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**CHILD SAFETY COMMISSION OF INQUIRY
STATE OF QUEENSLAND
PROACTIVE STATEMENT 14**

STATEMENT OF Detective Senior Sergeant Cindy Searle

I, Cindy Searle, care of Crown Law, Level 11, 50 Ann Street, Brisbane, a Detective Senior Sergeant of Police in the State of Queensland state as follows:

Experience in QPS relevant to the Child Safety System

1. I am a Detective Senior Sergeant of Police, and since October 2023 I have undertaken duties in the Far North District Suspected Child Abuse and Neglect (**SCAN**) unit. My duties in this role include:
 - a. The overview of reports made by operational police regarding child wellbeing concerns via a Child Harm Referral Report (**CHR**), providing referrals from the review of CHR's to either a Family Support Service or the Department of Families, Seniors, Disability Services and Child Safety (**Child Safety**), depending on the nature of the concerns raised;
 - b. Identifying families from CHRs that require a multi-agency response and would benefit from being tabled at a SCAN Team Meeting (outlined in Chapter 5A, Part 3 of the *Child Protection Act 1999* (**CP Act**));
 - c. Attend and represent the Queensland Police Service (**QPS**) at SCAN Team Meetings; and
 - d. Respond to requests for information made under Chapter 5A, Part 4 of the CP Act.
2. I have been a Police Officer since 9 August 1996 and have held positions in the following units:
 - a. From 2000 to 2002, within State Crime Operations Command in the Child and Sexual Assault Investigation Unit;
 - b. From 2004 to 2011, within police prosecutions;
 - c. From 2012, within investigative units from including at Sarina Criminal Investigation Branch involving joint investigations with Child Safety;

- d. From October 2023, I undertook a period of relief in the Far North District SCAN unit; and
 - e. In April 2024, I remained in the Far North District SCAN unit after securing a permanent appointment to this role.
3. The stations I have specific overview of in respect of SCAN include those on the Tablelands, Port Douglas north, the Cape stations and the Torres Strait Patrol Group, however I do have some vision of the issues relating to the stations from Smithfield south through to Cardwell regarding responses to requests for information from Child Safety.

Assessment and Referral Processes

4. As set out in paragraph 1(a) of this statement, my role includes reviewing and assessing CHRs prepared by operational police who have identified child protection concerns in the course of their duties. In doing so, I find that officers from stations in the Cape and Torres Strait identify wellbeing concerns that become an accepted normal for children in these areas. It is not unusual to see comments such as *'as expected for this area, the house is overcrowded with rubbish throughout'* or *'there are limited services to support the family with the violence the child is exposed to'*. These concerns often link to lack of services in the areas, including with Child Safety not having a presence and operating on a fly in/fly out basis.
5. There are consistent themes for children who progress through from CHRs at a young age, where they are exposed to violence in the family home and exposure to drug or alcohol use by family members. These are not the only factors they are exposed to, with both diagnosed and undiagnosed health issues regularly impacting the household and these children. The health issues may be a disability or mental health diagnoses for the child and/or other family members.
6. It is not unusual to identify a child who has been subject to many CHRs progressing from a child in care, to one entering the criminal justice system and then developing a network of peers who are also in the criminal justice system.
7. In circumstances where a CHR meets the threshold for formal notification to Child Safety, (being where a child is assessed as having suffered or being likely to suffer significant harm), I add review notes as the SCAN representative and download the CHR, which is then emailed to the Child Safety Regional Intake Service (RIS). Child Safety have protocols to provide a response to SCAN regarding the outcome and rationale for the outcome sent to the RIS. This outcome is reviewed by the SCAN representative and either recorded, with "no further action" if there is no concern regarding the outcome, or recorded and discussed with Child Safety if there are concerns regarding the outcome.

8. In circumstances where a CHR does not meet the threshold for formal notification to Child Safety and there are serious concerns for the wellbeing of a child, I complete a referral to a family support service.
9. Whilst the legislation allows reporting to either the Department of Education or Queensland Health, this is not done using the CHR. Information is provided to these agencies through the SCAN Team Meetings or in response to a s 159 request from that agency. Queensland Health have not sought information from my SCAN unit and I have not provided information to Queensland Health outside of the SCAN Team environment. Department of Education do make requests, and I have provided them information under s 159MC of the CP Act.

