

Statutory Declaration

I, **LORRAINE MARGARET DOWELL** of c/- The Park Centre for Mental Health, Ellerton Drive, Wacol in the State of Queensland, by email to [REDACTED] do solemnly and sincerely declare that:

1 What are Ms Dowell's current professional role/s qualifications and memberships? Please provide a copy of Ms Dowell's current/most recent curriculum vitae.

- 1.1 Since 18 February 2013 I have held the role of Team Leader – Allied Health Non-Secure Services/Discipline Senior – Occupational Therapy.
- 1.2 Since 1 September 2015 my role has broadened and I am now Team Leader/Discipline Senior – Occupational Therapy at The Park Centre for Mental Health (**The Park**), however the formal title and role description is still being finalised. My formal title will change to reflect this once internal processes to finalise the role title and role description are completed.
- 1.3 My professional roles, qualifications and memberships are stated in my curriculum vitae. Attached and marked **LMD-1** is a copy of my curriculum vitae.

2 The Commission understands that Ms Dowell held the position of Discipline Senior (OT), Team Leader, Non Secure Services at The Park - Centre for Mental Health, and that Ms Dowell was the operational line manager for all of the allied health positions at the Barrett Adolescent Centre (BAC). State whether that is correct and, if so:

(a) Confirm when Ms Dowell was appointed to this position and the duration of this appointment.

- 2.1 I confirm that I held the position of Discipline Senior (OT), Team Leader, Non Secure Services at The Park, and that I was the operational line manager for all of the allied health positions at the Barrett Adolescent Centre (**BAC**) between 18 February 2013 and 2 February 2014.

(b) Provide details of any other positions held by Ms Dowell from 2012 to 2014.

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- 2.2 From May 2002 until 17 February 2013 I held the position of Senior Occupational Therapist at The Park.
- 2.3 From 18 February 2013 until the end of 2014 (and to the present time as outlined above) I held the position of Team Leader – Allied Health Non-Secure Services/Discipline Senior – Occupational Therapy at The Park.

(c) Explain what Ms Dowell's key responsibilities are/were in all relevant positions (including who Ms Dowell was accountable to and responsible for).

2.4 In my position as Senior Occupational Therapist at The Park:

(a) My key responsibilities were:

- (i) I provided professional leadership for occupational therapists, therapy aides and recreation officers at The Park across all clinical program areas.
- (ii) I performed 0.5 full time equivalent (FTE) clinical duties as an occupational therapist within a multi-disciplinary team providing services to patients at The Park.
- (iii) I was the operational line manager for clinical occupational therapy positions (but not for the rehabilitation occupational therapy positions, which were managed by the Rehabilitation Service which operated as a separate clinical stream at that time).

(b) The accountability for that position was:

- (i) My position reported operationally to the Director of Clinical Services at The Park.
- (ii) My position reported professionally to the District Director of Occupational Therapy, West Moreton Hospital and Health Service (WMHHS) (and its predecessor entities at relevant times).

(c) My position was responsible for the following:

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- (i) My position was operationally responsible for the clinical occupational therapist positions at The Park.
- (ii) My position was professionally responsible for all of the occupational therapy positions at The Park within the Clinical and Rehabilitation streams as well as the therapy aides and recreation officers.

2.5 In my position as Team Leader – Allied Health Non-Secure Services/Discipline Senior – Occupational Therapy at The Park:

- (a) My key responsibilities were and are as set out in my curriculum vitae.
- (b) The accountability for that position was:
 - (i) My position reported operationally to the Director of Allied Health and Community Mental Health Programs.
 - (ii) My position reported professionally to the District Director of Occupational Therapy, WMHHS.
- (c) My position was responsible for the following:
 - (i) My position was operationally responsible for allied health positions located within Non-Secure Services, ie. the Extended Treatment and Rehabilitation (ET&R), Extended Forensic Treatment and Rehabilitation Unit (EFTRU), General Health Service (GHS) and BAC.
 - (ii) My position was professionally responsible for occupational therapists, therapy aides and recreation officers across Secure Services and Non-Secure Services at The Park.

