BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

AFFIDAVIT OF DEBORAH RANKIN

I, DEBORAH RANKIN C/- Gilshenan and Luton Legal Practice, Level 11, 15 Adelaide Street Brisbane, in the State of Queensland, do solemnly, sincerely and truly affirm and declare that:

1. My name is Deborah Rankin. I am the Acting Principal of the Barrett Adolescent Specific Purpose School located at 38 Lofter Street, Tennyson.

2. This statement has been prepared in response to and in compliance with a notice issued by the Commissioner, The Hon Margaret Wilson QC, on 30 September 2015.

Involvement with BAC School

Q1. What are your current professional role/s qualifications and memberships?

3. I am the Acting Principal of the Barrett Adolescent Specific Purpose School ("the School").

4. I have a Graduate Diploma in teaching from the then Kelvin Grove College of Advanced Education.

5. I have a Bachelor of Arts from the University of Queensland.

6. I have a Masters of Mental Health (Art Therapy) from the University of Queensland.

7. I am currently registered with the Queensland Teachers College.

Q2. What was/were your main professional role/s from 2012 until 2014 (if different)? Please provide details of the period of appointment/employment of each professional role (if applicable) and the key responsibilities pertaining to each role.

8. In 2012 I was the Specialist Teacher/Curriculum Co-Ordinator at the School. In this role I was responsible for classroom teaching and the research and co-ordination of the School curriculum.

9. In February 2013 I was the Senior Teacher/Curriculum Co-Ordinator at the School. My role remained the same (i.e. classroom teaching and researching and co-ordination of the school curriculum).

10. I was appointed Acting Principal of the School for the period 21 October 2013 to 3 December 2013, from 22 April 2014 to 12 December 2014 and finally from 21 January 2015 to present. My role as Acting Principal involves the following:

- Extensive liaison with parents and health professionals such as psychologists or community carers;
- Continual community engagement;
- Staffing;
- Staff Wellbeing;
- Budgeting;
- Curriculum;
- Forward Planning;
- Student Records; and

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- Resourcing.

Q3. Please explain your appointment, role and involvement with the BAC School (the ***School***).

11. In 1998 I commenced employment at the School in the position of a part-time teacher working one (1) day per fortnight. At that time I was a specialist teacher of art. My roles and responsibilities gradually developed over time. My hours increased to six (6) days per fortnight and my responsibilities increased to include; food technology, horticulture, project work, research, leadership assistance and curriculum development.

12. In 2002 I commenced as curriculum co-coordinator, working eight (8) days per fortnight. My role involved designing a curriculum that considered the needs of students and expertise of teachers – numeracy, literacy, life skills, and future perspectives were the drivers of our curriculum. The school curriculum plan was a balance of material designed internally at the school and externally sourced from students' other educational providers, should they be engaged with these providers.

13. I first applied for approval as a Level 5 Principal on 15 May 2013. I was advised by Kevin Rogers (the Principal) and Peter Blatch (the Assistant Regional Director) that Kevin was considering long service leave and I should therefore include myself in the pool of applicants. The process involved:

    - Preparing and submitting the necessary forms;
    - Submitting my resume; and
    - Participating in a phone interview.

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14. I commenced full-time, acting in the role of Principal of the School on 21 October 2013 and have acted in the role during the period I have mentioned when Kevin has been absent from the role on leave.

Q4. Please provide details about your background as an educator of special needs students.

15. I have no specific qualifications or training with respect to special education. This is because special education training is not the best preparation for teaching adolescents with mental health concerns.

16. Students with mental health difficulties are often physically fully functioning and of normal to high intelligence. They require adjustments to the usual educational model that relate to their ongoing mental health issues. An understanding of adolescents and specific mental health concerns is most useful. Students at the BAC are unique in the educational challenges they bring to the BAC/school setting. They can be high functioning adolescents but may have a limited ability to concentrate on an irregular basis.

17. The ability of the teaching staff to recognise the teachable moments is invaluable and can be learnt from experience teamed with specific knowledge.

18. The students can also be triggered by any number of small stimuli that relates to them in particular or may even be internal. It takes skill to recognise the development of an adolescent's loss of regulation and understand the best approach for the individual student.

19. The knowledge that staff need is specific to mental health and this was provided during the professional development offered by the Centre and external providers.

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20. At the school there is continual training given by specialists in areas relevant to educating adolescents who have mental health issues. This training and professional development for staff has increased significantly since the suicides of three students.