Multi-Agency Engagement and SCAN Team Meetings

10. The establishment and operations of the SCAN Team are enshrined in Chapter 5A, Part 3 of the CP Act. Under section 159I, the chief executive (of Child Safety) must establish a SCAN system, the purpose of which is to enable a coordinated response to the protection needs of children (as per section 159J of the CP Act).
11. As required by section 159K of the CP Act, SCAN comprises representatives from Child Safety, Queensland Health, Department of Education and the QPS, with other agencies able to contribute by invitation.
12. The responsibilities of the SCAN team are set out in section 159L of the CP Act, and include:
 - a. Contributing to the operation of the SCAN system through representatives who have appropriate knowledge and experience in child protection;
 - b. Using their best endeavours to agree on recommendations to the chief executive about assessing and responding to the protection needs of particular children;
 - c. Taking action required under the recommendations;
 - d. Monitoring the implementation of recommendations and reviewing their effectiveness; and
 - e. Inviting and facilitating contributions from other entities or service providers that would help achieve the purpose of the SCAN system.
13. There are four SCAN (4) team meetings for the Far North. These meetings fall within four (4) Child Safety nominated SCAN Team jurisdictions and the representatives from each agency that attends varies depending on their agency jurisdictions. Appendix 5 of the Scan Team Meeting Manual identifies the Child Safety Service Centres involved for each SCAN Team and the QPS SCAN representatives each attend two (2) of the meetings.

14. I appear at the fortnightly meetings for the Atherton (which includes all of Tablelands) and Cape Torres SCAN teams (which includes all Cape Stations, Port Douglas north and the Torres). The other SCAN representative for Cairns appears weekly for the Cairns and Innisfail SCAN teams.
15. The core representatives of the four (4) nominated agencies meet with invited stakeholders to discuss the concerns for the child/ren. The meeting provides an environment for each agency/stakeholder to share information about the protection needs, barriers and opportunities to reduce the concerns and improve the protection for the child/ren. Recommendations are considered and made in a collaborative forum for agency engagement. The outcomes from the recommendations are reviewed and amended as needed.
16. Each representative at the meeting is responsible for communicating the recommendations to their agency. I provide the recommendation information to relevant Officers in Charge or involved stations through phone conversations, emails and QPRIME (where applicable). In some instances, I will ask for key QPS personnel involved in an open investigation to be invited to the SCAN Team meeting, as they will be able to provide specific information around QPS capabilities for that investigation.
17. SCAN Team referrals in the Far North are generally made by Child Safety, with smaller numbers of referrals made by QPS, Education and Health. Pursuant to Chapter 5A, Part 3 of the CP Act, and the SCAN Team System Manual (the **Manual**) (which is a document created and owned by Child Safety) the referral criteria specify matters must require coordination of multi-agency actions or expert advice from more than one core member to effectively assess and respond to the protection needs of the child. SCAN Team referrals must meet specific criteria listed in the manual. This criteria is:
 - a. The matter has screened to Child Safety as a notification and the investigation and assessment has not been completed;
 - b. Child Safety has ongoing intervention (through a support service/intervention with parental agreement/Child Protection Order);
 - c. Missing Child in Care; or
 - d. Matter is recorded as a Child Concern Report (**CCR**) by Child Safety and a discussion is held with a senior team leader from Child Safety.
18. The referral must require coordination of multi-agency actions or expert advice from more than one core member to effectively assess and respond to the protection needs of the child. It is my understanding a referral cannot be made for the sole purpose of gathering information.
19. There are four types of referral criteria, listed above, which relate to Child Safety's knowledge and involvement with the child. There is one specific criterion requiring a

missing child in care to be referred in all instances. Appendix 6 of the Manual contains the criteria for when a child in care is considered to be classed as 'missing' and where they are classed as 'absent from care' being:

- a. A 'missing child' is any child whose location is unknown and there are fears for the safety or concern for the welfare of that child; and
- b. An 'absent child' is a child who is absent for a short period without permission, and where the child's location is known or can be quickly established.

20. In my experience, most of the matters referred to SCAN in the Far North relate to children reported missing who, by the definition are not missing, but absent from care and a significant number of those missing from care are also involved in criminal offending.

