider to obtain important probative evidence. This is a consequence that the QPS is unable to accept as a matter of routine.

The risk is that the proposed directive may result in a sample being exhausted making alternative testing impossible. The QPS does not have the expertise to assess the likelihood of the risk given such an assessment can only be made based on information that is exclusively within the domain of QHFSS. As a result, the QPS considers the decision to reimplement automatic micro-concentration an internal matter that QH must decide in the context that the customer (the QPS) desires to maximise the potential to obtain a profile from every sample, whether that be by services delivered by QHFSS or by another provider that can deliver a service QHFSS is not resourced to deliver.

Regards



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command



From: Matthew Rigby <[REDACTED]>
Sent: Wednesday, August 17, 2022 7:10 pm
To: Neville.DavidH[OSC] <[REDACTED]>

Cc: David Rosengren <[REDACTED]>
Subject: FSS SOP draft memo

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Hi Dave,

Thanks for your time today and as discussed with the Acting DG and myself this afternoon, please find attached a draft memo that has been prepared and the associated SOP extract to provide some further clarity to our staff at FSS.

Appreciate any feedback/input that you have from a QPS perspective.

Thanks Matt



Matt Rigby
Executive Director
Office of the Director-General
Queensland Health

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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Tom Goodwin

From: Helen Gregg <[REDACTED]>
Sent: Thursday, 6 October 2022 10:06 AM
To: Abigail Ryan; Adam Kaity; Adrian Pippia; Alanna Darmanin; Alicia Quartermain; Allan McNevin; Allison Lloyd; Amy Cheng; Amy Morgan; Angela Adamson; Angelina Keller; Anne Finch; Belinda Andersen; Biljana Micic; Cassandra James; Cathie Allen; Cecilia Flanagan; Chantal Angus; Chelsea Savage; Cindy Chang; Claire Gallagher; Dasuni Harmer; Deborah Nicoletti; Emma Caunt; FSS.FDNA.Admin; Generosa Lundie; Helen Williams; Ingrid Moeller; Jacqui Wilson; Janine Seymour-Murray; Josie Entwistle; Julie Brooks; Justin Howes; Kerry-Anne Lancaster; Kevin Avdic; Kim Estreich; Kirsten Scott; Kristina Morton; Kylie Rika; Lai-Wan Le; Lisa Farrelly; Luke Ryan; Madison GULLIVER; Maria Aguilera; Matthew Hunt; Melissa Cipollone; Michael Goodrich; Michael Hart; Michelle Margetts; Naomi French; Nicole Roselt; Paula Brisotto; Penelope Taylor; Phillip McIndoe; Pierre Acedo; Rhys Parry; Ryu Eba; Sandra McKean; Sharelle Nydam; Sharon Johnstone; Stephanie Waiariki; Suzanne Sanderson; Tara Prowse; Tegan Dwyer; Thomas Nurthen; Valerie Caldwell; Vicki Pendlebury-Jones; Wendy Harmer; Yvonne Connolly
Cc: Matt Ford; Lara Keller
Subject: QPS pause - interim proposal for your feedback
Importance: High

Good morning,

Yesterday, FSS and QPS met to discuss the current pause on 'DIFP' samples, to determine an interim solution while further validation studies are completed. FSS representatives at the meeting were Lara Keller, Matt Ford, myself and Kirsten Scott.

The following interim solution was proposed in conjunction with the QPS, and we are now seeking your input and advice on this interim solution prior to going back to the QPS for their input. Please note: **This is not a change yet – at this stage it is merely a proposal - samples are still paused as per the QPS direction to Queensland Health.**

Interim proposal

1. DIFP Samples go to a 'review' list in FR (to be created)
2. Each day, the samples on this review list are reviewed by a reporting scientist (I suggest there be a dedicated roster for this)
3. Reporting scientist reviews the list and determines (based on their expertise etc) if they would like the sample to be microconned to 35ul or full
 - a. If microconned to 35 - proceed with analysis
 - b. If microconned to full - contact QPS FSG via email documenting reasons for request to microcon to full, get permission via email from QPS FSG to microcon to full and exhaust sample. Record in FR and proceed to full microcon

I believe this will comply with our NATA requirements, as a variation to the SOP is allowed if there is consultation with and approval by the client to deviate from the SOP.

7.2.1.7 Deviations from methods for all laboratory activities shall oc

Interim proposal - improvements

The following enhancements to FR will be requested from BDNA to streamline the proposed workflow above;

- Add tickbox to QP127 for IO to approve exhaustion of sample (default is ticked). This information to be made visible to FDNA staff, as currently do not see QP127
- Implement 'restart testing' workflow using 'request task' to FLU group. This will replace emailing to QPS FSG (point 3b above)

Long term:

(pending any COI Directions)

- validation performed and finalised resulting in data supporting/not supporting microcon to full for initial analysis
- SOPs updated and NATA accreditation continued

Could you please provide any comments, suggestions or concerns to Matt and myself **by COB Monday 10 October**, or feel to contact us.

Once we have received your feedback Matt and I will have a teams meeting to review the responses before going back to the QPS, noting they are keen to end the "Pause" also as soon as we both can agree on a way forward.

Regards
Helen



Helen Gregg

Scientific Support Manager for Forensic DNA Analysis Commission of Inquiry

Forensic and Scientific Services, Queensland Health



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Tom Goodwin

From: Neville.DavidH[OSC] <[REDACTED]>
Sent: Tuesday, 11 October 2022 2:25 PM
To: Helen Gregg
Cc: Lara Keller; Aaron Suthers; Kirsten Scott; Foxover.StephanP[OSC]; Matt Ford; McCarthy.DuncanJ[OSC]; Hill.MarcusE[OSC]
Subject: FW: Interim proposal for current pause

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.

Hi Helen

I have been forwarded your email by Duncan to respond to. The QPS supports the interim proposal as a solution to lift the pause. For clarity we support:

1. DIFP Samples go to a 'review' list in FR (to be created)
2. Each day, the samples on this review list are reviewed by a reporting scientist
3. The reporting scientist will review the list and determine (based on their expertise etc) if they would like the sample to be microconned to 35ul or full
 - a. If microconned to 35 - proceed with analysis
 - b. If microconned to full - contact QPS FSG via 'request task' to FLU (type 'review) in FR documenting reasons for request to microcon to full
 - c. Brief outline explaining the request. Additional information to QPS to assist
 - Quant value: ng/uL
 - Further Processing Requested: (microconcentration to 15uL/full)
 - Further processing (microconcentration to full) will exhaust the sample, and approval from QPS is required
 - d. QPS FLU give permission via FR to microcon to full and exhaust sample. Proceed to full microcon
 - e. QPS FLU do not give permission via FR to microcon to full and exhaust sample - stop. Store sample.

In terms of the suggested improvements including the tick box, we might need to give this some more thought as this will be dependent on a number of factors that are outside of the knowledge of the QPS (e.g. quant, deg and Y values).

Thank you for coming up with the solution in such a timely manner. It is much appreciated.

Regards



David Neville
Inspector
Biometrics
Forensic Services Group
Operations Support Command

[REDACTED]

From: Helen Gregg <[REDACTED]>
Sent: Tuesday, October 11, 2022 9:11:02 AM
To: Aaron Suthers <[REDACTED]> Foxover.StephanP[OSC]
 <[REDACTED]> McCarthy.DuncanJ[OSC] <[REDACTED]>
Cc: Kirsten Scott <[REDACTED]> Matt Ford <[REDACTED]> Lara Keller
 <[REDACTED]>
Subject: Interim proposal for current pause

CAUTION: This email originated from outside of Queensland Police Service. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Good morning,

Thank you for the meeting held Wednesday 5th October to discuss the current pause on 'DIFP' samples and determine an interim solution while further validation studies are completed.

The following interim solution was discussed at the meeting and has been considered by FDNA staff – thank you for your patience while we consulted internally. We are now seeking your input and advice on this interim solution. Please note: **This is not a change yet – samples are still paused as per the QPS direction to Queensland Health, and testing will not resume until QPS advises.**

FSS believe this will comply with our NATA requirements, as a variation to the SOP is allowed if there is consultation with and approval by the client to deviate from the SOP.

7.2.1.7 Deviations from methods for all laboratory activities shall oc

Interim proposal

1. DIFP Samples go to a 'review' list in FR (to be created)
2. Each day, the samples on this review list are reviewed by a reporting scientist
3. The reporting scientist will review the list and determine (based on their expertise etc) if they would like the sample to be microconned to 35ul or full
 - a. If microconned to 35 - proceed with analysis
 - b. If microconned to full - contact QPS FSG via 'request task' to FLU (type 'review) in FR documenting reasons for request to microcon to full
 - c. Brief outline explaining the request. Additional information to QPS to assist
 - Quant value: ng/uL
 - Further Processing Requested: (microconcentration to 15uL/full)
 - Further processing (microconcentration to full) will exhaust the sample, and approval from QPS is required
- d. QPS FLU give permission via FR to microcon to full and exhaust sample. Proceed to full microcon
- e. QPS FLU do not give permission via FR to microcon to full and exhaust sample - stop. Store sample.

Interim proposal - improvements

The following enhancements to FR will be requested from BDNA to streamline the proposed workflow above;

- Add tickbox to QP127 for IO to approve exhaustion of sample (default is ticked). This information to be made visible to FDNA staff, as currently do not see Q127

We would appreciate your consideration of this proposal, and suggest that we have another meeting at a date and time of your choosing to discuss and progress – please advise when this would be suitable.

In the meantime, if you have any questions, suggestions or concerns, please contact myself or Matt (note Matt will be on leave from Friday 14 October to Sunday 23 October).

We look forward to continuing to work with QPS to resolve this matter as soon as practicable.

Regards
Helen



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Tom Goodwin

From: Helen Gregg <[REDACTED]>
Sent: Wednesday, 19 October 2022 10:46 AM
To: Neville.DavidH[OSC]; Foxover.StephanP[OSC]; McCarthy.DuncanJ[OSC]
Cc: Lara Keller; Aaron Suthers
Subject: C-ECTF-22/16776 - DG MEMO - from Shaun Drummond, Director-General, Queensland Health - Repeal of memorandum titled: "Reversion to concentration of all Priority 2 samples in range" (C-ECTF-22/13557)
Attachments: DG Memo - repealing memorandum.pdf; Attachment 1 -C-ECTF-2213557 - Director-General Memorandum dated 19 August 2022.PDF

Good morning Gentlemen,

Please find attached DG memo re repealing the 19 August memo and 'lifting' of the temporary pause for certain samples.

Thank you for your assistance with this matter. It has been a collaborative effort, and your input was greatly appreciated. I look forward to working with you in the future

Regards
Helen

**Helen Gregg**

Scientific Support Manager for Forensic DNA Analysis Commission of Inquiry

Forensic and Scientific Services, Queensland Health



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MEMORANDUM

To: Forensic DNA Analysis Staff, Forensic and Scientific Services

Copies to: Nick Steele, General Manager, Queensland Public Health and Scientific Services

From: Shaun Drummond, Director-General **Enquiries to:** Aaron Suthers, Executive Director, DNA Commission of Inquiry Taskforce

██████████

Subject: Repeal of memorandum titled: “*Reversion to concentration of all Priority 2 samples in range*” (File ref: C-ECTF-22/13557)

I refer to the memorandum dated 19 August 2022 made by Dr David Rosengren, Acting Director-General, titled: “*Reversion to concentration of all Priority 2 samples in range*” with file reference number: C-ECTF-22/13557 (**‘Memorandum’**).

In short, that Memorandum provided that all Priority 1 and Priority 2 samples with a quantitation result between 0.001ng/uL (LOD) and 0.0088ng/uL should be concentrated down to a volume of 35uL and undergo one amplification process. It also provided that if further amplification is considered beneficial, and such process would exhaust the remaining sample volume, then written approval must be obtained from the Queensland Police Service prior to that process being initiated.

The purpose of this memorandum is to repeal the previous Memorandum with immediate effect.

The repeal of the Memorandum will allow for Forensic and Scientific Services to implement a process for testing of samples that can be aligned with recent discussions, and agreement, that has been reached between Forensic and Scientific Services and the Queensland Police Service for the purpose of ‘lifting’ the Queensland Police Services’ temporary pause on testing of particular samples.

If staff have questions regarding the current agreement with QPS regarding testing of the class of samples referred to above, Ms Helen Gregg, Scientific Support Manager for the Forensic DNA Analysis Commission of Inquiry, can provide staff with further details as necessary.

Forensic and scientific services' staff are encouraged to follow any formal testing processes that are implemented via the Forensic and Scientific Services' management team, as per usual processes.