21. After the events of 2014 our senior guidance officer, Mrs Donna Lloyd introduced us to a non-government organisation, Headspace Support. Headspace runs a school support program for those who have been affected by suicide. Headspace attended the school on several occasions to brief staff and increase their skills around suicide 'postvention'. Suicide postvention is a guide that offers suggestions about managing a traumatic event such as suicide. It is divided up into five sections, which focus on straight after the suicide, in the first 24 hours, in the first week, in the first month and then in the longer term. When a school follows these guidelines it gives the best possible outcome to its community. At BAC training also occurred in-house between nursing, health, allied health and School staff. If the nursing, health or allied health professionals had completed research or attended conferences or read articles/journals they thought were relevant, they would offer or we would ask them to present that information to School staff during professional development sessions on the student-free days or after school hours.

22. School staff also attended numerous conferences that were relevant to adolescents with mental health concerns such as Next Generation, and those organised by the Australian Childhood Foundation.

23. I have completed a Masters in Mental Health (Art Therapy) at the University of Queensland. I have also been involved in international conferences organised by the European Hospital Schools Organisation.

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The BAC School

Q5. What was the school's official purpose when it was created?

24. I cannot speak to the official purpose of the School when it was created due to the fact that I was not at the School at that time. When gathering documents for the Regional Office in 2014 when there were concerns about the school's actual designation as a school/or a unit, I located a letter written in 1983 that was signed by the then Minister for Health and Minister for Education to endorse the running of a model at the BAC that integrated education and health. This letter was given to Peter Blatch, Assistant Regional Director, Department of Education and Training .

Q6. How was the school structured? (eg how many students and staff?). Did the school only accept clients who were or had been inpatients at the BAC?

25. I cannot speak to how the School was structured when it was first established or before I commenced employment there in 1998.

26. For the period 2010 to 2012 ('the relevant period') all students at the School were patients at the BAC. The majority were inpatients however, a small percentage of day patients were also able to access the education services at the School alongside the mental health services and care at the BAC.

27. The number of students in attendance at the School fluctuated throughout each year, this was largely due to the patients' individual treatment needs and their personal journey. When patients were discharged from the BAC they may have returned to their base school, other educational setting, a vocational position, or their home with new supports. The numbers of students at the school during the relevant period is as follows:

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base school, other educational setting, a vocational position, or their home with new supports. The numbers of students at the school during the relevant period is as follows:

- January 2012 = [redacted] students
- June 2012 = [redacted] students
- December 2012 = [redacted] students
- January 2013 = [redacted] students
- June 2013 = [redacted] students
- December 2013 = [redacted] students
- January 2014 = [redacted] students
- June 2014 = [redacted] students enrolled, [redacted] students supported
- December 2014 = [redacted] students enrolled, [redacted] students supported
- January 2015 = [redacted] students enrolled, [redacted] students supported
- June 2015 = [redacted] students enrolled, [redacted] students supported
- August 2015 = [redacted] students enrolled, [redacted] students supported.

28. During the period 2012 to 2014 the full-time teacher equivalent numbers were as follows:

- 2012 = 5.3
- 2013 = 5.3
- 2014 = 5.2
- 2015 = 5.3

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Q7. What was the school's reporting structure and relationship with the Department of Education?

29. As from 2005, when the school became known as a 'specific purpose school' the School's reporting structure and relationship with the Department of Education was the same as all other special schools. It developed an Annual Implementation Plan (AIP) and Action Plans that were reported to the Regional Office. The AIP was a forward plan as to what the school's priorities were and what it planned to achieve in the coming year, together with the Action Plans on how the AIP would be implemented. The titles used to describe these documents have changed over the years but the function and content of them remain the same.

30. At the end of the year the School Annual Report was prepared by the Principal and provided to the Department. Once a year this served as a reflection of the year just passed and was uploaded to the School's website by the end of June.

31. The School also developed a Curriculum Plan that was reviewed and updated every three years and is presently being updated to reflect the new service.

32. A Pedagogical Plan which informs the teaching practices of the school has also been developed and is currently being updated.

33. All of these reports are provided to and approved by Regional Office.

34. On top of all of these plans the school was also required to produce a Quadrennial School Review (QSR) addressing the last four years and the Strategic Plan for the future four years. Regional Office staff would attend the School for a presentation of this Strategic Plan and the Assistant Regional Director and the Parents and Citizens body would sign off on it.

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35. The school was also part of the Teaching and Learning Audit, the Discipline Audit and, most recently, the School Review processes of the Department.

