

**In the matter of the *Commissions of Inquiry Act 1950***  
**Commissions of Inquiry Order (No.4) 2015**  
**Barrett Adolescent Centre Commission of Inquiry**

**AFFIDAVIT**

Janine Irene Armitage of c/- Barrett Adolescent Centre Special School, teacher, states on oath:

**Background and experience**

1. I have been provided with a Requirement to Give Information in a Written Statement dated 25 November 2015. **Exhibit A** to this affidavit is a copy of this notice.
2. I am a teacher at Barrett Adolescent Centre Special School (*"the Barrett School"*). I attained a Bachelor of Arts from the University of Queensland in 1984 and a Post-Graduate Diploma in Education, majoring in special education in 1998. **Exhibit B** to this affidavit is a copy of my curriculum vitae.
3. I have extensive experience in special education in special and regular schools.
4. I first started working at the Barrett School in 1999 on a casual basis, I also taught at Goodna Special School. I worked in the United Kingdom, between 2002 and 2006, in primary schools, teaching classes that included students with high level special needs. Upon my return from the United Kingdom in 2007 I was re-employed at the Barrett School and at Goodna Special School on a temporary basis. My employment varied from part-time to full-time contracts between 2007 and 2013. I was made a permanent full-time employee of the Barrett School on 8 July 2013. **Exhibit C** to this affidavit is a copy of my movement history with the Department of Education and Training for the period 8 October 2001 to 25 January 2013. **Exhibit D** to this affidavit are copies of appointment letters dated 27 September 2001, 20 August 2008, 6 March 2009 and 30 October 2013.

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Deponent

A J.P., C.Dec., Solicitor

**AFFIDAVIT**

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5. The student cohort I taught at Goodna Special School were primary students who had a range of special needs, including elective mutism (some of which was trauma based), epilepsy, cerebral palsy, behavioural difficulties and children who were on the autism spectrum.
6. The student cohort at the Barrett School, when it was located at Wacol, experienced a range of mental health issues such as, eating disorders, deliberate self-harm, suicidal ideation, extreme trauma, acute anxiety, Asperger's syndrome, autistic spectrum disorders, cerebral palsy and acute depression. In my view all students at the Barrett School were classified as students with chronic and severe mental health issues, requiring a host of special needs interventions.
7. From 1999 onwards I have completed a plethora of courses and attended conferences in mental health related special education and childhood or youth mental health. The courses I have completed include:
  - (a) Applied behaviour course;
  - (b) Aggressive Behaviour Management Course;
  - (c) First Aid;
  - (d) Youth Mental Health First Aid;
  - (e) Childhood and Youth trauma;
  - (f) Generation Next – mental health and wellbeing of young people; and
  - (g) Mentoring of beginning teacher course.

A list of my most recent and relevant courses is included in my curriculum vitae under the heading 'Professional and Personal Development (Training)', which is attached as **Exhibit B**.

8. Ms Annette Finlay, the teacher who arranged vocational education activities, including work experience, at the Barrett School, acted as the primary liaison with the students' home schools. Ms Finlay retired in 2013, and I was appointed on a permanent full-time basis to take over this part of her role. In addition to my responsibilities as a classroom teacher in English, Food Technology (formerly known as Home Economics) and Life Skills, I was one of the 'form' teachers who provided weekly email updates to parents

or carers on their child's progress. As teacher in charge of vocational education activities I arrange work experience and workplace visits by liaising with companies, government agencies and community bodies. I have non-contact time to perform these tasks, as approved by the Barrett School Principal. I do not possess a position description for my role.

### **The Barrett Adolescent Centre School at Wacol and at current location**

9. I report to the Principal of the Barrett School. In my view there is no real hierarchy, as the staff work in a collegiate manner, sharing information widely as the focus is the wellbeing of the students. The Principal has the overall responsibility for the day to day running of the Barrett School. I do not have any staff reporting to me.
10. When the Barrett School was at Wacol, the educational curriculum was designed around each student's Personal Education Plan which was drafted by Barrett School staff. Parents and carers were included in the Personal Education Plan drafting process. Students were enrolled in various programs or would be given tasks based on their Personal Education Plan (for example, if their Personal Education Plan required a greater focus on literacy, the student would be given activities to assist with literacy, or if a student desired to work in a non-academic field, enrolment in an appropriate TAFE Queensland course was arranged). Some students would work through programs provided by their home school in lieu of the above. Students also participated in non-academic activities, including Food Technology classes, which I taught. Formalised testing of students' levels of attainment was performed where students were enrolled in the Brisbane School of Distance Education or courses such as 'Access 10' through TAFE. Teachers would assess an individual students' current educational level based on a range of interactions with the student including classroom observations, diagnostic assessments and formative assessments. The Barrett School underwent a Teaching and Learning Audit in November 2012. The auditor reported that the school was given the highest comments and scoring he had ever given. The principal provided staff with a copy of the audit results. **Exhibit E** to this affidavit is a copy of the email sent by Mr Kevin Rogers to Barrett School staff on 16 November 2012 at 2:50pm attaching the Teaching and Learning Audit document.
11. The educational curriculum delivered at the Barrett School at Tennyson is somewhat different to the curriculum delivered at Wacol – each student has a Negotiated Education Plan which is drafted by the student's home school. The Barrett School staff