Should you require further information, the Department of Health's contact is Mr Aaron Suthers, Executive Director, Taskforce Lead for Queensland Health's Response to the Commission of Inquiry into Forensic DNA Testing in Queensland, who can be contacted via email at [REDACTED] and on telephone number (07) 3708 5043.



Shaun Drummond
Director-General
19 / 10 / 2022

MEMORANDUM

To: Helen Gregg, A/Executive Director, Forensic and Scientific Services

Copies to: Professor Keith McNeil, Acting Deputy Director-General, Chief Medical Officer Chief Clinical Information Officer, Prevention Division

From: Dr David Rosengren, Acting Director-General

Enquiries to: Professor Keith McNeil
[REDACTED]

Subject: *Reversion to concentration of all Priority 2 samples in range*

File Ref: C-ECTF-22/13557

Following the announcement of the DNA Commission of Inquiry, on 6 June 2022, advice was sought on the workflow relating to samples reported as '*DNA insufficient for further processing*'. This related to Priority 2 samples with a quantitation result of between 0.001ng/uL (LOD) and 0.0088ng/uL.

Consideration has included an option for testing that would allow a discretion for FSS Forensic DNA Analysis scientists, including in conjunction with investigating officers at QPS, to decide the merits of undertaking a concentration process for Priority 2 samples within this quantitation range, having regard to other available case information.

I have reflected about options for the concentration process and for certainty, pending the outcome of the DNA Commission of Inquiry, I request the workflow to revert to the concentration process for Priority 1 and Priority 2 samples stipulated in Standard Operating Procedure 17117V19 (diagram section 19.4 attached).

For clarity, **all Priority 1 and Priority 2 samples with a quantitation result between 0.001ng/uL (LOD) and 0.0088ng/uL, should be concentrated down to a volume of 35uL and undergo one amplification process.**

If further amplification is considered beneficial, and if this process will exhaust the remaining sample volume, then written approval must be obtained from the Queensland Police Service (QPS) prior to that process being initiated.

I ask that a review of the laboratory information system be undertaken to identify any sample results within this quantitation range from 6 June 2022 to today's date inclusive. Any such samples are now to be subjected to the concentration process, if not already undertaken.

Consultation has been undertaken with the QPS on this advice.

I request that you ensure this memorandum is shared with the Forensic DNA Analysis Unit staff and ensure clarity with the approach outlined above.

Should you require further information, the Department of Health's contact is Professor Keith McNeil, Acting Deputy Director-General on telephone 07 3708 5344.



Dr David Rosengren
Acting Director-General
19/08/2022



Response to sexual assault and child sexual abuse

Queensland Government Interagency Guidelines for responding to children, young people and adults who have experienced sexual assault or child sexual abuse

October 2022

These guidelines have been reviewed through a strong collaborative approach by the Queensland Government Interagency Working Group for Responding to Sexual Assault, including representatives from:

- Department of Justice and Attorney-General (DJAG)
 - Office for Women and Violence Prevention
 - Office of the Director of Public Prosecutions
 - Victim Assist Queensland
- Department of Children, Youth Justice and Multicultural Affairs (DCYJMA)
- Queensland Health (QH)
 - Clinical Forensic Medicine Unit, Health Support Queensland
 - Child Protection and Forensic Medical Service, Children's Health Queensland Hospital and Health Service
 - Strategic Policy and Legislation Branch, Strategy Policy and Planning Division
- Queensland Police Service (QPS)

The guidelines outline key principles and a best practice framework for government agencies working with children, young people and adults who have experienced sexual assault and/or child sexual abuse, noting that people may have experienced both forms of violence on the same or separate occasions.

The government agencies primarily responsible for the development of this document (DJAG, QPS, QH and DCYJMA) have committed to the principles, roles, approaches and procedures articulated in the guidelines. This commitment aims to ensure that individuals who have experienced sexual assault and/or child sexual abuse are provided with timely, sensitive, trauma-informed, victim-centric, high quality and coordinated service delivery responses appropriate to their needs, and appropriate to the role played by these agencies.

Key service providers are encouraged to use this document as a framework to develop local level arrangements and protocols to ensure best practice, quality service and support to people who have experienced sexual assault or sexual abuse.

The government agencies responsible for the development of the guidelines would like to thank all key government and non-government stakeholders who kindly contributed their knowledge and expertise.

<<<Design team will add:

1. signature blocks for:

- a. Shaun Drummond, Acting Director-General, Queensland Health
- b. David Mackie, Director-General, Department of Justice and Attorney-General
- c. Katarina Carroll, Commissioner of Police, Queensland Police Service
- d. Deidre Mulkerin, Director-General, Department of Children, Youth Justice and Multicultural Affairs

2. Month and year of publication

Acronyms and abbreviations

CPA	<i>Child Protection Act 1999</i>
DCYJMA	Department of Children, Youth Justice and Multicultural Affairs
DJAG	Department of Justice and Attorney-General
DFVPA	<i>Domestic and Family Violence Protection Act 2012</i>
EA	<i>Evidence Act 1977</i>
FME	Forensic Medical Examination
FP	Forensic Physician
FNE	Forensic Nurse Examiner
Framework	<i>Prevent. Support. Believe. Queensland's Framework to address Sexual Violence</i>
HHS	Hospital and Health Service
JIC FME	Just In Case Forensic Medical Examination
ODPP	Office of the Director of Public Prosecutions
OPG	Office of the Public Guardian
OFWVP	Office for Women and Violence Prevention
QH	Queensland Health
QPS	Queensland Police Service
SAIK	Sexual Assault Investigation Kit
SANE	Sexual Assault Nurse Examiner
VAQ	Victim Assist Queensland

Contents

Acronyms and abbreviations	<i>i</i>
Preface	1
Section 1: Introduction	3
Purpose of the guidelines.....	3
Scope.....	4
Audience	4
Governance	4
Key terminology	5
Sexual assault	5
Child sexual abuse.....	5
Harmful sexual behaviour	5
Responding to a disclosure of sexual assault.....	5
Responding to a disclosure of sexual assault or sexual abuse of a child or young person	6
Children displaying harmful sexual behaviours	6
Domestic and Family Violence	7
Domestic Violence Protection Orders	7
Domestic and Family Violence Information Sharing Guidelines.....	7
Charter of Victims' Rights	7
Section 2: Guiding principles.....	9
Overarching principles	9
Child and youth specific practice principles.....	9
Informed consent for medical procedures	11
Consent, and authority to consent, for an adult with impaired decision-making capacity.....	11
Consent, and authority to consent, for children and young people	12
Section 3: Role of Key Government Agencies.....	12
Queensland Police Service (QPS).....	12
Queensland Health (QH)	13
Department of Justice and Attorney-General (DJAG)	14
Office of the Director of Public Prosecutions.....	14
Office of the Public Guardian	15
Victim Assist Queensland	16
Queensland Courts	16
Office for Women and Violence Prevention (OFWVP).....	17
Non-government organisations	17
Department of Children, Youth Justice and Multicultural Affairs (DCYJMA)	18
After hours support	19

Section 4: Interagency approach	19
Teamwork	19
Training	20
Confidentiality	20
Access, availability and promotion of services	20
Referrals	20
Feedback	20
Responsiveness to diverse needs	21
Aboriginal and Torres Strait Islander people	21
People with disability.....	21
People from culturally and linguistically diverse backgrounds	21
Lesbian, gay, bisexual, transgender, intersex, queer or otherwise diverse in gender, sex or sexuality (LGBTIQ+) people	21
Older people.....	22
Sex workers	22
Communication	22
Information provision	22
Translating and interpreter services	23
Section 5: Localised interagency responses	24
Steps to establishing a sexual assault response network/team (SARN/SART) at the local level	24
Section 6: Interagency procedures	25
Acute intervention	25
Presentation at a health facility	25
Presentation at a health facility by a child or young person	26
Forensic Medical Examinations (FME)	26
Forensic medical examinations and informed consent for a child under 14 years of age	27
Who is skilled to perform a forensic medical examination?.....	27
Forensic Medical Examination process	28
Victim DNA reference samples	28
Timing and nature of the forensic medical examination	28
Drug-facilitated sexual assault	28
Notifying the police	28
Initial report to police	28
Police interviews with children and young people	29
Support person during the police interview	29
Reporting concerns regarding children	29
Queensland Police Service and Child Safety joint investigations	31
Section 7: Other issues for consideration	32

Access to sexual assault counselling records 32

Discontinuance of police action before a proceeding has commenced 32

Follow up and registration on the Victims Register 32

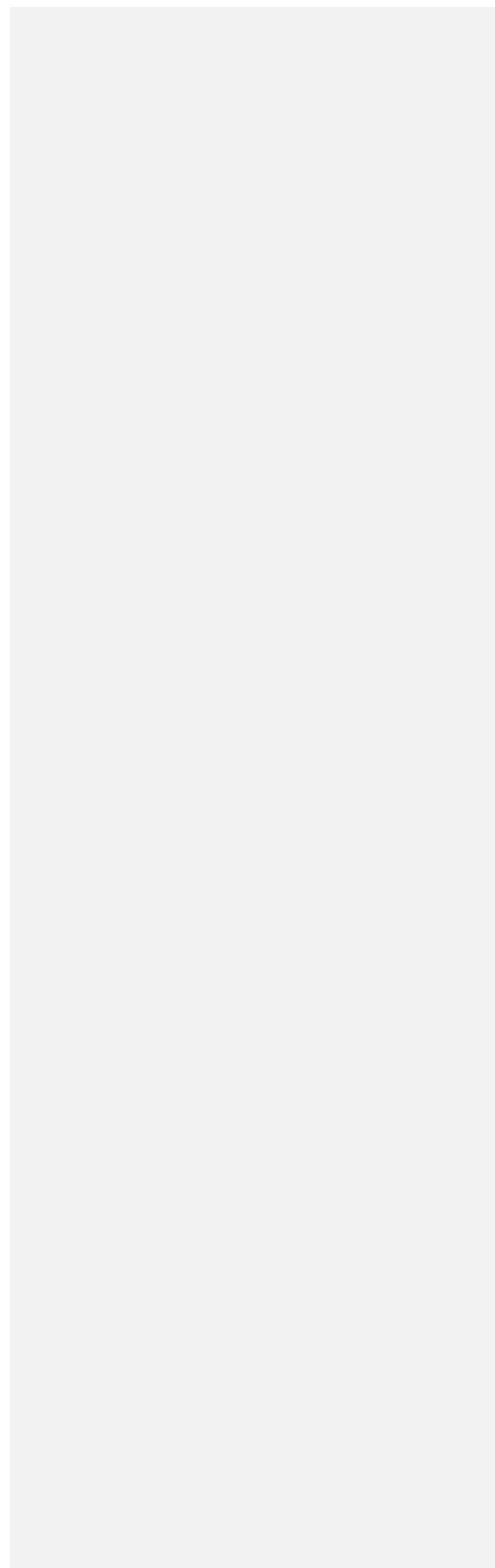
Appendices 33

Appendix 1: Glossary 33

Appendix 2: Guidelines history 34

Appendix 3: Process for updating the Guidelines 35

DRAFT



Preface

These guidelines are designed to promote whole-of-government interagency cooperation and service coordination with the aim of improving government agency responses to victims of sexual assault or child sexual abuse. The guidelines were first developed in 2001, recognising the benefit of coordinated responses to people who have experienced sexual assault or abuse. The 2014 guidelines incorporated responses to both child and adult victims. These guidelines aimed to facilitate best practice, quality service and support to people who have experienced sexual assault or child sexual abuse.¹

The guidelines have been updated to reflect current Queensland Government legislation, policy and practices related to responding to victims of sexual offences, including children and young victims of sexual abuse. The guidelines are a living document and will be reviewed regularly.

Legislation relevant to and defining sexual assault or child sexual abuse includes, but is not limited to:

- [Human Rights Act 2019](#)
- [Mental Health Act 2016](#)
- [Public Guardian Act 2014](#)
- [Aboriginal and Torres Strait Islander Peoples Recognition \(Sunset Extension\) Act 2015](#)
- [Domestic and Family Violence Protection Act 2012](#)
- [Hospital and Health Boards Act 2011](#)
- [Victims of Crime Assistance Act 2009](#)
- [Public Health Act 2005](#)
- [Police Powers and Responsibilities Act 2000](#)
- [Guardianship and Administration Act 2000](#)
- [Child Protection Act 1999](#)
- [Criminal Law \(Sexual Offences\) Act 1978](#)
- [Evidence Act 1977](#)
- [Health Act 1937](#) & associated regulations
- [Criminal Code](#)
- [Youth Justice Act 1992](#)

Relevant policies and guidance documents include, but are not limited to:

- [Prevent. Support. Believe. Queensland's Framework to address Sexual Violence](#)
- [Working Together Changing the story: Youth Justice Strategy 2019–2023](#)
- [Queensland Government Domestic and Family Violence Prevention Strategy 2016-2026](#)
- [Queensland Government Response to the Royal Commission into Institutional Responses to Child Sexual Abuse](#)
- ~~[Queensland Government response to the report of the Special Taskforce on Domestic and Family Violence in Queensland](#)~~
- [Queensland Government Response to the Youth Sexual Violence and Abuse Steering Committee's Final Report](#)
- [Domestic and Family Violence: Information Sharing Guidelines](#)

¹ See Appendix 2.