Q8. What was the level of funding/number of staff provided by the Department of Education? How many of these were full time?

36. The School had the equivalent of 5.3 full time teachers in 2012, all employed by the Department of Education. This equated to 2 full time and 6 part-time teachers with the addition of 100.5 teacher aide hours per week consisting of 1 full time and 6 part-time teacher-aides. The School was also allocated 22 non-teaching hours per week. These were used for a part-time administrator and part-time guidance officer.

37. In 2013 the School was allocated 5.3 teachers. This was made up of 3 full time and 5 part time teachers. In addition, the School was allocated 111.5 teacher-aide hours consisting of 2 full-time and 6 part-time teacher aides. Non-teaching hours were 22.5 per week, again used for a part-time administrator and part-time guidance officer.

38. In 2014 the School was allocated 5.2 teachers consisting of 4 full time and 3 part time teachers. Teacher-aide hours were 73.5 consisting of 2 full time teacher aides and one part-time guidance officer. The reduction in funding this year was as a result of the reduced support the school was providing.

39. In 2015 the School was allocated 5.3 teachers consisting of 3 full-time and 5 part-time teachers. Teacher-aide hours were 108.2 consisting of one full-time and 4 part-time teacher-aides. Non-teaching hours were increased to 92 hours consisting of 2 part-time administrators and 2 guidance officers.

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Q9. What was the criteria for entry to the school and how were the potential students assessed?

40. Prior to the closure of BAC, every patient admitted to BAC was enrolled in the School, at least temporarily during their admission to BAC. In 2012 each patient was admitted to the BAC by way of health department admission processes. The BAC admission process was entirely conducted through the Department of Health at the BAC. After a patient's admission, the BAC clinical staff would liaise with the School staff with respect to the student's enrolment and the student's ability to attend school or whether if it was necessary for the School to engage with the student on the ward or in the high dependency unit.

41. The School would be informed of the patient's past and present schooling. At the Weekly Case Conference, which occurred between the School and the BAC, each student would be discussed in detail and all staff-members would consider what educational engagement was needed. After at least three weeks into an admission a Personal Education Plan would be developed for each student, informed by observation and interactions with the student, and intended to enable the student to engage in learning.

42. In 2014, after the move to Yeronga, no new enrolments were to be allowed following a Department of Education Regional Office decision. I recall receiving notice of this decision as part of a conversation in person with Peter Blatch when the school was relocated to Yeronga. I had no input into this decision. It was simply communicated to me by Peter Blatch. I was told that the decision was due to the uncertain future of the School and the unknown impact of the new environment at Yeronga. After a number of months the School and its staff were permitted to provide support in the form of

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educational adjustments, one on one tutoring, staff training to build capacity, or the provision of a safe supportive environment for a student only if the student:

- Had an allocated base school;
- Had been working with their own mental health supporter; and
- Had exhausted their in-school and community supports.

43. The School also developed processes to gain requests for support and the School would undertake the consideration of each student's suitability for that support. This entailed the School consulting with mental health providers, students' base schools, and Senior Guidance Officers, external organisations, parents/carers and the student.

44. Jenny Hart, Lead Principal, State-wide Special Schools, supervises and assists the special school principals throughout the state. She helped supervise the new process that had been developed. The School was approached about the availability of services by guidance officers, senior guidance officers, health care providers, individual

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clinicians and families. Many were professionals who had accessed Barrett Adolescent Centre previously and still needed the services for their young people.

45. In 2014 the staff found it very hard and suffered occupational deprivation because of the low number of students. Teachers engaged in other tasks such as completing courses online or undertaking professional development opportunities or engaging in professional exchanges with other hospital or special schools.

Q10. How were programs tailored to fit the needs of individual clients? What mechanisms were in place to develop individual tailored programs?

46. The School developed individual programs for each student. They were referred to as Personal Education Plans ("PEP"). These plans determined each individual student's needs, goals and capacity. During the development of the PEP's the School offered consultation with each student's family, their health professionals and their base school (if they had a base school). The developed PEP would then be informed by and structured in accordance with the expectations of the Australian Curriculum and the student's ability to engage. During the interdisciplinary team meetings staff indicated any changes to the PEP that were required.

Q11. What was the level of communication between clinical and education staff at the BAC?

47. The clinical and education staff worked as one team to the advantage of the students and their families. The level of communication was high between all stakeholders (Health, Education, parents, and if possible, the students).