complete a portion of the Negotiated Education Plan which is concerned with how the goals of the Negotiated Education Plan are to be achieved and supported whilst the student is attending the Barrett School. Parents and carers are consulted in the Negotiated Education Plan drafting process. The students are provided with work from their home schools. Some students are provided with relevant tasks by the Barrett School staff or are enrolled in a relevant Vocational Education and Training (VET) course and supported by Barrett School staff. At the Barrett School at Tennyson we use the *Compass* test to determine students' current educational level in literacy and numeracy and establish "gaps". *Compass* is a diagnostic test which is an Online Assessment and Reporting System run by the Australian Council for Educational Research. Students undertake the test online and the reporting system generates a report that identifies where they have gaps in their learning in either the area of English (Literacy) and/or Mathematics (Numeracy).

12. The structure of the teaching staff is currently:
- (a) One full-time Principal;
  - (b) Two full-time Teachers;
  - (c) Four part-time Teachers;
  - (d) Four part-time Teacher Aides;
  - (e) One Guidance Officer, who attends one day a week;
  - (f) One full-time Administration Officer; and
  - (g) One horticulturalist who attends two days a week.
13. To the best of my knowledge, the structure of the teaching staff when the Barrett School was at Wacol was of a similar configuration.
14. When the Barrett School was at Wacol, the education staff worked collaboratively with the health and allied health staff. Each workday would start with a 'handover' meeting, where the nursing staff would advise all staff attendees from health and education of the students' current status to enable daily class and activity planning. The students would attend the meeting after the staff discussion and would be encouraged to raise any issues they had. The issues raised by students included concerns relating to their

- wellbeing, administrative complaints and their comfort in the ward. I recall that nursing staff would take notes during the handover/daily student meeting.
15. Education staff recorded educational updates on a regular basis on the patient files. The patient files were located at the nurses' station in the ward. Education staff reported on how students coped and behaved on school excursions and any incidents that may have taken place while attending school. Student files were maintained by education staff. These files contained academic and administrative information. The education files included reports from allied health providers, for example the results of testing from the speech therapist, and information from onsite dietitians.
  16. Every Friday an Intensive Case Workup occurred. Each week a different student (or two) was the focus of discussion and this was done on a six weekly basis. Health, Allied Health and Education staff would attend and present an update regarding an individual student since the last Intensive Case Workup. Details of the Intensive Case Workup was recorded in the patient file of the student as far as I am aware. There was also a weekly case conference, which summarised the cases and this was also attended by Health, Allied Health and Education staff.
  17. Currently the Barrett School does not employ a psychologist or social worker, though a nurse was temporarily employed by the school in the first six months that the Barrett School was located at Yeronga. One of our teacher aides, Ms Megan Vizzard is qualified with a degree in social welfare, but is currently employed as a Teacher Aide by the Department of Education and Training. The Barrett School now has Stakeholder meetings. These meetings are arranged on a regular basis, and depending on the student may occur once per month or once per term. I arrange and attend these meetings for the students in my allocated group. Invitees include, the student's parents or carers, the Barrett School Guidance Officer, Principal, the student's mental health clinician, and a representative from their home school, which is usually the home school's Deputy Principal, Guidance Officer, or Special Education Needs head teacher. Following each stakeholder meeting I draft a written report which is uploaded to the *OneSchool* system.
  18. At Wacol, the Barrett School students were divided into three class groups, and had a teacher who was in charge of each class group, akin to a form teacher, who would provide weekly updates to parents. The students attended classes in their class groups, depending on the subject or activity sometimes the classes could be merged

into a whole school group. I taught classes or assisted in subjects including English, Physical Education, Food Technology (Home Economics), French, History, Mathematics, Life Skills, Drama, and assisted with Work Experience and the school's *Smart Moves* program. *Smart Moves* is a Department of Education and Training initiative which was established in the 2000s to include exercise in the school curriculum to increase the wellbeing of Queensland students. *Smart Moves* is the first interaction or lesson we have with our students every morning and includes undertaking some form of exercise such as: walking, playing handball, skipping, completing an obstacle course, playing cricket, bicycle riding, and others.