- [Information Sharing Guidelines: To meet the protection and care needs and promote the wellbeing of children](#)
- [Queensland Language Services Policy](#)
- [Queensland Multicultural Action Plan](#)

The policies and guidance documents should be read in conjunction with internal agency procedures such as the:

- [Health Service Directive: Caring for People Disclosing Sexual Assault](#)
- [Queensland Health Guideline: Guideline for the Management of care for people 14 years and over Disclosing Sexual Assault](#)
- [Department of Health Guideline: Conducting Child Sexual Assault Examinations](#)
- [Office of the Director of Public Prosecutions Director's Guidelines](#)
- [Queensland Police Service Operational Procedures Manual](#)
- [Child Safety Practice Manual](#)
- [Queensland Child Protection Guide 2.0](#)
- Victim Assistance Queensland Guidelines
- [Youth detention operational policies](#)

In addition to legislation, policies, guidance and procedures, the Queensland Government joins with governments around Australia in the implementation of the [National Plan to Reduce Violence against Women and their Children 2010-2022](#) and the upcoming [National Plan to End Violence against Women and Children 2022-2032](#) and the recommendations of the *Royal Commission into Institutional Responses to Child Sexual Abuse*.

Each government agency has a complementary and essential role in ensuring that everyone has access to effective, timely and appropriate information, trauma-informed, victim-centred support, care and treatment following a sexual assault or sexual abuse.

Given the nature of the crime, sexual assault and sexual abuse are areas of legal and social complexity. The guidelines are designed to help government agencies to work together to respond to a person who has experienced sexual assault or child sexual abuse, irrespective of their age or gender, through better understanding of one another's roles and responsibilities.

The Queensland Government encourages reporting of [all forms of](#) sexual violence.

Section 1: Introduction

The 2016 Australian Bureau of Statistics' (ABS) Personal Safety Survey results indicate that, nationally, one in five women (18% or 1.7 million women) and one in 20 men (4.7% or 428,800 men) had experienced sexual violence since the age of 15.² These rates are higher for people with one or more risk factors, including disability, Aboriginal and Torres Strait Islander status, cultural background, or diverse sexuality or gender identity.

In Queensland, the number of recorded victims of sexual assault increased for the eighth consecutive year to 4,859 victims in 2019, a rate of 95 victims of sexual assault per 100,000 persons. More than four in five victims (85%) of sexual assault were female (4,115 victims). More than a third of sexual assault victims (35%) were aged under 15 (1709 victims). In 2019, the majority (70%) of sexual assaults were experienced at a residential location (3411 victims), often the victim's home. Almost three-quarters of victims knew the offender (73% or 3526 victims).³

Children, young people and adults who experience sexual assault or sexual abuse may feel a range of emotions including shock, fear, guilt, shame, depression and an inability to trust others. The social stigma attached to sexual assault and sexual abuse can heighten these feelings and increase the trauma experience. There may be significant emotional, physical, financial and social costs, not only to those directly affected, but for the community as a whole.

Community education can encourage family and friends to respond supportively and appropriately to a disclosure of sexual assault or abuse. In order to assist their recovery, victims may also need access to a range of personal support services including counselling, medical services and assistance to report the crime to the police.

It is therefore imperative that when presenting, disclosing or reporting a sexual assault or child sexual abuse, people receive an effective, high-quality, trauma-informed, accessible and appropriate response from the agencies to which they report.

Purpose of the guidelines

- The guidelines set out the roles, high-level procedures and shared principles that QPS, QH, DJAG, and DCYJMA have committed to using when responding to children, young people and adults who have experienced sexual assault or child sexual abuse. Individual agencies and local-level arrangements will issue more detailed processes and procedures to complement these guidelines.
- The guidelines set the minimum standard for responses to disclosures of sexual assault or child sexual abuse.
- The guidelines set out how agencies will work together at a local level to ensure that individuals who have experienced sexual assault or child sexual abuse are provided with timely, sensitive, coordinated service responses that are appropriate to their needs and the role played by each agency.
- The guidelines remain a living document, and are reviewed regularly to take account of feedback from local providers and networks, the recommendations of relevant reviews or inquiries, and changes in relevant legislation.

² Australian Bureau of Statistics, 2017. *4906.0 – Personal Safety, Australia, 2016*. [Online] Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0> [Accessed 3 December 2018]. In this dataset, sexual violence is defined as both sexual assault and sexual threats.

³ Australian Bureau of Statistics, 2020. *4510.0 – Recorded Crime – Victims, Australia, 2019*. [Online] Available at: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4510.0-2018-Main%20Features--Queensland-9> [Accessed 7 May 2021].

Scope

- The guidelines outline the recommended, and in some instances the required, agency response to presentations and disclosures of recent or historical sexual assault or sexual abuse by children, young people and adults of all ages and genders.
- Some content in the guidelines will be more applicable to victims of recent sexual assault or sexual abuse (e.g. content relating to a victim's immediate medical needs and conducting forensic medical examinations). Other content (e.g. regarding referral to specialist services, reports to Police, support to seek justice system responses) will be applicable to both recent and historical sexual assaults and sexual abuse.
- The guidelines are not intended to cover ongoing or longer-term service provision to victims and survivors (e.g. case management, counselling).
- While it is recognised that sexual harassment is also a form of sexual violence and is prohibited under the *Anti-Discrimination Act 1991*, responses to people who have experienced sexual harassment are not explicitly included as a part of these guidelines.

Audience

- This guideline provides information for employees of Queensland Government agencies who respond to presentations or disclosures of sexual assault or child sexual abuse; specifically, QPS, QH, DJAG, and DCYJMA.
- The guidelines are available to other Queensland Government agencies and the community services sector to help them understand the roles each of those agencies plays and the procedures and policies in place.
- It is noted that while other agencies may have a role in supporting ~~with~~ people who may have experienced sexual assault, including dealing with disclosures (for example, Department of Education, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships, and Department of Communities, Housing and Digital Economy), the guidelines are written for those agencies who have a specific role in the immediate crisis response to people who have experienced sexual assault or child sexual abuse and to inform how they work with other agencies in that role.

Governance

The government agencies responsible for delivering a service to victims of sexual assault or sexual abuse, in accordance with relevant legislation, whole-of-government policy and internal departmental procedures, are responsible for the ongoing governance of these guidelines. The guidelines are underpinned by each government agency's own internal policies and procedures which they are obligated to adhere to. Each government agency has a formal complaints mechanism which is accessible to members of the public.

The Government Interagency Working Group Responding to Sexual Assault and Child Sexual Abuse will meet, at a minimum, bi-annually to review the guidelines and consider matters of particular concern for people impacted by sexual assault or child sexual abuse and to consider the impact of any legislative change.

The information in the guidelines is intended to provide a strategic overview to support the development of policies and procedures at a local level. Local level procedures may differ in their specifics according to the nature of the service system in each area.

The establishment of a local Sexual Assault Response Network, which includes representatives from QPS, DJAG, QH and DCYJMA and specialist non-government sexual assault or sexual abuse

services is strongly encouraged. The purpose of these networks is to develop and implement local level policies and procedures.

Key terminology

Sexual assault

Sexual assault refers to any sexual act performed on a person without their consent. It is a crime, and includes when an offender indecently assaults a person (e.g. groping and inappropriate touching of a sexual nature) or procures them to perform sexual acts on a person without their consent. Where sexual assault includes sexual intercourse, oral sex or any form of penetration of the vulva, vagina or anus without consent, it is referred to as rape.

Consent to sexual activity must be freely and voluntarily given, and as such there are a number of situations where consent cannot be given (e.g. if the victim is asleep or unconscious, threatened or forced, unable to consent due to age or functional capacity or in some instances if they are under the influence of drugs or alcohol). Further, consent cannot be taken to be given because the person does not say or do anything to communicate that they do not consent to the act. Consent is a continuous communication and may be withdrawn at any time during the sexual act itself and any continuation of a sexual act after consent is withdrawn may constitute rape or sexual assault.

For the purposes of these guidelines, sexual assault refers to both sexual assault and rape.

Child sexual abuse

Child sexual abuse is any incident where an adult, young person or child engages a child or young person (under the age of 16 years) in a sexual act or exposes the child or young person to inappropriate sexual behaviour or material. This can include threats, manipulation and physical force. Child sexual abuse can include sexually coercive behaviour without physical contact.

Harmful sexual behaviour

Harmful sexual behaviour is any behaviour of a sexual nature by or between children and young people that is outside of [normal developmental/developmentally appropriate](#) behaviour, is aggressive or violent or causes harm to the child or others, or where there is a substantial difference in age or developmental ability of the children or young people involved.

Victim

The term victim is used throughout this document to describe a person who has experienced sexual assault or sexual abuse. It is acknowledged that some people who have experienced sexual violence may prefer to be referred to as victim-survivor, or survivor. 'Victim' is used in this context as a term which refers to a person who has experienced a sexual violence crime and requires immediate support by agencies, as per the intent of these guidelines. Many victims may go on to identify as 'survivors' as they move through their physical and emotional recovery.

Responding to a disclosure of sexual assault

After disclosure of a sexual assault, the following needs of the victim should be addressed:

- immediate safety needs
- immediate health needs (including medical and psychosocial needs)
- options for pursuing justice, including immediate police reporting or a 'just in case' forensic examination
- ongoing emotional needs for longer term wellbeing.

In order to avoid secondary traumatisation and mitigate the risk of negative, long term outcomes, responses to victims of sexual assault must be trauma-informed, victim-centric, sensitive, empathetic and effective. This involves allowing the victim control over what is happening [where possible](#), listening to and believing the victim, emphasising that it is not the victim's fault, not blaming the victim, providing emotional support and staying calm. Victims are less likely to disclose if they feel they will not be believed, expect a negative reaction or response, or believe the disclosure will have negative consequences for them or others. Victims may also not disclose if the behaviour is normalised in their environment or they don't know how to disclose.

The responses need to take into account the diversity of the victim, including their cultural and linguistic background, abilities, cognitive impairments, sexual orientation, gender identity, age and geographical location. In addition to assisting recovery, more sensitive and effective responses may also lead to an increase in reporting rates.

Responding to a disclosure of sexual assault or sexual abuse of a child or young person

When a child or young person under the age of consent discloses sexual abuse (including allegations of sexual assault), the recipient of the disclosure must report this event and take action in accordance with their organisation's procedures, their role, any mandatory reporting obligations and the requirements to report and protect in the criminal code (unless they have a reasonable excuse). Where a mandatory reporting obligation exists, there is no need to make a duplicate report to police under the Criminal Code requirements, as they will have a reasonable excuse. Where possible, the individual should support the child or young person by reassuring them, listening, and assessing and supporting the child's physical and emotional safety.

Disclosure may be verbal or non-verbal, accidental or intentional, partial or complete. Children or young people who have been sexually abused may exhibit a range of physical, behavioural and emotional indicators that could suggest distress, trauma and abuse. Service providers and practitioners need to be aware of and alert to these possible indicators of sexual abuse.

When responding to a disclosure of sexual assault or sexual abuse by a child or young person, the response must be appropriate to the age and developmental stage of the child or young person. The response should be warm and empathetic. As with adults, the provision of emotional support involves listening to and believing the child or young person, emphasising that it is not their fault and not blaming them or using language which could cause them to feel responsible. Families, carers and other support people perform an important role in assisting children and young people to understand sexual safety messages and encourage disclosure when incidents of sexual abuse or assault occur.

Children and young people are less likely to disclose if they feel they will not be believed, expect a negative reaction or response, or believe the disclosure will have negative consequences for them, their families or their communities.

Investigating allegations of sexual abuse is not the responsibility of the person being disclosed to. Investigations into sexual abuse are the responsibility of QPS.