Missing Children in Care

21. A missing child in care checklist is generally completed by the care provider. In instances when not completed by the care provider, it is completed by the Child Safety Officer (CSO). This form often lacks sufficient detail or has different information from the information provided to QPS to create the missing person report. The form contains the details of the child, circumstances around when they were last seen, details of who last saw the child, and any additional information which may assist police to locate the child. The form contains checkboxes to confirm that checks with family, friends, and likely places are conducted and often times these are checked to say they have been completed, however the information about who was spoken to and what information they provided are not included in the area for additional information which may assist police to locate the child.

22. When reporting to police this form is provided and in instances where the person making the report is not the person who completed the form, QPS need to make contact with the service providers to ascertain this information, causing a delay in making appropriate investigations to locate the child. Usually, the person completing the form is the person making the missing person report, however there are instances when other persons employed by the care provider, or the form is given to the CSO by the care provider, and it is provided to the QPS by these other people when making the missing person report. There are also instances where the information provided when making the report is conflicting with what is contained in the checklist. This also creates delays when QPS need to fact check to verify what information is correct.

23. It is not uncommon to see these documents contain information that the child has walked out of placement or left the supervision of their carers or youth workers while undertaking activities, saying they are seeing friends or family. Often-times the missing child report or checklist does not contain information about why there is a fear for the safety or a concern for the welfare of the child, as required to assess whether the child is to be reported missing. There are times the form indicates the child's location may be known or there is

an indication the child's location may be quickly established, which would change the classification of the child from a missing child to an absent child, however once the missing person report is made and the matter referred to SCAN, QPS resources are still required to be used to either locate the child and attempt to have them return to placement, or negotiate an alternative approach with Child Safety.

24. If the child is not sighted in accordance with the protocols for that child, a missing child report is made. There are other reports which advise the child has absconded as they do not wish to remain in placement. In instances where the child has left to visit with friends and family, they generally return on their own, unless they do not wish to remain in placement and commence self-placing at other locations.
25. On some occasions the documents contain information indicating attempts which have been taken to locate the child are available, but on many there is no information about what has happened since and what attempts are being made to locate the child.
26. Child Safety and residential care providers have advised in SCAN Team meetings that there are often barriers to the children having mobile telephones due to policy and/or telco service provider requirements, and this can contribute to children being reported missing from care as they are unable to be contacted. Clarification of the formal phone policy would need to be undertaken with Child Safety. From what I understand, an adult is required to sign for a mobile phone with the provider (i.e. provide their name and other details) and not all workers (either placement or CSO) are happy to do this. While there are instances of adults (being placement workers or CSOs) providing their details to phone providers to allow a child to obtain a phone, this appears to be a personal choice/preference by the adult concerned.
27. In all instances, missing children in care are immediately classified by QPS as high risk and given high priority. In instances where the child is absent from care and not able to be contacted as there is no phone, front line police are engaged in making inquiries to locate the child. Cairns City is fortunate to have the Youth Co-responders Team (YCRT) who can assist with inquiries to locate the children and regularly have information about a child's whereabouts due to the level of engagement they are having with at risk youth. YCRT are a partnership which involves QPS and Youth Justice.
28. According to the SCAN Team quarterly report, in Quarter 1 2025, 22 of the 30 referrals to SCAN related to missing children in care.

SCAN Challenges re Missing Children in Care

29. In my experience, some of the primary challenges faced by SCAN representatives (like myself) when coordinating a response to children who are self-placing, absconding from an approved placement, or missing, include:

- a. Difficulties for the SCAN Team responding to children who are self-placing as these children will not accept the intervention and there are no recommendations able to be identified to have the child return to a place of safety as designated by Child Safety. These matters are often closed, after ensuring Child Safety have a care team in place who are actively trying to work with the child. This creates difficulties for operational officers if they locate the children, and placement has closed, there may be no placement to take them to. Each placement provider has their own criteria for when they close placement. QPS only become aware of placement closures when attempting to return children who are located. If placement has closed QPS need to contact Child Safety, either during business hours or after hours to identify where the child should be returned to.
- b. Children who abscond from care, when they are reported as missing to QPS, are discussed and there are often limited or no options available to prevent them from leaving, so these matters are closed once the child has been sighted. In considering options, a thorough discussion regarding the reasons they have left is held. Often they have left because they want to do something that is not supported by the care providers. This may be wanting to be with friends late at night and the care provider cannot leave as there are other children in the placement requiring supervision, or they just want to be away from the care provider and placement. During this meeting, officers discuss options that have been suggested or are available for the child and generally the conclusion is the child is not receptive to these other options. This leads to the agencies not being able to provide recommendations.
- c. The information provided in the missing child report to QPS does not always contain concise or clear information about what actions have occurred in attempting to locate the child. This creates friction, and in some instances, frustration from the friends, family and other persons revisited by QPS undertaking the same inquiries with people already spoken to by Child Safety, Youth Workers or care providers. This also creates frustration for the involved officers when it becomes apparent the information should have been available at the time the report was made. In some cases, the lack of information can cause difficulties in identifying a starting point to locate the child.

