would have a job to go to in 2014 provided staff with a sense of security regarding their employment and allowed us to focus on the kids.

Q21. Was the school holiday program conducted in December 2013 initiated and organised by the Department of Health or the Department of Education? Are you aware of parents having to lobby for this program to be provided?

86. During the September school holidays of 2013 I was advised by (I believe) [redacted] that no school holiday program was to be offered to the students by BAC and this was causing distress. I was advised by the Nurse Unit Manager - Graham Dyer that the hospital was not in a position to provide/offer any help with respect to this. Consequently Kevin Rogers, the Principal, asked staff members to offer their time/support during the school holidays. Many staff members were agreeable and a three day per-week program was developed.

87. In the December 2013 school holidays the School was again asked to assist in the development of a holiday program, however the Department of Education, Metropolitan Regional Office, advised that the School would not be providing any assistance. I recall Peter Blatch saying that it was not a good thing to keep doing this. It was not the School's position to provide that service. I understand and to the best of my knowledge, the Department of Health, developed a plan for a school holiday program. However, I believe that the success of that program was very low due to poor student morale relating to the impending closure of BAC. I became aware of this when I visited during the school holidays on one of the days the activities were running at the BAC.

[redacted] .... [redacted] ...

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Q22. What were the arrangements for the continuation of employment of education staff working at the BAC, following the decision to close the BAC, up until closure?

88. Following the decision to close the BAC and up until its closure, education staff members were advised that their employment would be secure. Peter Blatch and Judith Dunker, Human Resources, Department of Education, expressed to all staff that they were seen as an expert team that would be kept together while a future model of education for adolescents with mental health issues was developed. I recall this discussion occurring at a staff meeting.

Transition Arrangements

Q23. Who was responsible for the education transition of patients following the closure announcement?

89. The education transition of students was the ultimate responsibility of the Principal of the School. As such, the responsibility was mine as Acting Principal, and Kevin Rogers' when he was Principal.

90. The School and its staff members took joint responsibility for the education transition. An Educational Transition Plan was developed for each student taking into account the student's health, accommodation, and family/carer arrangements. These plans were then uploaded to One School.

91. Each class teacher was responsible for the development and implementation of the Education Transition Plans. Students were always grouped in classes to give them a main contact person and their teacher was responsible for their PEPs, reporting and liaison, and now their Educational Transition Plans.

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Q24. What were those education transition arrangements?

92. These transition arrangements included but were not limited to supporting students at the new school site in Yeronga (including making preparatory visits to the site with the students) and developing outreach programs for students who, due to the severity of their mental illnesses and/or their distance from the new School site, prevented them from attending School in 2014.

93. The Education Transition Plans included:

- the student's educational history before and during Barrett days;
- the student's achievements in their subject areas;
- the student's achievements in their vocational areas;
- unsuccessful educational plans;
- information to encourage further learning, strengths and interests;
- areas of concern regarding educational outcomes; and
- their forward plan

94. Other arrangements included transportation arrangements, variation of timetable, variation in food provision etc.

Q25. How were those transition arrangements managed and administered?

95. The education transition arrangements were managed and administrated by each class teacher, Kevin Rogers as Principal and myself as Acting Principal.

96. At the end of 2013 when Kevin returned for approximately 2 weeks he was responsible for overseeing the finalising of each plan. Two teachers worked intensively with Kevin

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Rogers to finalise the plans. They were Justine Oxenham and Sue Cassidy. The level of involvement of education staff with the education transition arrangements varied because of staff availability, however all staff had some input.

97. The staff at the school and the health professionals at the BAC attended regular meetings to discuss the Health's Transition Plans.

Q26. What was the level of involvement of education staff in the education transition arrangements?

98. As detailed in question 24, the educational transition plans were the sole responsibility of the School staff. They were finally approved by Kevin Rogers and were then uploaded to the One School database.

Q27. What steps were taken by education staff to assist in the transition arrangements? Were education transition plans drafted and approved by educational staff at BAC or the Department of Education?

99. See my responses to Q23 & 24 above.

Q28. How did the ongoing transition process affect the students? Was there a decrease in attendance or an increase in incidents of self-harm?

100. Between August and December 2013 students were not attending the School as consistently as they had in the past and were not spending as long engaged in the School's program.

101. [redacted]. This would best be supported by the health records, the School's Case Conference Notes and individual student files.

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Those documents held at the School have been provided to the Department of Education for production to the Commission.

102. The BAC nurses at the daily morning meetings would discuss any incidents and at the weekly case conference they were reported on in more detail. This was also observable by staff and distressing to staff.