Children displaying harmful sexual behaviours

In some cases, it may be difficult to distinguish [developmentally](#) age-appropriate sexual behaviours in children and young people from those that may be problematic or harmful. In these situations, it may be useful to use [an evidence-based tool](#) [research-based guidance](#).

When supporting children and young people with problematic or harmful sexual behaviours, the priority remains the safety of the victim. Agencies supporting children and young people with harmful sexual behaviours must take appropriate action to promote the safety of all children within the home or other settings, such as schools.

Commented [PD1]: For Working Group's information – there is work underway within CYJMA and the National Office for Child Safety to look at the development of evidence-based assessment tools in this field but they will not be ready for this version of the guidelines; we will endeavour to include them in a future version as soon as available.

Domestic and Family Violence

Domestic and family violence can include sexual violence. Sexual activity through coercion, such as coercive control or emotional abuse, is a form of sexual assault.

People responding to victims of intimate partner sexual violence should prioritise the safety of the victim and where appropriate, victims should be referred to a specialist domestic violence service for support and assistance. This includes referral to emergency accommodation where this is required. Note, consent for referrals should always be sought where it is safe to do so. Refer to the Queensland Domestic and Family Violence Information Sharing Guidelines for further information (see below).

Sexual violence should be considered among other risk factors in determining a person's level of risk of harm from further violence. Sexual assault is considered to be a high risk factor for severe harm or death under the Queensland Domestic and Family Violence Common Risk and Safety Framework.

Information and advice is available from DVConnect Womensline on 1800 811 811, or DVConnect Mensline on 1800 600 636. Extensive information is also available on the Queensland Government DFV Portal (<https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/domestic-family-violence>).

Health staff can also refer to the DFV clinician training resources for further advice on supporting women who have experienced DFV: [Queensland Health's DFV Toolkit of Resources](#).

Domestic Violence Protection Orders

Where the sexual assault has occurred within an intimate partner relationship, family relationship or an informal care relationship, the victim should be informed of their option to seek protection under the DFVPA. In situations where domestic violence has occurred and where protection is needed to prevent further violence, a domestic violence order can be applied for by the victim, by police on behalf of the victim or by another person authorised by the victim. This is done through the Magistrates Court. More information can be found on the courts website (<https://www.courts.qld.gov.au/going-to-court/domestic-violence/domestic-violence-orders>).

Domestic and Family Violence Information Sharing Guidelines

The DFVPA includes provisions for information sharing between government and non-government agencies to improve the safety of victims of domestic and family violence and better hold perpetrators to account.

To support practitioners in the field of domestic and family violence, such as specialist services, police and doctors, to appropriately share information, Domestic and Family Violence Information Sharing Guidelines have been developed. These Guidelines provide information about what is permitted under the legislation, who is allowed to share information, what circumstances allow information sharing without consent to ensure the safety of victims and children, and what information can be shared. The guidelines are available at:

<https://www.justice.qld.gov.au/initiatives/end-domestic-family-violence/our-progress/strengthening-justice-system-responses/domestic-family-violence-information-sharing-guidelines>.

Charter of Victims' Rights

The [Charter of Victims' Rights \(the Charter\)](#), set out in Chapter 2 of the *Victims of Crime Assistance Act 2009* (VOCAA), governs the conduct of government and government-funded agencies, their officers and funded non-government agencies that provide services to victims of crime.⁴

⁴ Source: <https://www.qld.gov.au/law/crime-and-police/victims-and-witnesses-of-crime/agency-training-funding-and-research/rights-of-victims>.

A full description of the rights identified in the Charter are found in VOCAA. Relevant to this document, rights include:

Respect, courtesy, compassion and dignity

A victim will be treated with courtesy, compassion, respect and dignity, considering the victim's needs.

Privacy

A victim's personal information, including the victim's address and telephone number, will not be disclosed unless authorised by law.

Information about services

A victim will be informed, at the earliest practicable opportunity, about services and remedies available to the victim.

Information about the criminal process and the criminal justice system

The victim will be informed about the investigation, prosecution and other court matters, including bail applications, the role of a witness, protection of victim at court and making a Victim Impact Statement.

Post-conviction information about the offender

Eligible victims can register to receive information about the offender's period of imprisonment or detention, or if the offender has escaped or is unlawfully at large.

A right to complain about a contravention of a right under the charter

If a victim of crime feels they have been treated unfairly or without respect or that a government agency, person or persons within the agency have engaged in conduct that is not consistent with the Charter, they have the right to make a complaint. A friend or family member may also make the complaint for the victim, with their permission.

Victims can access information about making a complaint by calling Victim Assist Queensland (VAQ) on 1300 546 587 or online at <https://www.qld.gov.au/law/your-rights/victim-rights-and-complaints/victim-complaints>.

Section 2: Guiding principles

Overarching principles

Government responses to disclosures of sexual assault or sexual abuse should be guided by trauma-informed practices and framed by the following overarching principles:

- responses to victims will be consistent at all times with human rights as established under the *Human Rights Act 2019* and the Charter of Victims' Rights established under the *Victims of Crime Assistance Act 2009*.
- all agencies will focus on the physical and psychological needs of the victim, and ensure that interpersonal interactions are trauma-informed and promote a sense of safety
- the victim's right to privacy and confidentiality will be respected at all times unless disclosure is required by another law
- comprehensive information about all processes and options will be offered in a way which is non-judgmental, appropriate, clear and sensitive to the victim in terms of language, cultural background, age, abilities, cognitive impairments, sexual orientation, gender identity and intersex status, and location
- the victim's informed decision will be respected at every stage of the process, and agencies will take a 'partnership' approach to level the power differences between agencies and victims
- the victim's sense of personal control will be supported and encouraged by maximising opportunities for control and choice
- all relevant agencies will work collaboratively to respond to sexual assault or sexual abuse to provide clear, up to date and comprehensive information about other agencies and services and facilitate access to appropriate agencies and services
- all agencies will ensure documentation and records are prepared in accordance with individual agency requirements and respect confidentiality, privacy, security and choice
- systems and services are accessible, integrated, trauma-informed and culturally responsive
- all agencies will provide responses that take into account the diversity of victims, including but not limited to cultural background, socio-economic status, abilities, age, cognitive impairments, sexual orientation, and gender identity
- all agencies demonstrate an understanding of the victim and their physical, behavioural and emotional indicators in the context of their life experiences and cultural background
- all agencies' operations and decisions are conducted with transparency and a focus on building and maintaining trust with victims, and amongst agencies and others involved in responding to sexual assault and/or sexual abuse.

Child and youth specific practice principles

Children and young people have a right to be heard, express their views and be involved in decision-making in a manner appropriate to their age and maturity level. Circumstances may arise, however, where the wishes of a child or young person need to be overridden to ensure action is taken in their best interests and their physical and emotional safety is secured and in accordance with the law. In supporting children and young people, it is important that we make sure that they have at least one "believing adult" as part of their network of support.

Wherever possible, family members or caregivers should be involved in the decision-making process. This can include kinship carers, guardians or where appropriate, another trusted person.

Commented [PD2]: Note feedback from QPS that this should be higher up in the document; however given the entire Section 2 is principles, I think it sits better here

Core principles guiding Government responses to children and young people, informed by the National Principles for Child Safe Organisations, include:

- the safety, wellbeing and best interests of children/young people are paramount
- services are culturally appropriate, equity is upheld, and diverse needs are respected
- families and communities are informed and involved in promoting child safety and wellbeing
- people working with children and young people are suitable
- physical and online environments promote safety and minimise the opportunity for children and young people to be harmed
- agencies are accountable for the safety and wellbeing of the children they are in contact with.

All agencies should work collaboratively to provide responses that are trauma-informed, including to:

- maximise a child/young person's sense of safety
- assist children in reducing overwhelming emotion
- help children make new meaning of their trauma history and current experiences
- address the impact of trauma and subsequent changes in the child's behaviour, development and relationships
- coordinate services within health facilities including information sharing and with other agencies, reducing the need for the child to tell their story multiple times
- utilise comprehensive assessment of the child/young person's trauma experiences and their impact on the child/young person's development and behaviour to guide services
- support and promote positive and stable relationships in the life of the child/young person, which may include extended safety and support networks, schools, sporting clubs – whatever avenues for continuity are available
- provide support and guidance to the child/young person's family and caregivers
- manage professional and personal stress.⁵

Confidentiality cannot be guaranteed where a child or young person is [believed-suspected](#) to be in need of protection from harm, [including –or–](#) child sexual abuse. To meet the best interests of that child or young person and to comply with mandatory reporting requirements, information may need to be exchanged between departments and other key stakeholders. It is best practice for the child or young person to be advised that a report to DCYJMA and the police may take place. Certain circumstances may restrict the information provided to the child and their family about information provided to the DCYJMA and/or police.

It is important to note that the new offence of *Failure to report belief of child sexual offence committed in relation to child* in section 229BC ([Failure to report](#)) of the Criminal Code creates an obligation on all adults to report a belief that a child sexual offence has been or is being committed, unless they have a reasonable excuse. A reasonable excuse includes, amongst other things, making another report to police or DCYJMA under other mandatory reporting obligations. More information about this obligation and the reasonable excuse is set out below.

⁵ See Quadara, A. and Hunter, C. 2016. *Principles of trauma-informed approaches to child sexual abuse: A discussion paper*, Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse; see also, Australian Institute of Health and Welfare, 2011. *Young Australians: Their health and wellbeing*, Canberra: Australian Institute of Health and Welfare.

Wherever possible, family members should be included in decision-making and be provided with education and support. Service providers should aim to promote the relationship between the child and safe family members, wherever possible.

Support and education should be given to family members on how to best support their child and rebuild and strengthen their family unit.

Informed consent for medical procedures

A person who has been sexually assaulted or abused has the right to determine their own path to recovery and should be supported in making an informed decision about whether they would like to proceed in a legal or medical process. Informed consent reflects a legal and moral principle whereby the victim has the right to decide what is appropriate for them. It is the responsibility of the treating clinician to assess a person's capacity to consent. If an adult patient lacks capacity to make a decision about their health care, health staff will refer to section 2.2 of the *Queensland Health Guide to Informed Decision-Making in Health Care* and contact the relevant substitute decision maker.

To ensure victims are supported in making decisions about legal or medical processes, any party to whom a sexual assault or sexual abuse is disclosed should provide information about the processes involved, including options available, such as police reporting, the benefit of reporting early, just in case forensic examinations and their rights as a victim of crime. Further information on these matters can be provided to the victim by more specialised parties such as sexual assault/sexual abuse workers or social workers, Police, or Forensic Physicians/Forensic Nurse Examiners as relevant.

Victims will be encouraged to report the assault to police. However, where a victim with the capacity to consent is not certain that they want police involved at the time of disclosure or presentation to hospital, they may choose to have a 'Just in Case' forensic examination. This may include a child aged 14 – 17 years of age who has parental consent for the examination and/or is a Gillick-competent child.

The victim should be made aware that they may withdraw their consent at any time to any procedure, or any aspect of the examination.

Consent, and authority to consent, for an adult with impaired decision-making capacity

It is the responsibility of the medical and forensic health staff to assess capacity to consent. If an adult victim lacks capacity to make a decision about their health care (excluding forensic examinations), health staff will refer to section 2.2 of the *Queensland Health Guide to Informed Decision-Making in Health Care* – available at https://www.health.qld.gov.au/__data/assets/pdf_file/0019/143074/ic-guide.pdf – and contact the relevant substitute decision maker.

Where a health care provider has assessed an adult victim lacks capacity to make a specific decision, they are obliged to seek consent to carry out the health care. This consent can be provided under an advance health directive, from a guardian or attorney, or from a statutory health attorney listed in the *Powers of Attorney Act 1998* (e.g. spouse, family, friend).

The Public Guardian is the health care decision maker of last resort and operates a consent phone service for all health care professions, including requests to consent to forensic examinations. This line operates Monday–Friday 7am–7pm and Saturday, Sunday and public holidays 9am–5pm. Requests for information and non-urgent requests for health care consent made through the phone service will only be responded to within business hours.

Consent to a forensic examination is not healthcare consent. The Public Guardian, and guardians and attorneys appointed for personal matters, may consent to the forensic examination of an adult with impaired decision-making capacity. This consent may relate to alleged sexual assault or abuse

of an adult who does not have capacity to consent to the examination themselves. However, as a person's capacity is decision-specific, in most cases an adult victim can provide their own consent for a forensic examination, without the need to see substitute consent.