(d) Provide copies of Ms Dowell's job description and employment contract for all relevant positions.

2.6 Attached and marked **LMD-2** is a copy of the Position Description for Allied Health Senior (Occupational Therapy) and Allied Health Team Leader, being the position I held from 18 February 2013.

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- 2.7 In relation to my employment contract, attached and marked **LMD-3** is a copy of a letter dated 21 January 2013 from the Executive Director Mental Health and Specialised Services confirming my transfer at level from my then position as Occupational Therapist to my position as Team Leader.

3 Explain Ms Dowell's role and involvement with the BAC (both generally, and leading up to the closure of the BAC).

- 3.1 In my position as Senior Occupational Therapist up to 17 February 2013, I had operational and professional responsibility for the two FTE occupational therapy positions at BAC. These positions were 1 FTE Occupational Therapist – Life Skills Focus and 1 FTE Occupational Therapist – Leisure Focus.
- 3.2 From 18 February 2013, in my role as Team Leader/Discipline Senior:
- (a) I had professional responsibility for the two occupational therapy positions at BAC (as previously).
 - (b) I had operational responsibility for the two occupational therapy positions (as previously) and also the psychology, social work and speech pathology positions at BAC.
- 3.3 In my role as Team Leader/Discipline Senior, I met with the BAC allied health staff weekly and on other occasions ad hoc as required, to provide guidance and support to staff specifically in relation to organisational change, which occurred on two levels:
- (a) My duties included implementation of the changes effected by The Park – Mental Health Rehabilitation and Allied Health Services Review which was undertaken in the context of the Turnaround Plan process which occurred across the whole of WMHHS and was not specific to BAC.
 - (b) I provided support leading into the organisational change associated with the potential closure of BAC.
- 3.4 I also met with staff individually to develop an appreciation of their circumstances and to identify the best way to support them as individuals.

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- 3.5 I did not participate in any business unit meetings, strategic planning meetings or clinical team meetings for BAC.
- 3.6 My focus was on staff engagement and productivity with an emphasis on providing quality information and communication, consultation and collaboration with relevant stakeholders and providing personal support and empowerment.
- 3.7 I was not involved in the provision of clinical services at BAC nor was I involved in any of the clinical decision making regarding patients during their care at BAC or transition arrangements for patients once the decision was made to close BAC.
- 3.8 My involvement with respect to patient matters was in the form of proactively supporting comprehensive clinical handover by endeavouring to ensure that there was quality, up to date information on CIMHA to support effective handover of patient care to receiving health services. In that regard, my involvement was:
- (a) I provided support for BAC allied health staff with a view to their uploading relevant reports for current BAC patients onto CIMHA.
 - (b) I provided support and monitoring for BAC allied health staff to summarise the work undertaken with current inpatients and upload a summary report to CIMHA to support clinical handover and continuity of care planning the aim of this was to capture significant information and recommendations made in relation to the patient, and the information that informed those recommendations, for the benefit of the receiving services.
 - (c) Responsible decanting of clinical materials and resources from BAC. This task involved appropriate disposal of clinical and non-clinical information in keeping with Archive – General Retention and Disposal Schedule for Administration Records. This task also involved allied health staff working with discipline seniors to relocate valuable clinical tools and resources with an alternate appropriate service within the West Moreton Hospital and Health Service.

4 The Commission understands that Ms Dowell was one of the key staff consulted during The Park - Mental Health Rehabilitation and Allied Health Services Review dated 30 October 2012, which was Appendix 6 to a document entitled “Business

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case for change: Integrated Mental Health Service, The Park - Centre for Mental Health and Offender Health Services Service Review" dated 7 January 2013. State whether that is correct and, if so:

(a) Who conducted the above service review and when was it conducted?

- 4.1 As the Senior Occupational Therapist at The Park at the time, I was one of a number of Discipline Senior and Rehabilitation Program Co-ordinator positions that were consulted during the Mental Health Rehabilitation and Allied Health Services Review which resulted in the document entitled 'Turnaround Plan Service Review Proposal – The Park Mental Health Rehabilitation and Allied Health Services Review' (**Review report**). Attached and marked **LMD-4** is a copy of the Review report.
- 4.2 The Review was conducted by the Program Manager/Director of Allied Health Services at The Park, Tawanda Machingura.
- 4.3 I do not know the exact time period over which the review was conducted. However the Review report states that a total of six weeks was spent conducting the review and the cover of the report states that a first draft of the report was prepared on 23 October 2012 and the final report submitted on 30 October 2012.