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48. Each day, two meetings were attended by education and clinical health staff. These meetings were largely conducted by the nurse unit manager or his/her appointee, who was at the BAC that day.

49. The morning meeting consisted of a handover with respect to each student and also involved the plans for their day. At the end of the staff meeting the students were invited to join the meeting and voice any of their concerns.

50. A staff handover meeting also occurred every afternoon. This involved clinical and education staff discussing each student's progress and issues throughout the day.

51. There was a weekly Case Conference that the School and BAC clinical staff attended. This conference looked closely at each student and reflected on the week. A plan would also be developed for the following week.

52. In addition to this there was an intense Case Review conducted in relation to each student every 6 weeks. This entailed detailed assessment of their progress. Education and clinical staff were also involved in this meeting.

53. The knowledge sharing between education and health staff was constant.

Q12. What was the level of involvement of the clients' families in school activities?

54. Parents were encouraged to be involved with all aspects of school activities. Parents/family members were consulted when the School developed the student's PEP and a personal education report was provided once a semester. After receiving the PEP's, parents were encouraged to visit the School and speak with individual teachers. A weekly update regarding each student was also provided to that student's parents/family members.

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55. There were regular School community newsletters up until the third term of 2013. We have produced one each semester since then. Parents were also provided with email communication providing updates regarding the School.

56. Parents were always invited to attend celebratory events each term, such as awards nights and Special Parent Support Evenings. How much a parent engaged with the School was up to them. Unfortunately some parents had their own mental health issues, or other children at home preventing them from being as engaged with the School as they may have liked. In addition, some students were also within the care system and did not have any parents or family members for support.

Q13. What is your opinion of the success of the school with regard to the long-term recovery of adolescents with severe mental health problems?

57. I am not a mental health clinician so I cannot comment on the clinical recovery, long-term or otherwise, of the students at the School. However, I have observed students at the School over the years I have been there and can comment on their progress in terms of education and life more generally.

58. The success stories of many of our students can attest to the fact that the combination of education and health working together for students with mental health issues can have life-changing benefits.

59. Some of our students have gone on to complete university degrees and work in high levels of private enterprise or government. Others have lessened their suffering and are leading lives in the community with appropriate supports. These include but are not limited to:

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- [redacted]
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60. The chronic and severe nature of some students' mental illnesses, combined with family and intergenerational issues can make it difficult to see the progress and long-term recovery, but as a society we owe it to these adolescents and their networks to work with them toward improvement. I have no doubt that this combination of education and health means that the young people can access these services as they need them and when they are ready and that these services are able to make the shifts within students because of the integrated approach and the many different stances the different professionals are trained in.

The Closure Decision (as defined in the terms of reference) and its effect

Q14. When did you become aware of plans to close or relocate the school?

61. I became aware of plans/proposals to close the BAC on the afternoon of 8 November, 2012.

62. I became aware of the official decision to relocate the School on 21 August 2013 when Peter Blatch and Judith Dunker visited the school.

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Q15. How and when was this communicated to you?

63. I was told the news about the BAC closing on 8 November 2012 by the School's administrative officer, Serena Marriott. Serena advised me that she had received a phone call from a newspaper reporter, who had asked for a comment on the closure of the Barrett Centre. The administrative officer advised me that the newspaper reporter had not been specific in relation to whether it was the School or the Centre that was allegedly closing. The administrative officer advised the newspaper reporter that she was unaware of any such closure decision and therefore could not comment. This discussion was also communicated to other staff members at the School, including the Principal, Kevin Rodgers.

64. Following this discussion I searched the internet for any relevant information. During this search I located information that suggested Brett McDermott had become aware of the closure of the Centre whilst attending the Child Protection Inquiry in Brisbane. Brett McDermott was a Psychiatrist who had referred many adolescents to the Barrett Centre.

Q16. What were the reasons given for the proposed closure/relocation of the school?

65. When I assumed the role of Acting Principal in October 2013, I was spoken to by Elaine Ramsay, the Administration Officer for Queensland Health attached to the BAC – she advised me that the buildings occupied by the School were owned by the Department of Health and on closure of the BAC, the buildings would be locked and no longer accessible. This was supported by further discussions I had with health staff and staff from the West Moreton Health Board - Sharon Kelly in particular.

66. This lack of facility/infrastructure gave rise to the necessity to relocate the School.

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Q17. What was your involvement, if any, in the decision to close/ relocate the school? What considerations, recommendations, stakeholder concerns, documents, expert advice, and/or reports were taken into account?