If at any point there is a possibility that the victim's guardian, attorney or support person is identified as, or suspected to be, the offender, the matter should be referred to the Office of the Public Guardian (OPG) for investigation into the victim's decision-making arrangements. OPG's statutory investigations function focuses on whether or not the decision-making arrangements for the adult with impaired decision-making capacity are adequate and appropriate. Any referral to OPG should be done in conjunction with determining options for pursuing justice, including immediate police reporting or a forensic examination, not in lieu of these options.

Consent, and authority to consent, for children and young people

Consent and authority to consent is required prior to the provision of general medical assessment and treatment, and/or a forensic medical examination (FME), depending on the age and ability of the child or young person. The definition of consent must be inclusive of the provision of the information required to make an informed decision.

For a general medical assessment including genital examination, verbal consent is obtained from the child, if of sufficient age or Gillick competence to provide valid consent, or the guardian. Written consent is required for a FME.

For a child or young person up to the age of 16 years, guardianship of the child or young person will be established. Generally, young people aged 16 years and over are able to provide consent to general medical care and FME.

Where clinicians are not able to gain the consent of a guardian to receive general medical assessment and treatment, and/or a FME, Gillick competence can be assessed to determine if the child or young person is able to provide consent.⁶

In circumstances where the suspected offender is the child or young person's guardian, the chief executive or authorised officers of DCYJMA can make a legal request for medical care and/or FME as per Sections 14 and 97 of the *Child Protection Act 1999*. This request can be made for children up to the age of 12 and for young people for whom Gillick competence has not been established.

Section 3: Role of Key Government Agencies

Queensland Police Service (QPS)

QPS has three main functions in relation to sexual assault or sexual abuse cases:

1. Investigate complaints of sexual assault or sexual abuse and establish whether an offence of sexual assault or sexual abuse has been committed.
2. Protect victims of sexual assault or sexual abuse from further victimisation.
3. Identify, apprehend and charge offenders.

In carrying out this role, ~~the police should~~ police will:

- observe QPS Operational Procedures Manual
- observe QPS local procedures or instructions
- observe legislative requirements

⁶ For definition of Gillick competence, see Appendix 1. For more information, see QH's *Guide to Informed Decision-making in Health Care*, 2nd edition, 2017, available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf (accessed 8 April 2019)

- observe the Charter of Victims's Rights
- provide victims with information regarding the investigation and prosecution
- provide protection to victims at immediate risk of sexual assault or sexual abuse
- provide victims with information about support services.

QPS maintains an online resource for Adult Sexual Assault to provide victims with information about their options following rape or sexual assault to assist in making informed decisions, including advice on issues such as: myths and facts; reporting to police; alternative reporting options; support services; and the court process.

The resource is available at: <https://www.police.qld.gov.au/programs/adultassault/default.htm>

Queensland Health (QH)

Queensland Health, Hospital and Health Services provide 24 hour access to clinical and psychosocial care and forensic examinations (including Just in Case⁷ examinations). These responses are provided by medical officers, nurses and social workers at public hospitals, Forensic Physicians and Government Medical Officers, and may involve specialist sexual assault teams. The extent and nature of this care varies across hospital and health services (HHS) in accordance with local procedures and resources.

Assistance and care in the acute phase includes:

- medical treatment
- acute psychosocial support
- information about options for FMEs and reporting the assault to the police, including the benefits of early reporting.
- provision of forensic examinations to victims of sexual assault and abuse where consent is given
- adherence to informed consent for all aspects of caring for people disclosing sexual assault, including clinical treatment, forensic examinations, evidence collection and storage, police involvement, referrals and the release of information to third parties.
- provision of clear information about the storage, access and destruction of forensic examination samples to victims of sexual assault who have a forensic examination but choose to defer the decision to report the assault to police
- provision of information, including about sexual health, victims' rights, reporting to police, legal processes, and support networks and services
- referral with consent and/or information provided regarding sexual assault counselling and support services

In addition to the above, when responding to sexual abuse and/or sexual assault of a child or young person QH will:

- ensure sufficient history is taken to enable an appropriate clinical and forensic examination
- manage child protection concerns in a timely manner

⁷ Just in case examinations are discussed in greater detail on page 27

- undertake a FME, if required.

Whilst the definition of a child is a person aged up to 18 years, QH has several age distinctions relevant to responding to the health needs of children and young people who have experienced sexual abuse/assault:

- For children and young people under 14 years of age, medical examinations for sexual assault must be performed by a medical officer or nurse with appropriate paediatric skills, including child protection and/or sexual assault medical examination training or skills.
- ~~For young people aged 16 years and under who present to a paediatric hospital or are being treated by a paediatrician in a general health facility, where a FME is required, the health facility will have trained clinicians to undertake a holistic assessment including FME~~ For young people aged 14-16 years who present initially to a Paediatric facility, assessment will be made on a case by case basis as to the best facility to meet the young person's needs. This may mean that the young person is referred to adult services for an holistic assessment, including medical examination.

Department of Justice and Attorney-General (DJAG)

The Office of the Director of Public Prosecutions (ODPP), the Office of the Public Guardian (OPG), Victim Assist Queensland (VAQ), Queensland Courts and the Office for Women and Violence Prevention (OFWVP) fall within the responsibilities of DJAG. The following provides an overview of each of these agencies.

Office of the Director of Public Prosecutions

The ODPP represents the Crown in criminal proceedings against persons accused of committing serious criminal offences including sexual assault and sexual abuse. Criminal proceedings include:

- the committal hearing, before a Magistrate in Brisbane Central, Ipswich and Southport Magistrates Courts. In other centres, this hearing is conducted by prosecutors within QPS
- trials before a judge alone or a judge and jury
- sentencing hearing before a judge
- any appeals arising from the trial or sentence.

In addition to prosecuting matters in court, the ODPP is responsible for:

- assisting victims by providing information about the progress of a prosecution, the victim's role as a witness, and how the victim can inform the court of the impact of the crime by providing a victim impact statement
- giving victims reasons for decisions made in relation to proceedings which directly affect them
- taking into account the wishes of a victim who does not wish to proceed with a prosecution for any reason
- providing information about the availability of other resources and processes that may assist victims
- requesting that the court give sexual assault or sexual abuse matters appropriate priority
- ensuring the victim has minimal contact with or exposure to the offender during court proceedings or in the court building
- liaising with other relevant agencies to ensure that the victim and family members understand the legal and procedural issues which may impact them.

In carrying out the role of the ODPP, all officers are obliged to comply with the Director's Guideline No. 25 as at 2016, available at: <https://www.justice.qld.gov.au/corporate/justice-agencies/office-of-the-director-of-public-prosecutions>. This aims to ensure that the Charter of Victim's Rights, as set out in the amended *Victims of Crime Assistance Act 2009*, are complied with.

Office of the Public Guardian

Office of the Public Guardian (OPG) is an independent statutory office which protects the rights, interests and wellbeing of adults with impaired decision-making capacity, and children and young people in the child protection system or staying at a visitable site. This includes children and young people in out-of-home care (defined below).

OPG's community visitors and child advocates are mandatory reporters under the *Child Protection Act 1999* and must report to the Chief Executive of Child Safety any reasonable suspicions that a child or young person has suffered, is suffering, or is at unacceptable risk of suffering significant harm caused by physical or sexual abuse, and the child or young person does not have a parent able and willing to protect the child or young person from harm.

OPG provides individual advocacy to children and young people who may be victims of sexual abuse or sexual assault through the following functions:

- the child advocacy function offers person-centred advocacy for children and young people in the child protection system and elevates the voice and participation of children and young people in decisions that affect them.
- the child community visiting oversight function, which monitors and advocates for the rights of children and young people in the child protection system, including out-of-home care (foster and kinship care), or staying at a visitable site (residential facilities, youth detention centres, authorised mental health services, and disability funded facilities) and

For adults with impaired decision-making capacity who may be victims of sexual assault or sexual abuse, OPG performs the following statutory functions:

- the guardianship function undertakes structured (supported and substitute) decision-making in relation to personal matters, supporting adults to participate in decisions about their life and acknowledging their right to live as a valued member of society. This includes providing consent to forensic examination.
- the investigations function investigates complaints and allegations that an adult with impaired decision-making capacity is being neglected, exploited or abused or has inappropriate or inadequate decision-making arrangements in place. OPG's investigative function is different to the criminal investigative function of the QPS. OPG's investigative function is focused on determining whether the adult's decision-making arrangements (for example, an attorney under an Enduring Power of Attorney document) are lawful, appropriate, and do not expose the adult to abuse, neglect or exploitation. OPG does not investigate whether a criminal offence has been committed. OPG has an interagency reporting arrangement to report allegations of abuse including sexual assault to the QPS.
- The adult community visiting function independently monitors visitable sites (authorised mental health services, the Forensic Disability Service, community care units, locations where people are receiving specified NDIS supports, and level 3 accredited residential services). Community visits inquire into the appropriateness of the site and facilitate the identification, escalation and resolution of complaints by or on behalf of adults with impaired decision-making capacity staying at those sites.

Victim Assist Queensland

VAQ provides information, referrals to specialised support services and financial assistance for victims of personal acts of violence including sexual assault or sexual abuse. This may include court support or advice about Victim Impact Statements.

Irrespective of age or gender, victims of any sexual offence that has occurred in Queensland can apply for financial assistance through VAQ.

Under VOCAA, a victim is considered a *Special Primary Victim* if any of the following apply:

- They were the victim of a sexual offence
- The offender was in a position of power, authority or trust
- The act of violence was domestic violence that occurred after 1 July 2017
- They were a child when the act of violence occurred
- They had or have an impaired capacity
- They are being or have been threatened or intimidated by the offender or someone else.

For the purposes of applying for financial assistance, a Special Primary Victim can report the violence to either:

- A police officer
- Their counsellor, psychologist or doctor, or
- A domestic violence service.

Special conditions apply if the victim is a child or young person (under 18).

- The crime must be reported; either to police or an appropriate doctor, psychologist or counsellor.
- In most cases the victim's parent or legal guardian completes the application for financial assistance on behalf of the victim.
- If the parent or legal guardian is unable or unwilling to complete the form (including if the child is subject of a Child Protection Order), the victim or their doctor, psychologist, counsellor or support person should contact VAQ for advice.
- If the young person is over the age of 12 years and they would like to apply independently, a lawyer can help the young person with their application. The young person should contact VAQ and request a referral to an appropriate free legal service.
- If a child or young person is granted financial assistance, any lump sum payments (e.g. recognition payments) must be paid to the Public Trustee to be held in trust for the benefit of the child or young person.

VAQ provides information, referrals and support (which may include court support) to victims.

VAQ provides education and training to government and non-government agencies, with an aim to broaden community knowledge of the rights and needs of victims of crime, including sexual offences.

Queensland Courts

Queensland Courts afford victims of sexual offences, affected child witnesses and special witnesses protections when proceeding through court. These are detailed in the *Evidence Act 1977* (EA) and the *Criminal Law (Sexual Offences) Act 1978*.

Section 21A of the EA outlines the protections for special witnesses and affected child witnesses.⁸ When the court hears evidence from special witnesses, there are a range of options to assist the witness. These include ensuring the victim has minimal contact with or exposure to the offender

⁸ For definitions, see Appendix 1.

during court proceedings or in the court building. Where the witness is an affected child witness, there are further protections in place.

In addition, the DFVPA affords special protections to victims who are deemed 'protected witnesses'. This is relevant for cases where sexual violence has occurred in the context of domestic or family violence.

Section 150 states that victims, children and relatives or associates of the aggrieved (that is, named in the application that relates to the proceedings) are a protected witness for the purpose of giving evidence under the Act. This section allows the court to consider whether orders should be made as to how the protected witness gives evidence, including:

- Video link
- Pre-recorded evidence
- A screen, glass or partition in the court room
- The respondent be held in a separate room while the witness is giving evidence
- Allowing support persons
- If a person with disability, that the protected witness can give evidence in any particular way specified by the Court that will, in the court's opinion minimise the protected witness's distress
- Any other alternative arrangement the court considers appropriate.

Section 151 seeks to restrict cross-examination in person by self-represented respondents. The court, on its own initiative or on application of a party to the proceeding, may order that the respondent may not cross-examine a protected witness in person if the cross-examination is likely to cause the protected witness to suffer emotional harm or distress, or be so intimidated as to be disadvantaged as a witness.

For further information refer to the Supreme and District Courts Criminal Directions Bench Book available at: <https://www.courts.qld.gov.au/court-users/practitioners/benchbooks/supreme-and-district-courts-benchbook>

Office for Women and Violence Prevention (OFWVP)

Office for Women and Violence Prevention is responsible for policy and program management for domestic and family violence, sexual violence and women's support. OFWVP works to enable women and families to be safe and to prevent and respond to violence and abuse.