Serious Repeat Offenders

30. A large number of the missing children in care reports involve children who are involved in criminal offending. A missing person report is made, however through QPS investigations, and often from information held by youth workers and Child Safety, child is identified not as truly "missing" but instead involved in criminal offending and avoiding their placement and QPS.
31. These children's cases remain open to SCAN Team meetings until such time as they are located in person by QPS or Child Safety. Whilst their specific whereabouts are not

known, their broad geographical location is known as their criminal offending can be tracked. When a missing person report is made for a child known to be offending, this adds another layer of reporting and response requirements for frontline police in taking the missing person report and undertaking checks in relation to the child.

32. Children who are on the Serious Repeat Offender (**SRO**) index are tabled at Multi-Agency Collaborative Panels (**MACP**), which are led by Youth Justice and are discussed at monthly meetings with a larger core representative group than SCAN. Child Safety is one of the many core representatives at MACP meetings. Referrals to SCAN for children on the SRO index who are reported as missing means the cases are discussed at a multi-agency SCAN meeting, led by Child Safety, which may not have the same level of information as MACP, due there being fewer stakeholders involved in the meeting and limitations in recommendations able to be made or engagement by other agencies.
33. Almost all children identified as SROs are children who have been involved with Child Safety. The SRO index is prepared and maintained by Youth Justice using tools they developed for this purpose.

External Agency Engagement

34. In my role as SCAN representative for QPS, I also engage with external stakeholders including Act for Kids and the Remote Area Aboriginal & Torres Strait Islander Corporation (**RAATSIC**). This engagement occurs when those external stakeholders are invited to contribute to our SCAN Team meetings, when I make a referral to family support services through the CHR process, or where the external stakeholders are reporting safety concerns or requesting information relevant to their engagement with a family.
35. In instances where I have made a referral to a family support agency through the CHR process, the following generally occurs:
 - a. Where the family support service is able to accept the referral and engage with the family, they will provide an update on action taken since accepting the referral; or
 - b. Where the family support service advise SCAN they cannot action the referral as the family is engaged with Child Safety, SCAN then sends the information to Child Safety to ensure they have vision over QPS concerns.
 - c. When the family support service advise SCAN they cannot engage for any other reason, that reason is assessed. Often the reason is because there is no consent or willingness to engage on the part of the family, and no further action is taken. The outcome to take no further action is re-considered for further CHR's submitted. In those new referrals, outcomes from previous CHR and referral history are considered. When considering the referral history and outcome, the review might identify a CHR should be escalated to Child Safety rather than a family support

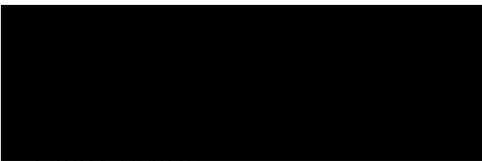
agency due to previous advice the family is not willing to engage with the support service and the concern for the child has not been changed or mitigated.