67. There was never a decision to close the School. It has remained in operation before and after the closure of the BAC. However, due to the closure of the BAC, the School had to be relocated.

68. Sometime after the closure of the BAC was announced, Kevin Rodgers, the Principal of the School went on leave. This was in approximately October 2013.

69. In October 2013, the School staff members were invited by Peter Blatch to discuss relocation options for the School. Peter Blatch advised that the facilities branch of the Department of Education were to consider a number of alternative locations for the School. Peter Blatch provided me with a working paper that was produced in respect of the relocation. This included a rating system of alternative locations. I believe this document was among the documents collected from the School by The Department of Education for production to the Commission.

70. The only knowledge I have of any stakeholder concerns or considerations were the facilities considerations taken into account. I was not consulted in relation to these considerations, neither were the students or their families.

71. Teaching staff discussed concerns about the relocation facilities not being purpose build and how that may affect the service we could offer and the students we could support. We passed these concerns onto Peter Blatch. The staff also considered the affect that a new location would have on the transport arrangements of existing students and the demands on their families. Peter Blatch indicated that the Transport Unit of the Department of Education could help us with these concerns.

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Q18. What effect did the November 2012 leak of the intention to close the BAC have on the morale of staff and patients?

72. After the leak occurred there was a belief among the School staff that action would be taken to prevent the closure and that, at the end of the day, it wouldn't happen.

73. Kevin Rodgers was invited onto the Expert Clinical Reference Group (ECRG). Kevin advised staff that the last ECRG meeting had occurred in March and the report should be published soon. However, we were not advised of its findings until approximately May 2013.

74. Following the leak there was a sense of uncertainty for the following six months until the "closure announcement".

75. Students voiced their opinions that they would not be properly supported if the centre were to change and they were there because they had nowhere else to go.

76. Health staff were very concerned about job security and many began to look at other workplaces to offer them security. The Centre had lost staff already due to the plans to relocate to Redlands which meant that many who lived in the west would find the distance prohibitive.

Q19. What impact did the announcement of the closure of the BAC on 6 August 2013 (the ***Closure Announcement***) have on clients and staff? Was there an increase of stress or an increase of self-harm incidents?

77. We were not given a fixed date for the transition of the School when the closure of the BAC was first announced.

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78. There was a great deal of disruption following the announcement. After the announcement, Health staff members reduced all ongoing therapy with the students. Some students [redacted] were without therapy for approximately six months and this undoubtedly had an effect on them.

79. Once the therapy ceased this then had a ripple effect upon student attendance at the School. The casual health staff who replaced those permanent staff who moved on to other jobs did not have the necessary understanding of the students and their needs.

80. [redacted]

81. I am aware that of a number of changes came about due to the closure announcement, these included, but were not limited to:

- [redacted]
- Physical injuries to students;
- Loss of routine in the school environment;
- Loss of routine with case conference meetings, there were regular mix ups with staff routines;
- School outings were lessened due to the lack of permanent nursing and allied health staff being in a position to accompany students; suitable staff;
- Staff at the Centre were evidently distressed and anxious regarding their departure; and
- Behavioural changes included lack of concentration.

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82. Prior to the announcement we had an excellent working relationship with the BAC nursing staff. Nurses would regularly round-up the kids at break time and escort them to the school to ensure their attendance. When casual nurses were employed at the BAC this assistance was no longer consistent and attendance at School decreased and the lack of routine impacted on the students.

83. The closure announcement also had an unfortunate effect on lowering School staff morale. Staff were shaken following the decision however, we had a passionate attitude towards providing a service to the young students and continued to remain strong and, where possible, stepped in to fill the gaps left by departing health staff.

84. I was advised my [redacted] that [redacted] had sent a letter of concern to the Department of Education. I am aware that Kevin Rodgers and Ms Alison Earls [redacted] also wrote a letter to the West Moreton Hospital and Health Service (WMHHS) regarding the stress on the students/lack of therapy during the transition process.

Q20. Was there a reduction in education staff numbers following the closure announcement? Did education staff express concerns about job security?

85. There was no reduction in education staffing numbers following the closure announcement. The Department of Education assured School staff our jobs were safe and the School would continue. Staff members who were not permanent at the time such as teacher-aides on contracts, were offered permanency by the Department of Education. I was present for discussions between Peter Blatch and temporary/contract staff members when they were advised to apply for permanency. Knowing that they

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