(b) Explain the purpose of the above service review.

- 4.4 The purpose of the service review is stated on page 2 of the Review report. In summary, the Review report states that 'the aim of the review is to realign rehab and allied health services at The Park to ensure accountability to consumer treating team enabling recovery' and that the reviewer was specifically asked to:
- (a) Review the current model and develop a contemporary model in line with a recovery philosophy.
 - (b) Review core skills requirements, roles and levels of staff with a view of creating some efficiencies and realising some financial gains.
 - (c) Present and report recommendations to the Mental Health Executive.

5 Page 8 of the service review referred to in paragraph 4 states that "[t]he reviewer

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also noted that the current model of service delivery that has been adopted at Barrett is resource intensive and needs to be reviewed with the specific view of exploring whether this model is still contemporary". Please explain:

(a) What (if any) feedback were you asked to provide, and did you provide, in relation to this view?

- 5.1 I am not aware of any feedback provided by me which may have contributed to the view that 'the current model of service delivery that has been adopted at Barrett is resource intensive and needs to be reviewed with the specific view of exploring whether this model is still contemporary'.
- 5.2 The review was in relation to allied health services in all units of The Park. At the time of the review I had operational responsibility for the occupational therapy positions only at BAC. I was not consulted in relation to any aspect of BAC's operations.

(b) Whether this service review affected any decisions in relation to the staffing arrangements made prior to the closure of the BAC, and if so, how?

- 5.3 The service review included a review of staffing arrangements in all units. The Review report correctly identifies that BAC had 4.5 FTE of allied health professionals comprising:
- (a) 1 FTE x HP3 Occupational Therapist – Life Skills Focus
 - (b) 1 x FTE HP3 Occupational Therapist – Leisure Focus
 - (c) 0.5 FTE x HP6 Speech Pathologist
 - (d) 1 FTE x HP5 Social Worker
 - (e) 1 FTE x HP4 Psychologist.
- 5.4 In addition, there was a generic 0.5 FTE x HP4 Specialist Clinical Supervisor position. This was a non-clinical position with a primary role of supervision, in particular of nursing staff.
- 5.5 As a result of the service review, the following changes to BAC were identified as possible service re-alignments:

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- (a) The Specialist Clinical Supervisor position be abolished
- (b) The Social Worker position be downgraded from HP5 to HP4
- (c) One of the two Occupational Therapy positions be abolished.

5.6 However, as stated in the Integrated Mental Health Service, The Park – Centre for Mental Health and Offender Health Services Service Changes – Information for Staff and Stakeholders dated 15 January 2013:

An Expert Clinical Reference Group will provide advice to promote the development of a contemporary evidence based model of care to meet the needs of adolescent mental health consumers who require medium to longer term treatment and rehabilitation in Queensland.

It is not possible at this stage to incorporate this into the Business Case.

- 5.7 Attached and marked **LMD-5** is a copy of that Information document.
- 5.8 The changes which were in fact implemented with respect to allied health staffing at BAC between the date of the Review report and the date BAC closed were as follows.

Clinical Supervisor

- 5.9 The 0.5 FTE Specialist Clinical Supervisor position, which was a non-clinical role held at that time by Danielle Corbett, a psychologist, was abolished.

Occupational therapists

- 5.10 BAC had two full time positions: HP3 Occupational Therapist – Life Skills Focus and HP3 Occupational Therapist – Leisure Focus.
- 5.11 At the time of the service review, the Occupational Therapist – Life Skills Focus position was held by Kate Partridge backfilling the position while Megan Hayes was on maternity leave. Ms Partridge's contract had a separation date of 9 August 2013. Ms Hayes initially indicated she may not return to BAC but closer to the end of her maternity leave period advised she did wish to return but on a part time basis. She returned from 9 September

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2013 on a 0.5 FTE basis.