19. I continue to teach and assist in the same subjects as required. I attend the school between 8:30am and 4:00pm Monday to Friday. These hours have not changed in my time working at the Barrett School since 2009. I teach classes or individuals daily, depending on the timetable. **Exhibit F** to this affidavit is a sample timetable of the Barrett School.
20. Parents and carers were, and continue to be informed of students' progress in weekly update emails, and are invited to school events, meetings, and are advised of any incidents at the school.
21. When the Barrett School was located at Wacol, we had medical and clinical support available on site, so if a challenge arose with a student, we could handover the student to the ward nurses who would arrange immediate medical attention. Currently we have no medical or clinical support on site. If a student requires urgent intervention, we must contact the student's current medical practitioner and get advice on what medical actions should be taken. We must contact the student's parent or carer to advise of the incident – some parents have requested that we contact them before contacting their child's medical practitioner. On occasion, we have called an ambulance, and I have had to accompany a student in the ambulance to the hospital.
22. There is a process we follow at the Barrett School for all our students when they experience significant difficulties due to their mental illness. **Exhibit G** to this affidavit is a copy of the Barrett School's process for managing significant issues. There are also individual student plans on file, developed by the various stakeholders, and sometimes with the student's input. Communication does occur with the students' clinicians, but it is not on an as needed basis and the availability of these clinicians varies. Students often do not have immediate access to their Psychiatrists or

Psychologists, or organisations such as Headspace at a time when the student is acutely in need of medical attention. Students need to wait for an appointment to see their practitioner, which in my opinion, renders these services less useful or effective to these chronically or severely mentally ill young people.

### Closure of the Barrett Adolescent Centre

23. I first became aware of the possible closure of the Barrett Adolescent Centre when a member of the media contacted the Barrett School asking for a comment from the Principal, in November 2012. I recall that the school had just completed the Quadrennial school review and staff were having a debrief meeting when the school's administrative officer received the call.
24. I recall that Ms Lesley Dwyer and Ms Sharon Kelly, of West Moreton Hospital and Health Service attended the Barrett Adolescent Centre following the media attention relating to the possible closure. The meeting took place in the ward area and was attended by staff in health and education. I was present but I do not recall the identity of other attending staff. I recall that Ms Dwyer said words to the effect that the comments made were just conjecture, that there was nothing 'firm' about it and that no decision had been made regarding the future of the Barrett Adolescent Centre. I did not make any notes of this meeting. **Exhibit H** to this affidavit is copies of two emails from Susan Daniel to Barrett Adolescent Centre staff sent on 30 November 2012.
25. I do not recall exactly when I was told of the closure decision, though I do recollect that we were told that all students would be 'sorted' or taken care of before the Barrett Adolescent Centre closed. I recall that there were subsequent meetings with Ms Dwyer and Ms Kelly where information was provided to the assembled staff. I remember that we were informed of the reasons for the closure at one of these meetings. The reasons given were that the building was no longer fit for purpose, that the Barrett Adolescent Centre was located too close to adult forensic patients, and that they supported the national reform agenda - which requires that they ensure that young people are treated as close to their homes and families as possible. **Exhibit I** to this affidavit is a copy of an email from Susan Daniel to Barrett Adolescent Centre staff sent on 6 December 2012.
26. In the period between November 2012 and the closure in January 2014, the school was forwarded newsletters that were sent to parents and carers, by West Moreton

Hospital and Health Service informing them of the potential closure. The closure decision was also discussed informally with health and education staff, and the education staff discussed the closure decision during our staff meetings. Education staff were also in contact with parents, carers, and concerned community members, including Ms Alison Earls. **Exhibit J** to this affidavit is a bundle of emails from Kevin Rogers to Barrett School staff, forwarding communications sent to and from students' parents regarding the closure.