Information Sharing

36. The Commissioner of Police is a prescribed entity for the purposes of the information sharing provisions in Chapter 5A of the CP Act (see s 159M of the CP Act). The Chief Executive or an authorised officer may, under s159N of the CP Act, ask the QPS for particular, relevant information in the possession or control of QPS. SCAN representatives in the Far North Region are delegated to release information to Child Safety under the provisions of s 159MA to s 159MD and s 159N.
37. QPS launched the Self Service of Document Retrieval (**SSODR**) Portal on 20 January 2020, following an initial pilot in the Child Safety After-Hours Service Centre in December 2019. The SSODR Portal allows Child Safety staff at Team Leader level or above to retrieve QPRIME information limited to an adult person's Queensland Criminal History Report, Queensland Domestic Violence Summary and Conditions Report, and the Modus Operandi Report from finalised domestic violence occurrences. The purpose of the SSODR Portal is to expedite information sharing between QPS and Child Safety and to reduce the number of information requests being made to the QPS by Child Safety.
38. Generally, Child Safety will obtain a criminal history or domestic violence summary via SSODR, and subsequently send a more targeted request for information pursuant to section 159 of the CP Act to the QPS.
39. It is not unusual after receiving a CHR from QPS, for Child Safety to then send a request for information to QPS pursuant to section 159 of the CP Act. These requests for information may be as a result of not locating the original QPS notification in Child Safety systems, or alternatively to obtain the same information from the QPS in a format that does not identify the QPS as a notifier. In the circumstances where a CHR has previously been provided and the section 159 request is for that same information for any purpose other than court proceedings, I advise Child Safety they have been provided with a CHR and do not provide this information again.
40. While section 186A(1) of the CP Act prohibits disclosure which could identify a notifier, section 186A(2) provides exclusions to that prohibition which the QPS considers should extend to notifications made by the QPS. Child Safety seems to take a conservative approach to identifying a notifier under section 186A(1), meaning QPS is often not identified when I believe it would have been beneficial for QPS identification as notifier to have occurred.
41. Taking the conservative approach often results in Child Safety requesting information to be provided for inclusion with court documents, when the information has been previously provided by QPS in a CHR. I have questioned the need to provide the information a second time and have been advised on multiple occasions this is a requirement to prevent

QPS being identified as a notifier. I have made inquiries with SCAN representatives in other police districts, and they have been provided this same reasoning.

42. There have been instances where, after redacting the QPS as a notifier from the CHR, Child Safety have then made a referral to the QPS to investigate potential criminal offences, not realising the information in the notification originated from QPS. In some instances, a s159 request was then made to obtain details of the outcome of the QPS investigation from the Child Safety notification. This results in duplicated or delayed processes of information exchange and an unnecessary impact on resources. I have not made a record of how often this occurred as I only become aware when providing s159 responses.
43. Removing the need to de-identify QPS as the notifier for Child Safety records would avoid this unnecessary duplication.
44. When QPS receive a notification from Child Safety, there is a requirement for the notification to be reviewed and recorded. This is completed by the Child Protection Investigation Units (**CPIUs**) in the Far North. Detectives are required to review the notification, conduct checks of the QPS database to establish if the information has previously been reported to QPS, before creating a computer occurrence and uploading the notification to the occurrence. The amount of time spent on these tasks varies and is usually between 10 minutes to 30 minutes. In conversations with CPIU officers I have been advised it is not uncommon to receive notifications from Child Safety with the information already provided to their agency in a CHR. This requires CPIU officers to undertake reviews and reporting that is unnecessary as QPS, as the notifier to Child Safety, already holds the information.
45. In the instances where SCAN representatives are requested to provide an outcome to the notification sent to CPIU, being the subject of a s159 information request, this entails a search of the QPS database, written response to Child Safety, downloading the written response and recording the release of the information in QPS systems. This takes on average about 20 minutes to undertake all parts of this response and places an unnecessary burden on QPS resources in locating, responding and recording information that was provided in the original CHR notification.
46. In my experience, there are instances where Child Safety has relied heavily on the QPS investigation into criminal matters in order to inform the child protection investigation being completed by Child Safety Officers. At times, this results in QPS being asked to obtain additional information from involved parties, which is not relevant to the criminal investigation but is necessary for Child Safety to conduct their investigation and assessment. This impacts on resourcing because the request needs to be assessed, and inquiries made to confirm what has occurred and whether CPIU Detectives may have any knowledge from informal conversations with children and caregivers that may assist Child Safety. In most instances a response is provided to Child Safety advising their request



does not form part of the criminal investigation and QPS are not able to assist further, however QPS time has still been spent to reach that conclusion.

47. In locations where Child Safety does not have a permanent presence, regular requests are made to the local police station seeking assistance in obtaining information from families and children on behalf of Child Safety.