OFWVP has policy responsibility for the implementation of *Prevent. Support. Believe. Queensland's Framework to Address Sexual Violence* (the Framework). The Framework addresses all forms of sexual violence, including sexual assault and sexual abuse. Priority areas 2 and 3 of the Framework are particularly relevant to these Guidelines: *Support and healing*; and *Accountability and justice*. The Framework is available at: <https://www.justice.qld.gov.au/about-us/services/women-violence-prevention/violence-prevention/sexual-violence-prevention/framework>.

OFWVP also has policy responsibility for the development and management of these guidelines, coordinating on behalf of all responsible agencies.

Non-government organisations

OFWVP funds non-government organisations to assist people who have experienced sexual assault and children and young people who have been sexually abused in accessing the necessary services and support they need to rebuild their lives. These services are a critical part of the government's response to sexual assault and sexual abuse. Sexual violence support services offer flexible, holistic and ongoing support and counselling in a culturally appropriate manner and in a safe environment.

The range of support provided by these services includes:

- provision of information, advice and referral

- needs assessment and development of case/service plans
- individual advocacy
- trauma-informed counselling, including crisis counselling, for victims and survivors of sexual assault or sexual abuse
- victim support groups and community education.

The role each sexual violence support service takes within the service system is influenced by local service arrangements. Government agencies should liaise and work with non-government service providers as a critical stakeholder in formulating local responses to sexual assault and sexual abuse where possible.

For more information about access to sexual assault or sexual abuse services in local areas, contact the Sexual Assault Helpline on 1800 010 120 or online at: <https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/sexual-abuse-assault/sexual-abuse-assault-getting-help>

A number of other government departments also provide grant funding to non-government organisations to deliver a range of specialist sexual assault and sexual abuse services. Local procedures and service agreements in relation to services provided by these organisations should be adhered to.

Department of Children, Youth Justice and Multicultural Affairs (DCYJMA)

DCYJMA is responsible for a range of services and responses across the areas of child and family support, child protection and youth justice. DCYJMA works to enable children, young people and families to be safe and to thrive in culture and communities, and to prevent and respond to violence, abuse and neglect.

DCYJMA is dedicated to protecting children and young people who have been harmed, or are at risk of harm. It is the role of DCYJMA to intervene in cases of child sexual abuse when a parent is not able and willing and able to protect the child from harm, regardless of how the harm occurred. In these situations, professionals should immediately report their concerns to DCYJMA (see section on reporting child protection concerns). Effective protection of children relies on community members reporting their concerns in a timely way.

DCYJMA has a legislative responsibility to ensure the safety, wellbeing and best interests of a child or young person in out-of-home care and to report any alleged harm to a child or young person involving the commission of a criminal offence to QPS.

DCYJMA has a responsibility to provide a response to children and young people who have been sexually abused whilst in out of home care, irrespective of who is responsible for the sexual abuse. The DCYJMA policy is available at: <https://www.cyjma.qld.gov.au/resources/dcsyw/child-family-foster-kinship-care/response-children-young-people-sexually-abused-cohc-627.docx> Child Safety Policy (cyjma.qld.gov.au) -

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DCYJMA is leading the Queensland Government's participation in the National Redress Scheme for people who have experienced institutional child sexual abuse. The National Redress Scheme has been developed in response to the Royal Commission into Institutional Responses to Child Service Abuse. More information about the National Redress Scheme may be found at: www.nationalredress.gov.au or by calling 1800 737 377.

After hours support

The Child Safety After Hours Service Centre (formerly Crisis Care) is a statewide service that provides after hours responses to clients of DCYJMA, members of the public and staff from government departments and community agencies in relation to child protection matters. If there is a problem or concern that an agency or service provider may have about the wellbeing and safety of a child or young person they may contact the Child Safety After Hours Service Centre on 07 3235 9999 or 1800 177 135 (Queensland only).

Youth Justice

DCYJMA is responsible for youth justice to protect the community from offending while upholding the rights of children, keeping them safe and promoting their well-being. The goal of youth justice is to provide a fair and balanced response to young people in contact with the youth justice system. This response holds young people accountable for their actions, encourages their reintegration into the community and promotes community safety.

DCYJMA has legislative responsibility to ensure the safety and wellbeing of young people within youth detention centres, which includes reporting any harm a young person has suffered whilst detained, and has an associated operational policy for identifying and reporting harm in a youth detention centre. DCYJMA must also report disclosures of harm that are alleged to have occurred prior to admission to relevant agencies for assessment and action.

DCYJMA is also responsible for Restorative Justice processes for young offenders, which is an alternative process to a matter being dealt with by a court, if appropriate. These processes include a restorative justice conference which is a meeting between a child or young person who has committed a crime and the people most affected by that crime to discuss what happened, the effects of the offence, and repairing the harm caused to the victim. To safeguard the victim, additional procedures are adopted before a conference for a sexual assault or for sexual abuse, including referring the victim to a counselling service as well as compulsory attendance of the juvenile offender in a specialist treatment service.

DCYJMA oversees implementation of *Working Together Changing the story: Youth Justice Strategy Action Plan 2019–2023* and *Action Plan 2019-2021*. The Action Plan is available at:

[Youth Justice Strategy Action Plan - Department of Children, Youth Justice and Multicultural Affairs \(cyjma.qld.gov.au\)](https://www.cyjma.qld.gov.au/youth-justice/reform/youth-justice-strategy-action-plan-2019-2021). <https://www.cyjma.qld.gov.au/youth-justice/reform/youth-justice-strategy-action-plan-2019-2021>. A [section second](#) Action Plan is expected to be published in the second half of 2022.

Section 4: Interagency approach

Given the often violent and complex nature of sexual assault and sexual abuse, an interagency approach is essential. QPS, QH, DJAG and DCYJMA each have a different but fundamental role in responding to sexual assault and sexual abuse. Each of these agencies should assist each other in understanding and supporting their role and be familiar with, and sensitive to, their differing and complementary roles. An interagency approach provides opportunities to discuss and address issues of mutual concern across departments.

Teamwork

Quality of care depends on partnership between different agencies. Each agency should establish local procedures to facilitate improved liaison and coordination between services. These procedures should include systems the sharing of authorised information and conflict resolution.

To improve the overall wellbeing and outcomes for victims of all ages and genders, all involved agencies should focus on a multi-agency response that provides wrap-around services which are trauma-informed, victim-centred, and responsive to local needs and service context.

Training

Joint training can contribute to achieving interagency objectives and allow those working in the field to understand how best practice is achieved. Training and orientation should be ongoing and could include input from relevant local services.

Confidentiality

Confidentiality, privacy of information and security of records is imperative when working with people who have experienced sexual assault or sexual abuse. It is a fundamental principle in treating victims with dignity and respect.

Access to and disclosure of personal information regarding the assault or abuse must conform to legal requirements and be limited to people directly involved in the case. Except where legal obligations exist, information will not be released without the prior informed consent of the person involved. This includes names and identifying information.

Access, availability and promotion of services

Agencies should offer all victims information about medical, counselling, police and legal services. In some cases, people who have experienced a sexual assault or sexual abuse may need encouragement to access services due to a range of cultural, historical or personal factors (e.g. due to inappropriate past service responses). Where possible, services that are tailored to the individual and cultural needs of victims should be offered.

Referrals

Relevant referral procedures and guidelines between police, health and justice services should be observed.

Staff of government agencies should be familiar with local specialist services and actively support people of all ages who have experienced sexual assault or sexual abuse to access appropriate supports available in their community.⁹ In addition, relevant health, welfare and legal services likely to be accessed by victims will need to develop local strategies and procedures to ensure that referral processes are appropriate and coordinated. These services should also be aware of the admission procedures and location of the nearest health facility and police station.

Referrals for children and young people presenting with family should consider the needs of the family as a whole and, where available, refer the family to an appropriate family support service.

The Queensland Government maintains webpages with listings of specialist sexual assault services across the state, such as hospital-based sexual assault services, helplines, and funded sexual assault support services for diverse population groups, which may assist in providing referrals to appropriate services. For information see: <https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/sexual-abuse-assault/sexual-abuse-assault-getting-help>; and <https://www.health.qld.gov.au/sexualassault/html/contact>

Feedback

Quality of care is essential in ensuring that people are referred to the appropriate service. QPS, QH, DJAG and DCYJMA should ensure that local interagency links and procedures operate in a coordinated manner. Mechanisms for giving feedback about service delivery should also be in place and observed.

⁹ For examples of available services, see Appendix 3.

Responsiveness to diverse needs

Procedures need to be flexible and sensitive in order to respond to diverse needs, including: cultural background; language; gender identity or intersex status; ability; religion; sexual orientation; and geographical location. Procedures also need to be sensitive and responsive to children with a history of trauma, such as child abuse, neglect or interactions with child protection. Furthermore, it is important to understand how these needs impact access to and utilisation of appropriate services.

All agencies should ensure that procedures and facilities provide safe, appropriate access to culturally responsive services for Aboriginal and Torres Strait Islander people, people of non-English speaking backgrounds, people with disability, including physical and cognitive impairments and mental illness, LGBTIQ+ people, older people, and sex workers.

It is imperative that, with consent, interpreter services are provided.

Aboriginal and Torres Strait Islander people

Service provision should reflect the cultural needs of Aboriginal and Torres Strait Islander people.

Agencies should have a referral mechanism to facilitate access to culturally responsive, safe and appropriate information for Aboriginal and Torres Strait Islander people. Where there is consent and it is appropriate to do so, Aboriginal and Torres Strait Islander liaison workers may be offered to assist people during the process.

Agencies responding to disclosures of sexual abuse from an adult, child or young person who identifies as Aboriginal or Torres Strait Islander should, where possible, offer services tailored to support their cultural needs.

People with disability

Services and agencies should facilitate access to appropriate support workers and interpreters for people with disability. Disability may include physical, cognitive, sensory, psychiatric or neurological impairment, mental illness or a combination of these, resulting in a substantial reduction in the person's capacity to make informed decisions or communicate.

Services should provide support to persons with impaired cognitive capacity to help them understand and participate in response processes following a sexual assault or sexual abuse.

With the person's informed consent, and when it is safe and appropriate to do so, services should also consult with relevant people involved in that person's life such as carers, advocates, support persons, guardians, attorneys and specialist agencies or departments.

People from culturally and linguistically diverse backgrounds

Service provision should be responsive to, and respectful of, the cultural and religious background and language needs of the person who has experienced sexual assault or sexual abuse. Where communication in English is difficult or where requested, accredited interpreters and cultural support workers should be used to assist in both eliciting information from, and providing information to the person who has experienced sexual assault or abuse.

Lesbian, gay, bisexual, transgender, intersex, queer or otherwise diverse in gender, sex or sexuality (LGBTIQ+) people

LGBTIQ+ people can experience marginalisation, stigma, discrimination, social exclusion and prejudice which may make victims of sexual assault hesitant to seek help from police, hospitals, sexual assault services, or other supports. Service providers should equip themselves with the knowledge required to support all people, including LGBTIQ+ people, who have experienced sexual assault or child sexual abuse. Services and agencies may demonstrate the fact that they welcome diversity through, for example, displaying of rainbow signage. Stigma and discrimination should be

reduced through the delivery of sensitive, discreet and confidential care in settings that are familiar and friendly towards specific groups.

Older people

Older people can face barriers to reporting sexual assault or historical sexual abuse, including shame and guilt, and fear of not being believed. Agencies should have a referral mechanism to facilitate access to age-appropriate and safe services, particularly for those with cognitive impairment and where the ill-treatment is by a family member, or where they are dependent on the abuser for care.

Sex workers

Sex workers may face stigma, discrimination and not being taken seriously when reporting sexual assault to police. When reporting sexual assault, sex workers should be believed and treated with sensitivity and understanding in a safe and welcoming environment and reassured that what happened was not their fault.

Children and young people with a history of trauma

Children and young people with a history of trauma, such as child abuse, neglect or interactions with child protection are a particularly vulnerable cohort in need of targeted support when reporting sexual assault. Given many have had negative experiences with adult care givers, they may have an inherent distrust of the people and agencies designed to protect them, deterring them from reporting any sexual abuse they experience. Agencies should have referral mechanisms to child appropriate support services and adopt a trauma-informed approach to ensure children and young people with trauma histories feel safe and supported.

Communication

Agencies should be aware of and take into consideration factors which impact on communication with a person after a disclosure of sexual assault or sexual abuse. Factors may include: age; cultural and/or religious background; language; sexual orientation; gender identity or intersex status; abilities; cognitive impairment; community and social factors; and reluctance to disclose abuse or access formal responses because of past negative experiences with statutory systems and institutions.