27. I was not consulted about the decision to close and was not invited by West Moreton Hospital and Health Service to present my views on the closure decision. Other staff raised their concerns in meetings with Ms Dwyer and Ms Kelly. I spoke with education staff about my concerns, but left any advocacy to the Barrett School principal who had more access to meetings than I did. As far as I was aware, the education staff were all of the same opinion that the Barrett Adolescent Centre should not close.
28. I definitely had concerns about the decision to close. In my opinion, the services these students required were not always available where they lived. The Barrett Adolescent Centre supplied or provided a wraparound service of clinicians, allied health staff, nursing staff, therapists, and education that the students needed. My biggest concern was that this cohort of young people had such serious and complex mental health conditions that closing a wraparound service, in my opinion, was to leave them completely and utterly vulnerable. I believe that these young people need immediate access to clinicians, medical or allied health staff when an acute event occurs, and access to a longer term service to enable their recovery.

### Closure date

29. It is my recollection that the then principal of the Barrett School, Kevin Rogers advised the school staff in November 2013 that the Barrett Adolescent Centre would close in January 2014. I was not consulted about the closure date. It was my understanding that I had no avenue to complain about the date, as it was a decision made by Queensland Health, and that education staff would only be consulted about educational matters.

### Transition arrangements

30. There was a transition committee that made the transition arrangements for each of the patients of the Barrett Adolescent Centre. Ms Justine Oxenham, another teacher



- at the school was originally on the transition committee. Ms Oxenham was replaced on the committee by Ms Debbie Rankin. I was not involved in the transition committee process.
31. I took over the role arranging vocational education after the retirement of Ms Annette Finlay. I arranged work experience for students, including a barista course for [REDACTED] and work experience in areas of student interest. I arranged for many students to do work experience in hospitality, specifically in cafes. The Barrett School arranged *Café Days* where the students would participate as a group in producing, presenting and serving 'clients' (staff and visitors) in a simulated café environment. **Exhibit K** to this affidavit is an email from Kevin Rogers to Education staff, forwarding an invitation from Dr Trevor Sadler to the West Moreton Hospital and Health Service Board to a school *Café Day*.
32. I also arranged visits to various companies for the entire student cohort to show them various employment options and opportunities. I am not aware whether the students' vocational education plans or aspirations were included in their transition plans. However, I do recall emailing medical or nursing staff outlining what work experience plans had been arranged for students. **Exhibit L** is a bundle of emails that I sent to health staff advising them of work experience arrangements in late 2013.
33. We had a union representative, Ms Judith Dunker and Mr Peter Blatch from the Department of Education and Training visit the Barrett School after the closure announcement. Mr Blatch told us that the staff would not be dispersed to different schools, that the Barrett School would be moved to another location until Queensland Health finalised its plan and future model of care for adolescent services post Barrett Adolescent Centre closure. I anticipated that a member of the Department of Education and Training would liaise with Queensland Health about where the Barrett School fitted into that plan. On the question of support during this process, we had support from the Barrett School principal, our colleagues at the school, allied health staff and especially from Mr Blatch. I felt very supported by Mr Blatch, in my view he understood exactly how the Barrett School and staff operated, he attended our Quadrennial Review, shared in the positive results of our audit process (a copy of which is contained in **Exhibit E**) and had a firm grasp and clear understanding of what we were trying to achieve with the students. **Exhibit M** to this affidavit is a bundle of emails showing the support that the Barrett School had from the Department of Education and Training.

34. After the closure announcement, a number of nursing staff left the Barrett Adolescent Centre and were replaced by temporary staff. The running of the Barrett School was disrupted because the new nurses were unfamiliar with the school routines, students were often late to classes as a result.
35. Our previous teaching arrangements continued as much as possible. The school holiday program was changed, and education staff gave up some of their school holidays to run the holiday program. I believed that the students coped better with consistent routine and activities, and I volunteered, along with other teachers, to give up some of my holidays to participate in the holiday program for the benefit of the students. **Exhibit N** to this affidavit is a bundle of emails regarding the school holiday program.
36. In December 2013 Barrett School staff were no longer permitted access to the Nurses' station on the ward. I do not know who made that decision. I feel that the decision impacted negatively on everyone.
37. I continue to have contact with some former students. The Barrett School invites past students to attend events and celebrations at the school. Occasionally past students will visit the Barrett School and say hello. Some students have elected to keep in contact with me regarding their education. Students will contact me occasionally seeking advice regarding education courses and work options. I am available to these past students and have always assisted them with their educational and work enquiries to the best of my ability.