- 5.12 This position was identified in the service review as a potential position to be abolished, however in view of the subsequent decision to close BAC, a decision was made to retain this position to ensure sufficient support for patients during transition. The reduction to a 0.5 FTE from the time of Ms Hayes' return in September 2013 was considered sufficient to continue to meet service requirements as the transition of current patients was expected to result in reduced patient numbers over subsequent months.
- 5.13 The Occupational Therapist – Leisure Focus position was held by Kim Hoang. Since well prior to the review, and up to the time BAC closed, Ms Hoang had a serious medical condition which resulted in recurrent periods off work. The service review resulted in no changes to her position which remained in place until BAC closed.

Speech Pathologist

- 5.14 The service review resulted in no change to the 0.5 FTE HP6 Speech Pathology position which remained in place until BAC closed. That position was held by Angela Clarke.

Social Worker

- 5.15 At the time of the service review, this position was vacant due to the resignation of the previous incumbent. The review identified the possibility of downgrading the position from HP5 to HP4 prior to recruitment for the role. However, this was not proceeded with, and I was instructed to recruit to the existing position level, which I did.
- 5.16 Carol Hughes was recruited to the position in May 2013, commencing on 3 June 2013. The position remained unchanged until Ms Hughes left the service on 31 December 2013 in conjunction with the closure of BAC.

Psychologists

- 5.17 At the time of the service review, BAC had 1 FTE HP4 Psychologist and the role was filled:
- (a) 0.5 FTE by Ashley Trinder as a temporary part time HP4.
 - (b) 0.5 FTE by Georgia Watkins-Allen undertaking higher duties at HP4, her substantive

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permanent position being HP3.

- 5.18 One of the objectives of the changes identified in the service review was to have staff return to their substantive positions where possible. Negotiations were undertaken to place Georgia Watkins-Allen in a substantive HP3 position in the Secure Mental Health Rehabilitation Unit (SMHRU) at The Park but she declined and left the service.
- 5.19 Danielle Corbett, who had held the Clinical Supervisor position which had been abolished, filled the 0.5 FTE Psychologist position vacated by Ms Watkins-Allen.
- 5.20 Ms Trinder and Ms Corbett continued to provide a combined 1.0 FTE of psychology services up to the time of closure of BAC.

6 Did WMHHS, the Department of Health or any other Department or any other relevant stakeholder consult with Ms Dowell in relation to the closure of the BAC and/or the future model for adolescent mental health care in Queensland (particularly in relation to Tier 3 - inpatient services)? If so, explain when these consultations occurred, the content of these consultations, any recommendations Ms Dowell made during these consultations (particularly in relation to Tier 3 - inpatient services, continuity of care and new services) and whether Ms Dowell's recommendations were accepted or rejected and why?

- 6.1 I do not recall being consulted by any relevant stakeholder in relation to the closure of BAC or the future model for adolescent mental health care in Queensland.

7 What communications did Ms Dowell receive about the closure of the BAC (including the date for closure of the BAC), from whom did she receive these communications and what were the nature and content of these communications?

- 7.1 I have worked at The Park since 2002. For the majority of that time I had limited involvement with BAC via operational management of the two occupational therapy positions and, therefore, limited involvement with adolescent mental health services.
- 7.2 I recall that some years ago, a decision was made that a replacement adolescent mental health service facility would be built at Redlands and that BAC would then close. I cannot recall exactly when or how I became aware of this.