Children and young people who have experienced sexual assault or sexual abuse benefit from the support of protective family members and carers in recovering from their experiences. Where appropriate, Government agencies and non-government organisations should endeavour to communicate with the child or young person together with their supports.

This supports safety of the child or young person and enables informed decision making about health care, and investigative and legal processes for both the victim and agency.

Information provision

Police officers, doctors, social workers, health workers and legal officers should provide people with relevant, age appropriate and understandable information, which may include written material. This information should be offered in a way which is non-judgmental, appropriate, clear and sensitive to the victim in terms of language, cultural background, age, abilities, cognitive impairment, sexual orientation, gender identity and intersex status, and location.

People should be made aware of their rights as a victim of crime and be given an opportunity to discuss and consider the implications of proceeding with medical, investigative and legal processes so that they can make informed decisions. These decisions must be respected. It should be noted however that the decision whether or not an investigation should proceed rests primarily with police.

Translating and interpreter services

The Queensland Government recognises that a significant number of people may require interpreter services or an advocate or support person, as well as culturally appropriate support, in order to adequately disclose and report a sexual assault or sexual abuse and make informed decisions about the support and options available to them.

All reasonable steps will be taken by government agencies and funded non-government organisations providing sexual assault and sexual abuse responses to ensure fair and equitable access to accredited interpreting and translating services that are appropriate and of high quality.

An accredited interpreter should be available in all situations where an interpreter and/or translator is required, unless there are extenuating circumstances that genuinely prevent an interpreter from being used. This may include, for example, a medical emergency or where a language or cultural group is very small and confidentiality is a concern for the victim, or where no interpreter is available for that language group. All agencies will take into consideration the wishes of the person who has been impacted by the sexual assault or sexual abuse in relation to the use of an interpreter.

Each government agency is required to observe its own policies and procedures in relation to the use of interpreters. These internal procedures should align with the Queensland Language Services Policy available at: <https://www.dlgrma.qld.gov.au/multicultural-affairs/policy-and-governance/language-services-policy.html>.

Section 5: Localised interagency responses

As noted in the previous section, an effective, appropriate, trauma-informed response depends on partnership between different agencies. Localised responses are particularly important to facilitate liaison and coordination not only between government agencies but also with non-governmental sexual assault support service providers. The establishment of a local integrated response such as a sexual assault response network or team (SARN/SART) is encouraged.

Essential to an effective localised response is the maintenance of current referral information on appropriate support and other community services available, and the development of referral pathways and protocols between key service providers to ensure timely referral for those in need of support. Local procedures should ensure that services are accessible and coordinated, and written information and community education materials are appropriate to the local context.

Where they are active, local sexual assault response networks should work collaboratively with domestic and family violence High Risk Teams and/or other local DFV networks to ensure holistic support for potential overlapping client bases.

Steps to establishing a sexual assault response network/team (SARN/SART) at the local level

- Identify a multidisciplinary, multi-agency group of specialist professionals to work with victims after disclosure of sexual assault and/or sexual abuse to provide victim-centred and trauma-informed responses.
- Develop a Terms of Reference for the SARN, relevant to the local context and guided by the principles outlined in these Interagency Guidelines, covering issues such as:
 - Goals and vision of SARN
 - Membership of SARN
 - Coordination
 - Protocols and procedures, including practice framework, referral pathways and procedures for information sharing
 - Roles and responsibilities of members
 - Working methods, including meeting schedule
 - Monitoring and reporting
- Undertake advocacy and awareness raising in the community on the support and services available through the SARN.

Section 6: Interagency procedures

Irrespective of where sexual assault and/or sexual abuse is first reported, the top priority is to ensure the safety and welfare of the victim.

Acute intervention

Agencies should follow local procedures in the management of disclosures of sexual assault or sexual abuse. Where they are available, all efforts should be made to contact the designated sexual assault or sexual abuse response network or team (as ed in Section 5) or a specialist sexual assault service provider. A referral for follow-up support and care should be made as soon as possible.

Where there are other identified needs for a child, young person and/or a family member, including emotional, social and psychological support needs, referrals can be made to support services suitable to their needs and circumstances.

It should be noted that while a referral can be made without consent under the *Child Protection Act 1999*, consent should be obtained where possible, appropriate and safe.

Based on the psychosocial needs of the victim and/or family members, information and/or a referral may be provided to other support services such as Family and Child Connect (FACC) services, Intensive Family Support, or Aboriginal and Torres Strait Islander Family Wellbeing Services.

Agencies should take all reasonable steps to meet a victim's cultural, religious and social needs. This may include, for example, ensuring that male staff are not assigned to support a victim where that victim has indicated they would prefer to be treated by female staff.

At any stage throughout this process, a victim can have a support person present. The support person should not adversely influence the process and cannot be a potential witness in any court proceedings. Agencies should be aware of potential complex power dynamics between victims and support persons, and victims should choose or consent to their support person, rather than it being assumed that a particular person will fill the role.

Wherever possible agencies should ensure children and young people in out-of-home care have a support person available throughout the response to the sexual assault or sexual abuse. Agencies are encouraged to contact DCYJMA for professional guidance where there are concerns or complex situations requiring practice support.

Any staff interacting with a person who has experienced sexual assault is encouraged make a record of observations and conversations at the time of interaction or soon after, as this will assist in any future police investigation.

Presentation at a health facility

Health facilities, such as hospitals, are often the first place where a person will disclose a sexual assault. Police often frequently present with a person reporting sexual assault. Nursing and medical staff will assess the general medical condition of the person and provide the appropriate treatment and care. Assessment of a person's need for medical treatment is always the first priority.

Where possible, people presenting at emergency departments with suspected or reported sexual assault or abuse will be prioritised for triage and examination away from public waiting areas.

It is the health staff or the sexual assault/sexual abuse team's role to coordinate an immediate response, offer practical and emotional support, assess the person's immediate physical and emotional safety and recognise the traumatic nature of the assault. First responders should use trauma-informed practice and victim-centric approach.

Medical assessment will be conducted in accordance with local clinical pathways. A medical examination should include sexual health intervention as per the QH sexual health guidelines

available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/guidelines>.

Presentation at a health facility by a child or young person

Children or young people who may have experienced sexual abuse/assault could present for a health response when:

- a request for examination is made by QPS
- a child or young person presents to a health facility with a caregiver following a disclosure and/or injury, prior to a report being made to QPS
- a young person presents to a health facility without a caregiver
- behavioural or physical indicators have been identified by a caregiver, teacher or health professional (e.g. general practitioner) that warrant further assessment.

Children under the age of 14 years who have experienced sexual abuse/assault are to be referred to a paediatrician for medical care. An on-call paediatrician should be available at the nearest hospital facility that admits paediatric patients, closest to the child's residence.

When a medical assessment is conducted on a child or young person following a disclosure or allegation of sexual abuse/assault, the paediatrician and/or forensic physician/nurse should explain that any information or findings from the assessment may later be requested by QPS for forensic purposes in legal proceedings.

Clinicians should follow local clinical pathways for responding to children who may have experienced sexual abuse or sexual assault, including consideration of the risks of sexually transmitted infections and pregnancy.

Forensic Medical Examinations (FME)

Informed consent reflects a legal and moral principle whereby the victim has the right to decide what is appropriate for them. This includes the right to accept or to decline a FME and to change that decision.

In order for a victim to exercise this right, they require access to information that is relevant to them. An explanation about the nature of the FME must be given by the examiner and when involved, police also need to inform the victim about police investigation processes.

All patients presenting at a hospital and disclosing an alleged sexual assault will be offered psychosocial support in a private environment, where available, and be provided with information to help them decide whether to have a FME and/or involve police.

The FME consists of obtaining a history as to the nature of the assault/abuse in order to guide the subsequent physical examination. It also includes documentation of injuries and the collection of forensic evidence as it relates to the alleged sexual assault or sexual abuse. Prior to commencing the forensic medical examination, victims choosing to undergo a FME will need to provide explicit written consent.

Where a victim has already made the decision to report to police, the doctor or nurse conducting the FME should discuss the case with police before the FME takes place. This is to ensure that:

- all necessary evidence is collected
- a re-examination is avoided
- unusual evidence is not overlooked.

In the instance that a victim has made the decision to report to police, a police officer must be present to receive all evidence collected immediately after the FME to maintain the chain of custody. The evidence collected via the FME will be released to police with the written consent of the victim or their decision maker.

The timely involvement and reporting of a sexual assault complaint to police provides the best chance of achieving a successful investigation and prosecuting alleged offenders. Given the invasive nature of the FME, it is preferred that it is only done when intended to support police with this task.

Some victims of sexual assault may choose to delay their decision whether or not to report their assault to police. These victims may choose to have a FME 'just in case' they decide to later make a police report.

Completed "just in case" kits will be securely held at the hospital's laboratory before being transferred to and stored at QH Forensic and Scientific Services. They are only released for QPS investigation with written consent from the victim.

Victims who do not wish to report their assault to police can be referred by QH staff to specialist sexual assault support services and advised of the Alternative Reporting Options (ARO) process which facilitates an anonymous report to police. ARO is outlined further below.

Access to health records, including counselling notes, are confidential. However, the victim should be notified that some records can be subject to a subpoena or other court-related mechanisms.

Forensic medical examinations and informed consent for a child under 14 years of age

Where a child presents within 72 hours of an alleged sexual assault/abuse, a FME will be warranted (with limited exceptions). The clinician will complete the kit with adherence to forensic principles ensuring chain of evidence with the attending police officer.

Findings will be documented in the medical record, in line with QH clinical standards and requirements, for later forensic purposes.

Forensic medical examinations and informed consent for persons with impaired cognitive capacity

Under the *Guardianship and Administration Act 2000*, the decision to undergo a forensic examination is a personal matter, and legislation and policy around informed decision-making for personal matters applies.

If an adult is deemed by health staff not to have capacity to consent to a forensic examination, the Public Guardian may consent if it is reasonably considered to be in the adult's best interests *and* any of the following apply:

- i. there is no guardian or attorney appointed for the adult or available to consent for the adult to the examination, *or*
- ii. the guardian or attorney for the adult has failed to consent, *or*
- iii. the Public Guardian reasonably considers the adult's interests would not be adequately protected if the consent of any guardian or attorney for the adult were sought.

Who is skilled to perform a forensic medical examination?

Adult FMEs will usually be conducted at a public hospital by ~~trained clinical staff~~ suitably trained clinician such as a Forensic Nurse Examiner; nurse trained in sexual assault examination; Government Medical Officer; Forensic Physician; or other Medical Officer who has received training in forensic examinations. Where there is no trained clinician available, a Senior Medical Officer can complete the examination accessing phone support from the Clinical Forensic Medicine Unit.

A Forensic Physician from the Clinical Forensic Medicine Unit is available by telephone 24 hours a day, 7 days a week to provide support to clinicians performing a FME.

In the case of children under 14 years, ~~a credentialed paediatric medical officer or nurse must perform the examination~~ a medical officer or nurse with appropriate paediatric skills including child protection and/or sexual assault medical examination training or skills is essential.

Forensic Medical Examination process

Victim DNA reference samples

Reference sampling involves the collection of a person's DNA for comparison against forensic samples. The reference sample will be collected at the time of forensic examination. The sample must be collected in a distinct and discrete process, packaged separately to the SAIK, with clear guidelines to mitigate the risk of collecting a mixed sample at the time of forensic examination.

Timing and nature of the forensic medical examination

All victims presenting within 72 hours after an alleged assault should be examined and evidence collected, with limited exceptions and with the victim's consent.

In determining the timing and nature of the FME, particularly outside the 72 hour window, contact the on call Forensic Physician from the Clinical Forensic Medicine Unit.

FME can be distressing for the victim, and the examination may need to be delayed or discontinued with consideration to the victim's physical and emotional state. Adhering to trauma-informed practice and respecting the victim's choice whether to continue with the examination is essential.

Drug-facilitated sexual assault

Where the administration of drugs in a sexual assault is suspected, testing should be conducted in a timely fashion. However, the decision to test remains a clinical one. Decision making around timing and sample matrix (blood, urine or hair) may be discussed with the on call Forensic Physician at the Clinical Forensic Medicine Unit.

Notifying the police

Where possible, the sexual assault/sexual abuse team worker or the health staff supporting the victim should discuss available reporting options with the victim. If the victim requests to speak to police, it is the role of the sexual assault/sexual abuse team worker or health staff to notify the police as soon as possible to ensure all evidence, including the crime scene, can be secured. Notification and initial reporting to police does not mean an investigation will automatically take place.