### Relocation to Yeronga

38. I was not involved in the decision to move the Barrett School to Yeronga. I recall that Mr Blatch found us a space at Yeronga after reviewing the available spaces in the Brisbane/Ipswich area. Mr Blatch kept staff informed about possible options for relocation. I received a document that ranked the possible locations for the Barrett School from Ms Debbie Rankin, on 11 November 2013. **Exhibit O** is a copy of the email from Ms Rankin to Barrett School Staff sent on 11 November 2013 at 10:42am, attaching the draft working paper on relocation options, authored by Mr Peter Blatch.
39. [REDACTED] students transitioned to the Yeronga location of the Barrett School as at 27 January 2014. In addition there were [REDACTED] outreach students. I am not aware of what happened to the students who did not transition to the Yeronga site or who were not

included in the outreach program. **Exhibit P** to this affidavit is a copy of an email from Mr Kevin Rogers to Barrett School staff, sent 4 December 2013, listing the students who would be enrolled at the Barrett School at the start of the 2014 school year.

40. At Yeronga Barrett School we endeavoured to offer the same level of education and education planning. I believe that health care was lacking as the access to and contact with relevant medical professionals was greatly reduced. Three students told me that they felt abandoned by the closure of Barrett Adolescent Centre. However, students also said that it was "great" that the teachers were still there for them.

#### **Subsequent relocation to Tennyson**

41. As far as I am aware, the decision to move to Tennyson was made by Mr Blatch. The Barrett School was required to leave Yeronga to make room for year seven classes. That change to the Yeronga student cohort had always been known, consequently it was understood that the Barrett School could be housed at the Yeronga location for a single year only, 2014. The education staff were aware that the Barrett School would need to relocate in 2015. As far as I can recall, we were notified about Tennyson as the next location in July 2014 by the current principal, Ms Debbie Rankin, at a meeting of staff at the end of a school day. I believe that Ms Rankin met with Mr Blatch that day and the information was provided to her at that meeting.
42. When the Barrett School was at Wacol, we were part of a team that provided a wraparound service, all staff worked together seamlessly to treat, protect and educate these acutely mentally unwell young people. A range of staff was available when needed by these students. I believe, based on my experience, observations and interactions with the students, that they enjoyed a sense of belonging and felt safe and well cared for in this setting. We had three classrooms, an indoor staff kitchen, an outdoor teaching kitchen (which was new), a special outdoor art area (also new), separate office and administration area. Every room had access to computers, whiteboards, and multiple resources accumulated over years for different education levels. There was a large amount of space, integration of clinical and educational human resources, and allied health services. The location had clean air, animals roaming free, including peacocks, kangaroos and wild birds. There was a large number of trees and green open spaces and the centre at the Park was surrounded by golf courses. In my opinion the location was very pleasant and calming for students suffering serious and complex mental illness, hence a very suitable area. We ran a

*Smart Moves* program, which included walks through the grounds, which could include a view of the river depending on the route walked. The school set up a garden, and each student planted their individual plant and had responsibility for it. The garden was also used as a kitchen garden as it had herbs and vegetables that were used in the Food Technology classes. The school was linked by a short walkway to the ward. Along the corridor of the building, there were allied health offices with a Speech Therapist, Occupational Therapists, Psychologists, a Psychiatrist and other professionals. I recall that the roof of the building had possums in it occasionally. In my opinion the building wasn't crumbling or falling apart and was still suitable for its purpose.

43. Now that the Barrett School is located at Tennyson, the location and surroundings are, in my opinion, not the most suitable for a special purpose school. When we arrived at Tennyson we were housed in a demountable with one open plan room with one little room to the side which we had to use for teaching and for the teaching staff to complete lesson preparation, and as the staffroom. There was also a single toilet, which was used by the staff of Tennyson Special School for storage, and one small room for the principal with a small section of hallway for the administration officer. The open plan room has a kitchenette halfway along one wall (with a stove and oven that does not work), for the use of staff members. At the time of our arrival there was no kitchen for the students. Until very recently there was no computer access in the classrooms, though there was computer access in the staffroom, the open plan room, which doubles as the communal working space for the staff. The Barrett School staff had to negotiate to use the Tennyson Special School classrooms and kitchen. These are unsuitable for our adolescent aged students, as the benches and desks are too low and the chairs are too small. The Tennyson students have behavioural issues, which disturb the Barrett students who are students with serious severe mental health issues, such as acute anxiety. On Wednesdays, Tennyson has one or two students that attend and have significant behavioural issues, so the Barrett School was asked to not use the classrooms on this day.
44. The Barrett School is now located at Tennyson in an industrial area and there are large trucks driving past taking flour or grain to the flour mill. I am concerned about the trucks that pass the Barrett School, as students with suicidal ideation may run out onto the road. Barrett School staff need to be vigilant at all times to protect the students. In my opinion it would be highly desirable to have a medical staff member stationed on site