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- 7.3 I also recall becoming aware that the Redlands project ran into environmental problems. My recollection is that this related to locals objecting that construction on the land identified for the facility would result in the loss of koala habitat. Again, I do not now recall when or how I became aware of this.
- 7.4 I recall becoming aware that the Redlands project had been cancelled. I do not recall exactly when I became aware of this, but it was before I commenced in the position of Team Leader in February 2013 so I would estimate it was sometime in 2012.
- 7.5 I received a copy of an information sheet titled Fast Facts 1 dated 30 November 2012 which included the question 'Is Barrett Adolescent Centre closing?' The reply on the information sheet suggested that no final decision had been made. However, it certainly occurred to me that BAC as a facility might be closing because:
- (a) For some years before this I was aware that BAC struggled to meet accreditation requirements of the Australian Council on Healthcare Standards due to the poor condition of the building.
 - (b) At this time, the Dual Diagnosis service was closing and the ET&R service was being wound down, reflecting the model of care of providing care in the community and close to the patient's place of residence where possible, and the EFTRU service was being developed. The Park was to become an adult forensic service only. I was aware of a general opinion that it was inappropriate for vulnerable adolescents to be co-located with adults with serious mental illness, many of whom had directly contributed to the death of other people and/or who may have committed offences against children or other sexual offences often with violence. Ground leave provided opportunities for adolescents to encounter these adults particularly when going to and from the canteen.
- 7.6 My assumption at that time was that Queensland Health would look for another site to build a facility. I had heard informal comments from allied health staff over many years expressing that there was a need to rebuild or relocate the service.
- 7.7 The Fast Facts sheet advised that an Expert Clinical Reference Group would be appointed. I was not a part of the ECRG and I was not consulted in the process of their review.


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- 7.8 Over the subsequent period I formally received information from the Staff Communiques and Fast Facts sheets.
- 7.9 I received official communication of the closure of BAC on 6 August 2013 when the Minister for Health, Lawrence Springborg officially announced that BAC would close. The Minister announced that adolescents requiring extended mental health treatment and rehabilitation would receive services through a new range of contemporary service options from early 2014.
- 7.10 On the same date I attended a meeting with BAC staff at which staff were informed that the Minister would be making this announcement and I also received an email from the Executive Director Mental Health and Specialised Services, Sharon Kelly confirming the information in the Minister's announcement and attaching a copy of the ECRG recommendations and other documents. Attached and marked **LMD-6** is a copy of that email and attachments.
- 7.11 This was confirmed by Fast Facts 6 dated 23 August 2013.
- 7.12 My understanding is that BAC 'officially' closed on 2 February 2014. This actual end date was determined by when the last of the adolescents was transitioned from the service.

8 The Commission understands that Ms Dowell was a member of the Financial and Workforce Planning Working Group, which was formed around August 2012, and reported to the State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy (SW AETRIS) Steering Committee. State whether that is correct and, if so:

(c) Explain the purpose and role of the Financial and Workforce Planning Working Group, and provide a copy of its Terms of Reference.

- 8.1 Attached and marked **LMD-7** is a copy of a draft Terms of Reference which I have been given for the purposes of preparing this statement. I do not recall this document, although as noted below I received an email on 15 October 2013 attaching a Terms of Reference. I do not recall seeing a final Terms of Reference and I do not know if one exists.
- 8.2 A draft of the intended purpose and role of the Financial and Workforce Planning Group

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appears in the draft Terms of Reference under the heading 'Functions'. I am unable to provide any additional information regarding its purpose and role.

8.3 I recall attending one meeting of the Financial and Workforce Planning Group. Attached and marked **LMD-8** is a copy of the Minutes of that meeting.

8.4 The meeting took place on 22 October 2013. The meeting did not progress beyond about 10 minutes due to differing views being expressed by some attendees as to the intent of the meeting. I was not involved in subsequent meetings, if any occurred. I have no clear recollection of the purpose of this group.

(d) Explain how this Working Group related to the Service Options Implementation and BAC Consumer Transition Working Groups.

8.5 As noted above, my involvement with the Financial and Workforce Planning Group was limited to attending one meeting, which did not progress, and I had no further involvement with the Working Group.

8.6 I was not a member of the Service Options Implementation Working Group or the BAC Consumer Transition Working Groups, and I do not know how the Financial and Workforce Planning Group related to those groups, if at all.

(e) Explain how this Working Group was involved in making decisions relating to the BAC.

8.7 As noted above, I attended only one meeting of the Financial and Workforce Planning Group. The meeting did not progress due to differing views as to the intent of the meeting. Accordingly, no decisions relating to BAC were made at that meeting.

8.8 I was not asked to attend any other meetings of this Working Group and I do not know if any other meetings took place. Accordingly, I cannot say if the Working Group was involved in making decision relating to BAC and if so, how.