[Where the victim is a child, reporting to the police is likely to be required. See 'Reporting concerns' below for more information about reporting requirements and the 'Failure to report' offence.](#)

If the adult victim does not wish to make a formal complaint to police, they should be offered the option to complete the QPS Alternative Reporting Options (ARO) form, an on-line reporting process available at: <https://www.police.qld.gov.au/programs/adultassault/altReportOpt.htm>. A victim can also choose to undergo a Just in Case FME at a public hospital if they have yet to decide to make a formal complaint.

Initial report to police

Police receiving a report of a sexual assault or sexual abuse will act on the information received. The police should inform the victim of relevant decisions made and where necessary, obtain the victim's informed consent. In certain cases police may choose not to seek the consent of a victim

before pursuing an investigation or laying charges, for example, where the victim is a child or young person, or where police consider there is a serious risk to the life or wellbeing of a victim.

Police interviews with children and young people

The initial information obtained from a child is critical in the prosecution process and therefore, as best practice, only investigators who have completed ICARE training should interview children to ensure admissibility of the statement. ICARE trained investigators understand the process for eliciting the best evidence from children in an environment where the child is assured of their safety and not re-traumatised.

Support person during the police interview

Police should inform victims that they may be accompanied by a support person while their statement is being taken. However, the victim must be advised that:

- the support person may not participate in the interview
- the support person may not directly or indirectly influence the interview
- a potential witness may not act as a support person.

Reporting concerns regarding children

Sexual offences against Children – Criminal Code

Children need the adults around them to take action to protect them from sexual abuse. Previously only certain adults had legal obligations to report suspected harm to children (including suspected sexual abuse). The law has been strengthened to increase protection of children from the risk of sexual abuse.

Legislation that commenced on 5 July 2021 increases protection of children from the risk of sexual abuse by requiring that:

- all adults report sexual offending against children to the police unless they have a reasonable excuse
- adults in an institutional setting (e.g. a school, church or sporting club) protect children from the risk of a sexual offence being committed against them.

These offences target behaviour that ignores or hides the sexual abuse of children.

For these laws, *child* means a person under 16 or a person under 18 with an impairment of the mind.

Failure to report offence

QPS and DCYJMA act on reports of sexual offending against children.

Under section 229BC of the Criminal Code ([Failure to report belief of child sexual offence committed in relation to child](#)) all adults (18 years and over) are ~~now~~ required to report to the police a reasonable belief that a child is being or has been the victim of sexual abuse by another adult – unless they have a reasonable excuse.

A reasonable belief is a belief that a reasonable person would form in the same position and with the same information. Whether a reasonable belief would be formed will always depend on the circumstances. For example, a reasonable belief could be formed if either:

- a child states that they have been sexually abused
- the child has signs of sexual abuse.

An adult with a reasonable belief that a child has experienced sexual abuse or is at risk of sexual abuse, must report it to the police—unless there is a reasonable excuse for not doing so.

A reasonable excuse includes if the adult:

- has already reported the offence to an appropriate authority (e.g. DCYJMA) or know another person has or will report it—for example, if they are
 - a nurse and have already reported it to DCYJMA
 - a teacher and the school principal or another teacher has already reported the offence according to other laws (such as mandatory reporting requirements)
- believes the information has already been given to a police officer
- received information about the victim who is now an adult and they reasonably believe the victim does not want to reveal it to the police
- believes reporting the offence would endanger them or another person (other than the alleged offender) and that failure to give the information to police is reasonable.

However, a 'reasonable excuse' is not defined exhaustively and may include other circumstances.

Failure to protect offence

The laws also impose a legal duty on certain adults to protect children from sexual offending. Adults in responsible positions in institutions will have an obligation to protect children in their care from known significant risks of sexual abuse.

Under section 229BB of the Criminal Code it is an offence to fail to protect a child from a sexual offence in an institutional setting.

This law imposes a legal duty on certain adults to protect children from sexual offending. Adults in responsible positions in institutions will have an obligation to protect children in their care from known significant risks of sexual abuse.

If there is a significant risk that another adult associated with an institution will sexually abuse a child, it is not enough to wait until sexual offending occurs to inform the police. This legal duty to protect focusses on preventing sexual abuse of children.

The intention behind this law is to ensure individuals in institutions take proactive action to reduce or remove known risks to children. The law attaches a criminal penalty to wilful or negligent failures to do so.

More information about both offences can be found at: <https://www.qld.gov.au/protectchildren>.

Harm to child - *Child Protection Act 1999*

If individuals have any reason to suspect a child in Queensland is experiencing harm, or is at risk of experiencing harm or being neglected, they should contact DCYJMA and talk to someone about their concerns:

- During normal business hours – contact the Regional Intake Service.
- After hours and on weekends – contact the Child Safety After Hours Service Centre on [REDACTED]

Notifiers will be asked to provide information to help work out the best way to respond to the situation. It is important for notifiers to report concerns and provide as much detail as possible. Notifier details are kept confidential and their identity is strictly protected.

All government agencies and non-government organisations responding to children and young people should have policies and procedures in place for reporting suspected child abuse and neglect.

The *Child Protection Act 1999* (CPA) requires certain professionals, referred to as 'mandatory reporters', to make a report to DCYJMA if they form a reasonable suspicion that a child has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse, and may not have a parent able and willing to protect them.

Mandatory reporters should also report to DCYJMA a reasonable suspicion that a child is in need of protection caused by any other form of abuse or neglect.

Under the CPA, mandatory reporters are:

- teachers (approved teachers under the *Education (Queensland College of Teachers) Act 2005*, employed at a school)
- medical officers, doctors and registered nurses (employed in the public or private health sectors)
- police officers with child protection responsibilities
- a person performing a child advocate function under the *Public Guardian Act 2014*
- early childhood education and care professionals
- DCYJMA employees and employees of licensed care services.

DCYJMA will provide notifiers from government agencies and non-government organisations with feedback about the response to the child protection concerns reported. The notifier will be asked whether they require feedback at the time of the initial contact with the department. If the notifier requests feedback, DCYJMA will:

- provide information about the departmental response, the rationale for the decision and the likely timeframes for any departmental contact with the child or family
- provide the feedback either at the time of the initial contact by the notifier, if the departmental response is apparent, or by a follow up phone call, facsimile, email or letter, once the information has been screened and the departmental response has been determined.

For Queensland Health staff, Child Protection Liaison Officers and Child Protection Advisors are available during business hours for consultation when QH staff are formulating a reasonable suspicion of child abuse and neglect. After-hours it is possible for QH staff to contact the after-hours nurse manager, refer to the online Child Protection Guide, or contact Child Safety After Hours Service to discuss the case further.

If protection concerns are about an Aboriginal or Torres Strait Islander child or young person, an independent Aboriginal or Torres Strait Islander entity (independent person) may be involved. An independent person is someone the child or young person and their family chooses to support them in their communication with DCYJMA and to meaningfully participate in significant decisions that may have an impact on the child or young person.

It is important to note that where a report has been made to DCYJMA under mandatory reporting obligations, there is no need to make a duplicate report to police under the Criminal Code obligations to report a reasonable belief of child sexual abuse as you will have a reasonable excuse for not reporting.

Queensland Police Service and Child Safety joint investigations

If it is suspected that a child may be the victim of intra-familial sexual abuse, or it is suspected that there is no parent willing and able to protect the child, police and DCYJMA may initiate a joint investigation to work collaboratively, exchange relevant information and determine the best way forward to respond to the child's protective needs. This assists both agencies to undertake their respective investigative responsibilities, and reduces the number of times the victim needs to share their story.

The QPS Operational Procedures Manual, Child Safety Practice Manual and Child Protection Joint Response Teams Operational Guidelines support the use of joint investigations for matters which will benefit from a joint agency response.

Section 7: Other issues for consideration

Access to sexual assault counselling records

Division 2A of the *Evidence Act 1977* (EA) provides protections for certain sexual assault counselling communications to significantly limit how and when they may be included in a court proceeding. Counselling Notes Protect is a free service provided by Legal Aid Queensland and Women's Legal Service to provide advice, assistance and representation to victims of sexual offences.

Care needs to be taken to ensure counselling communications embedded within Departmental and other records are correctly identified, and the victim provided with the opportunity to exercise the right to claim this privilege.

Discontinuance of police action before a proceeding has commenced

Where the victim does not wish to proceed with further police action, police should:

- advise the victim that the information they reported will remain on police records and the victim may re-commence their complaint at any time in the future
- Inform the victim that police will not pursue their complaint towards a prosecution but may make further inquiries based on the information provided to ensure the safety of the victim or others
- note the reasons for withdrawing as they may impact on the decision to provide financial assistance through Victim Assist Queensland
- attempt to obtain a signed withdrawal of complaint and have that recorded

If a proceeding has commenced, the victim's wishes will be taken into account when deciding if the matter will continue.

Follow up and registration on the Victims Register

After the trial and/or sentence, the victim will have the opportunity to talk to the case lawyer about the outcome of the case and the sentence imposed, if any. This opportunity may arise immediately after the trial and/or sentence concludes or at a later time by telephone.

If the offender is imprisoned, either in custody or in the community, the victim may be eligible to register their details on the Victims Register which is administered by Queensland Corrective Services. A victim and/or their family or nominee can register to be kept informed about the offender's imprisonment, movement between locations, parole eligibility dates and certain other information in accordance with legislation. In most circumstances, victims will also be given the opportunity to make submissions to the parole board when offenders apply for parole.

Where the offender is a young person, the Victim Information Register may be utilised. This register is administered by Youth Justice within DCYJMA. A victim and/or their family or nominee can register to be kept informed about the young person's detention, movement between locations and supervised release dates.

If the offender appeals against their conviction and/or sentence, or the Attorney-General appeals against the leniency of the sentence, the victim will be kept informed by the ODPP about the progress and outcome of the appeal and any consequential matters arising from the appeal.

Appendices

Appendix 1: Glossary

Affected child	A child who is a witness in a relevant proceeding and who is not a defendant in the proceeding.
Gillick competence	Term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.
Medical examination	A physical, psychiatric, psychological or dental examination, assessment or procedure and includes forensic examination and an examination or assessment carried out by a health practitioner.
Sexual Assault Investigation Kit (SAIK)	Commonly known as a 'Rape Kit'. This kit is used by specially trained doctors or nurses to collect 'forensic' evidence after a sexual assault including swabs of various body parts, blood and urine pathology results and notes by the examining doctor.
Special witness	<ul style="list-style-type: none"> a) a child under 16 years; or b) a person who, in the court's opinion – <ul style="list-style-type: none"> i. would, as a result of a mental, intellectual or ii. physical impairment or a relevant matter, be likely iii. to be disadvantaged as a witness; or iv. would be likely to suffer severe emotional trauma; or v. would be likely to be so intimidated as to be disadvantaged as a witness; if required to give evidence in accordance with the usual rules and practice of the court; or c) a person who is to give evidence about the commission of a serious criminal offence committed by a criminal organisation or a participant in a criminal organisation; or d) a person – <ul style="list-style-type: none"> i. against whom domestic violence has been or is alleged to have been committed by another person; and ii. who is to give evidence about the commission of an offence by the other person.
Trauma-informed	Trauma-informed services actively ensure they do not re-traumatise or blame victims for their efforts to manage their traumatic reactions. They recognise that trauma may be a factor for people in distress, that the impact of trauma may be lifelong, and that trauma can impact the person, their emotions and their relationships with others.

Appendix 2: Guidelines history

2001	<i>Response to sexual assault: Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault</i>
2014	<i>Response to sexual assault: Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault (2nd Edition)</i>
2020	<i>Response to sexual assault and sexual abuse: Queensland Government interagency guidelines for responding to children, young people and adults who have experienced sexual assault or child sexual abuse</i>

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Appendix 3: Process for updating the Guidelines

Should a decision be made by Government or by a majority of members of the Working Group that a full review and update of the Guidelines is required, this will be undertaken in collaboration with all agencies. Approval of the revised Guidelines is required by all responsible Directors-General (or equivalent) before they may be finalised and released for use.

Should minor amendments to the Guidelines be required to update details, for example:

- the name or responsibilities of agencies signatory to the Guidelines or other agencies
- updates to legislation (either wholly or in part)
- updates to policies, practice guides or websites

these may occur with the approval of the relevant Director-General or Directors-General, following approval of the amendments by the Working Group. In these cases, a full review and approval by all Directors-General who are signatory to the Guidelines is not required.

If a technical update to the Guidelines is required, please contact Office for Women and Violence Prevention, DJAG at [REDACTED]

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