Child Safety After-Hours Service Centre

48. The Child Safety After Hours Service Centre located in Brisbane provides telephone support and coordination to the community and government agencies for urgent matters and concerns about a child's safety when the regular Regional Intake Service is closed.
49. There are often long wait times to access Child Safety's After-Hours Service Centre phone line. There is a general number for members of the community and a police only number. It has been reported by some officers that they have waited for up to four hours to try to place a call through, only to hang up as their call was not taken. I have made inquiries via the Child Safety SCAN coordinator and was advised the QPS direct line is prioritised over other calls. The response from Child Safety was that the number of afterhours call takers for that period were on other calls and this was the cause of the delays.
50. Delays in being able to reach a call taker on the after-hours phone line has an impact on the QPS and its service delivery by removing operational police from responding to calls for service. I am aware officers have concerns that by being unable to make contact with the After-Hours service, they are unable to ensure a safe location or proper support for children during those hours.
51. I have also been advised and have read reports where Child Safety After-Hours have been unable to secure safe accommodation for children in need. This has resulted in frontline officers supervising children, in police stations, for long periods or overnight. QPS is affected by these officers being diverted from their core duties.

Engagement with the Regional Intake Service

52. SCAN has significant contact with RIS for varied reasons. Before matters can be referred by QPS to the SCAN Team, I will contact RIS to identify the appropriate Child Safety Officer or Senior Team Leader to speak to regarding the referral so as to comply with the procedure for referring matters to the SCAN Team which is referred to in paragraph 17 of this statement.
53. The other instances when I contact RIS generally relate to CHRs. If a referral does not meet the threshold for notification to RIS, but the circumstances and history are such that a referral to a family support service would be considered unsuitable, I will contact RIS to discuss the CHR. I will also make contact with them if I am unsure about children in care,

to establish if Child Safety is aware of information that does not meet the threshold for the CHR to be sent and coordinate how this information can be provided.

54. In some instances this will be via a CHR and in other instances it will be direct contact via telephone or email with the CSO or STL.

Regional and Remote Service Delivery Challenges

55. In SCAN Team meetings it has been identified that Child Safety have not been able to complete assessments which occurred in some regional areas. In a recent SCAN Team meeting, Child Safety were limited in what they could contribute regarding a particular referral under discussion, as they were unable to attend the location to engage with the family for a period of six weeks. It was explained there was a schedule to attend that location and travel had been organised for the next scheduled date, however attempts were being made to secure funding and approval to travel earlier. This created a delay, not only in what could be considered by the SCAN Team, but also in what recommendations could be made.

56. There are known service gaps for support agencies in the remote areas of the Far North Region, including:

- a. Services are not available in the more remote areas of the Tablelands division due to geographical distances involved. In some instances, attempts to refer a family to a support service result in support being offered out of Mareeba or Atherton, rather than in person in the community (such as Kowanyama or Pormpuraaw). Support services cannot always be offered in person. For many families who are reluctant to engage with support, this results in the referral being closed at the initial contact due to a lack of engagement.
- b. The services available in the discrete Cape communities have various constraints and barriers due to distance and remoteness. In some communities the services are operated from within the community, however there can be a distrust or concern from families about utilising the service due to personal relationships with the service providers or conflict with people associated or involved with service providers.
- c. Additionally, many services in these communities operate on a 'fly in, fly out' basis and the delay in access can affect willingness to engage, or the services may not be offered at a time suitable for the family.
- d. The services available in the Torres Strait have their own barriers. There are many islands in the Torres Strait. Services are available on some of the islands, with engagement made via technology or other means due to being unable to be face to face, or there are occasional visits from the service providers to those islands. There are small populations on most islands, with privacy and maintaining

confidentiality around the referral being a concern to some families, and a barrier for them accepting referrals.

Overrepresentation of First Nations Children

57. Due to the geographical nature of the areas I review, almost all CHRs for the Cape and Torres Strait locations are for First Nations children. I estimate that more than half of the CHRs for other locations would be First Nations children. The SCAN quarterly reports, prepared by Child Safety and discussed between SCAN representatives at each quarterly business review meeting, provide statistics on how many referrals relate to children who identify as First Nations. I am aware that in the quarter one report for 2025 of the 45 children referred, five were not recorded as First Nations and 19 had no data recorded, leaving 21 children recognised as First Nations children.

58. The Torres Strait poses a different set of challenges, with police stations on Thursday Island and Horn Island. To assist with early engagement, there are Torres Strait Island Police Liaison Officers (TSIPLOS) employed by QPS who respond to QPS priorities at various islands in the Torres Strait. These TSIPLOS assist operational police with acute incidents and cultural information relating to families on the islands.

I make this statement of my own free will believing its contents to be true and correct.

Dated at Cairns this 10th day of September 2025.



Cindy Searle