(f) Explain the activities Ms Dowell undertook as part of this Working Group.

8.9 On 15 October 2013 I received an email from the Acting Director of Strategy, Leanne Geppert attaching draft Terms of Reference for a Financial and Workforce Planning

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Working Group. The email was sent to me and to Director of Allied Health and Community Mental Health, Michelle Giles. Dr Geppert stated in the email that WMHHS was responsible for chairing and delivering on the HR and Finance Working Group and she wanted a WMHHS nursing representative and an allied health representative. She asked if Ms Giles supported my being in this role.

- 8.10 On 16 October 2013 Ms Giles replied by email to Dr Geppert and myself stating that she thought it would be appropriate. Attached and marked **LMD-9** is a copy of that email chain.
- 8.11 On 17 October 2013 I received an email from Project Officer – Redevelopment, Laura Johnson inviting me to attend a meeting of the Financial and Workforce Planning Group to be held on 22 October 2013. I replied confirming I would attend. Attached and marked **LMD-10** is a copy of that email chain.
- 8.12 The meeting on 22 October 2013 did not progress beyond about 10 minutes due to differing views being expressed by some attendees as to the intent of the meeting. Representatives of Children's Health Queensland Hospital and Health Service (CHQHHS) were present via teleconference.
- 8.13 My presence would have been to represent the allied health perspective, but as the meeting was discontinued shortly after it started, I did not make any representations, give any input or perform any role at the meeting.
- 8.14 I was not privy to any subsequent discussions regarding the future of the Working Group and I was not invited to or involved in any subsequent meetings, if any occurred.
- 8.15 On 21 November 2013 I received an email from the Project Officer, State-Wide Adolescent Extended Treatment and Rehabilitation (**SW AETR**), Ingrid Adamson advising 'the Steering Committee agree that the purpose of this Working Group has shifted since the commencement of the initiative and, consequently, have decided to disband the formal Working Group structure'. Attached and marked **LMD-11** is a copy of that email.

9 What involvement (if any) did Ms Dowell, and the allied health staff under her supervision, have in developing the transition plans for the BAC patients (including, but not limited to identifying, assessing and planning for care, support, service quality and safety risks)?

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- 9.1 I had no direct involvement in developing transition plans for BAC patients.
- 9.2 I met, usually weekly, with the allied health staff in BAC and at those meetings, the staff provided me with a brief summary/update of transition planning initiatives in which they were engaged. This was for my general awareness. I did not provide advice or clinical input into the transition processes.
- 9.3 In relation to patient transition, my role was more around guiding and directing the staff as to executing quality clinical handover. At these meetings, I emphasised that a quality clinical handover was the best way of ensuring appropriate continuity of care. I placed emphasis on uploading clinical reports undertaken to date onto the CIMHA system as well as summarising and uploading current work and ongoing recommendations of care. I encouraged each allied health team member to consider how best to capture this information in keeping with their professional focus and to achieve this task in keeping with any timeframes pertaining to transition dates. I encouraged staff to achieve the required components of the transition checklist for each patient. Attached and marked **LMD-12** is a copy of an email I sent to the allied health staff on 14 October 2013 which is an example of the instructions and guidance I provided to staff.
- 9.4 I also encouraged the allied health clinicians in the General Health Service, mainly the physiotherapist and dietician who provided services to some BAC patients, to also upload relevant information onto CIMHA and summarise work undertaken and any ongoing recommendations of care for the benefit of the patient and the receiving health service.
- 9.5 After Dr Sadler was stood down, I spent time with the allied health staff encouraging them to provide their complete support to Dr Brennan.
- 9.6 Separate to the weekly meetings I held with the broader allied health team, there was a smaller working group comprising Dr Brennan, the Clinical Nurse Consultant, the occupational therapist and the social worker who played a more proactive role with transition planning. I encouraged the broader team to support the transition work they were undertaking.

10 The Commission understands that Sharon Kelly appointed Ms Dowell to act as a liaison and support for allied health staff at the BAC, including providing individual

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meetings and support for staff, leading up to the closure of the BAC. State whether this is correct and, if so:

(c) Explain Ms Dowell's understanding of her role in supporting allied health staff at the BAC during this period.

- 10.1 My role in supporting allied health staff at BAC during this period was to support allied health staff through the organisational change process and to support positive engagement with the transition planning process to secure the best possible outcome for the patients.

(d) Explain the activities Ms Dowell undertook to discharge this responsibility.

- 10.2 The activities I undertook to discharge this responsibility included:
- (a) I held weekly meetings with the allied health staff at BAC from 23 September 2013 until BAC closed.
 - (b) I implemented a three phased approach to the work that needed to be completed by the allied health staff, as outlined in paragraph 3.8. This assisted staff to understand their role in the transition of patients, understand how to provide the best possible support to patients by enabling quality handover of care, and provided staff with a structure for what some staff may have seen as an uncertain or unfamiliar process.
 - (c) I provided individual support for staff regarding the organisational change process including providing advice on strategies to cope with the challenges and stressors associated with each stage of the change.
 - (d) I performed a liaison role between allied health staff at BAC and the Human Resources team in investigating redeployment and other future options for staff. Attached and marked **LMD-13** is a copy of an email exchange with Acting Director Workplace Relations, Kathryn White as an example of the types of matters in which I arranged for information to be provided to staff.
 - (e) I was a point of contact with allied health staff for formal letters regarding the closure of BAC and options available.

(e) Explain the key challenges for Ms Dowell and the allied health staff at the

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BAC during this time.

- 10.3 The key challenges for me and for allied health staff at BAC during this time included:
- (a) There were constant rumours from various sources including media, 'someone who knows someone', teachers claiming to have received information from Education Queensland or other sources, parents and others. Many of these were highly inaccurate but caused uncertainty and anxiety amongst staff.
 - (b) The Save the Barrett website and other petitions promoted positions which were not aligned with the evidence based or ECRG approach toward a considered and reasoned process for considering alternative options to BAC. Although generally well-intentioned, the positions they promoted often were based on strong emotional positions rather than reflecting an evidence based approach to the issue of better models of care. Their highly emotive nature caused further distress and anxiety for some staff for whom the decision to close BAC was already a highly emotional issue.
 - (c) Some staff were distressed by the standing down of Dr Sadler and the investigations which followed.
 - (d) Prior to the formal decision regarding the future of BAC being announced, uncertainty as to whether there would or would not be a dedicated inpatient replacement option caused some anxiety as to whether staff would have an alternative job to go to and if so, what that job would entail.
 - (e) Once the decision was made to close BAC without a replacement facility being planned, some staff felt that the decision to close BAC reflected negative views such as that their work at BAC and the model of care they believed in was not valued and/or that adolescent complex care needs were not important to relevant decision makers or the clinical community.
 - (f) There was a perception that rather than viewing BAC as a model of care which had contributed to new learnings which were of value in the continuing development of a best practice model of care, BAC was seen as a 'bad' model of care and representing what needed to be removed from the service model. This led to staff feeling undervalued and defensive of the BAC model of care.

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- (g) Maintaining an appropriately skilled workforce because of the attrition of staff which necessarily follows organisational change of this kind.

11 Outline and elaborate upon any other information and knowledge (and the source of that knowledge) Ms Dowell has relevant to the Commission's Terms of Reference.

11.1 Nil

12 Identify and exhibit all documents in Ms Dowell's custody or control that are referred to in her witness statement.

12.1 All documents referred to in my witness statement are exhibited.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

Taken and declared before me by)
 Lorraine Dowell at Brisbane in the State)
 of Queensland this 27th day)
 of November 2015)
 Before me:)

Signature of authorised witness

Signature of declarant

~~A Justice of the Peace/~~
~~Commissioner for Declarations~~

CLARE LOUISE BARRATT.
 LAWYER

STATUTORY DECLARATION OF LORRAINE DOWELL

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LMD-2	West Moreton Hospital and Health Service/The Park Centre for Mental Health - Role description for Allied Health Senior (Occupational Therapy) and Allied Health Team Leader	WMS.5000.0036.00008	8-14
LMD-3	Letter from Sharon Kelly, West Moreton Hospital and Health Service to Lorraine Dowell dated 21 January 2013	WMS.5000.0036.00016	15
LMD-4	Document entitled 'Turnaround Plan Service Review Proposal – The Park Mental Health Rehabilitation and Allied Health Services Review dated	WMS.0012.0001.10103 at .10104	16-39
LMD-5	West Moreton Hospital and Health Service 'Integrated Mental Health Service, The Park – Centre for Mental Health and Offender Health Services Service Changes – Information for Staff and Stakeholders' dated 15 January 2013	WMS.0012.0001.15789	40-58
LMD-6	Email from Sharon Kelly to Sharon Kelly, blind carbon copied to Lorraine Dowell dated 6 August 2013 attaching: <ul style="list-style-type: none"> West Moreton Hospital and Health Service and Children's Health Queensland Hospital and Health Service Media Statement dated 6 August 2013 West Moreton Hospital and Health Service and Children's Health Queensland Hospital and Health Service document entitled 'What is the Barrett Adolescent Centre (BAC)?', undated West Moreton Hospital and Health Service – Expert Clinical Reference Group Recommendations Barrett Adolescent Strategy dated July 2013 	WMS.0016.0001.18173 WMS.0016.0001.18196 WMS.0016.0001.18216 WMS.0016.0001.18249	59-82

Lorraine Dowell

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Witness

EXHIBIT 47

LMD-7	Children's Health Queensland Hospital and Health Service Terms of Reference – State-wide Adolescent Extended Treatment and Rehabilitation Financial and Workforce Planning Transition Working Group dated 24 September 2013	WMS.0016.0001.11443	83-86
LMD-8	Children's Health Queensland Hospital and Health Service Minutes – State-wide Adolescent Extended Treatment and Rehabilitation Implementation Strategy minutes dated 4 November 2013	WMS.3001.0001.00434	87-89
LMD-9	Email Michelle Giles to Leanne Geppert and Lorraine Dowell dated 16 October 2013 attaching: <ul style="list-style-type: none"> Email from Leanne Geppert to Michelle Giles and Lorraine Dowell dated 16 October 2013 	WMS.0029.0002.01640	90-91
LMD-10	Email from Lorraine Dowell to Laura Johnson dated 18 October 2013 attaching: <ul style="list-style-type: none"> Email from Laura Johnson to Lorraine Dowell dated 17 October 2013 	WMS.0019.0003.03527	92-93
LMD-11	Email from Ingrid Adamson to various persons including Lorraine Dowell dated 21 November 2013	WMS.0011.0001.18201	94
LMD-12	Email from Lorraine Dowell to Michelle Giles dated 14 October 2013	WMS.5000.0036.00019	95-97
LMD-13	Email from Lorraine Dowell to Kathryn White dated 28 October 2013 attaching: <ul style="list-style-type: none"> Queensland Government 'Voluntary redundancy estimate self-assessment calculator', undated Queensland Government 'Voluntary redundancy estimate self-assessment calculator', undated 	WMS.0024.0002.00281 WMS.0024.0002.00283 WMS.0024.0002.00284	98-104

Lorraine Dowell

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"LMD-1"

Curriculum Vitae

Lorraine Margaret Dowell

Occupational Therapist

Contact Details

Address:

Phone:

Email:

Professional Qualifications

- 2003 - Certificate IV in Assessment and Workplace Training
- 1977 - Bachelor of Occupational Therapy, University of Qld

Registration

Occupational Therapy Board of Australia
Registration Number – OCC 0001746113

Drivers Licence

Class C Licence – open

Career Objectives

Quality, evidence-based occupational therapy practice
Consumer focused service delivery planning
Workforce capability development

Work History

February 2013 – current

Discipline Senior – Occupational Therapy (HP5) – full-time
Team Leader Non Secure Services

Duties and Responsibilities

- Implementation of Organisational Change associated with the WMHHS – MH&SS Turnaround Plan
- Line management of an allied health multidisciplinary team across 4 clinical program areas – Barrett Adolescent Centre,