103. From the School's staff minutes throughout 2013, which I have reviewed, the following issues concerning students were identified:

- Dialectical Behaviour Therapy was cancelled in April 2013;
- In April 2013, the BAC Occupational Therapist asked the School for help with suggestions for after school activities. Permanent nurses, who had previously assisted the BAC with this, had obtained permanent positions elsewhere because they were concerned about job security following the 'leak'.In June, the Centre's nursing staff requested the assistance of School staff to help with the writing of students medical charts. Kevin clarified what could and could not be included in the chart by us, namely educational material/information only. If we took the students out, we would write in chart e.g. child interacted with other students and ate his lunch. Educational based comments were the only things teachers were directed to write in charts.
- In June 2013, a request was made by BAC nursing staff for the School to help with evening cooking activities. This was due to the lack of the lack of support given to the Occupational Therapists by the nursing staff.
- In August 2013, at a staff meeting there was a discussion of how the School was taking over some of the roles that were previously carried out by health staff.

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- By October, 2013 the BAC health staff were having difficulties providing support for excursions.
- In November, 2013 [redacted] a [redacted] whose [redacted] was attending the school told me [redacted] spoke to Lesley Dwyer, Chief Executive Officer, WMHHS and Dr Peter Steer, Executive Director, Children's Health Queensland Health and Hospital Service, regarding [redacted] concerns about the risks to the young people arising from the changes in health staff at BAC.
- In November, 2013 Anne Brennan, Locum Psychiatrist at the BAC, told the staff at a case conference that she had been able to put forward an argument to slow the transitions down until January, 2014.

Q29. Who was responsible for the education transition of patients following the closure announcement?

Q30. What were those education transition arrangements?

Q31. How were those transition arrangements managed and administered?

Q32. What was the level of involvement of education staff in the education transition arrangements?

Q33. What steps were taken by education staff to assist in the transition arrangements? Were education transition plans drafted and approved by educational staff at BAC or the Department of Education?

104. Questions 29 to 33 appear to be duplicates of Questions 23 to 27. See my response to those questions above.

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Q34. What was the level of communication between education staff and those managing/involved in the transition arrangements?

105. As I have explained, the School staff managed the education transition for the students entirely.

106. The level of communication between the School staff and those managing/involved in the clinical transition arrangements was high. This included transition panel meetings each and every week. These meetings were an opportunity to discuss educational and clinical transition arrangements for each student. In addition to this a weekly case conference was conducted involving School and health staff to share information about the transition arrangements. The School staff was always represented at these meetings with the BAC health staff, with attendance rotated amongst the teachers.

107. From 23 October 2013 I was the only School staff member to attend the transition panel meetings. I understood this was due to the West Moreton Health Board complaining to Department of Education Regional Office and Peter Blatch that some staff were being obstructive and not encouraging of the transition process.

108. As detailed above, the transition arrangements were monitored closely through weekly meetings. In addition to this, communication with parents and health care professionals was frequent and included regular emails, phone calls and visits.

Q35. How were the clients' ongoing educational needs taken into consideration in the transition arrangements?

109. Students' ongoing educational needs were taken into consideration in the Education Transition Plans and once the students were transitioned to the new site at Yeronga

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State High School the normal processes that the Barrett School had developed were followed. This applied to those attending Yeronga and those who were supported in an outreach manner. Each student had a PEP and a class teacher who assessed their educational needs and ability to access their chosen educational outcomes in consultation with their health care providers and their family/carers . Staff discussed the students' progress on a daily basis and in more detail at a weekly meeting. Parents/carers were informed by email and phone messages.

Q36. Were there any arrangements in place to monitor the adequacy of the education of former BAC patients post transition? Specifically, once the BAC closed, were any checks made to ensure that the transition arrangements were appropriate and effective, and, if so, what were those checks and when/how did they occur?

110. The normal school arrangements were in place to monitor the adequacy of the education of former BAC patients who were our continuing BAC students. The school was not aware of any checks made by Queensland Health staff to monitor the adequacy of their transition plans.

111. The school worked with the students, their families and carers, the health care providers, non-government providers, external educational providers and Regional Office to maximise the educational outcomes for a small group of very traumatised students.

112. The school also went through a Discipline Audit on 31 October 2014, that is an external review of the school. It looked closely at the workings of the school and interviewed students, parents, staff and community members. The findings of the Audit were excellent or good in all areas.

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Relocation to Yeronga

Q37. What was the process involved in the decision to relocate the school to Yeronga? Who made that decision and how was that decision communicated?

113. The decision to relocate the school to Yeronga was ultimately made by the Department of Education Regional Office. This decision was verbally communicated to School staff members by Peter Blatch on 29 November 2013 during a meeting at the School.

114. I believe the processes involved in the decision to relocate the School to Yeronga included an assessment by the Department of Education Facilities Department. To the best of my recollection Peter Blatch advised me and other colleagues at a morning meeting that a number of alternative locations were assessed based on certain criteria such as location, access to transport, physical environment, and resources.

Q38. What considerations, recommendations, stakeholder concerns, documents, expert advice, and/or reports, were taken into account?

115. To the best of my knowledge, the only expert assistance provided in relation to the transition process was the staff within the Education Facilities Department. Consideration was given to the most appropriate location and physical environment that might be available in the timeframe so that the BAC students could recommence school as usual at the beginning of the 2014 school year.

116. The stakeholder (student) concerns were raised when they attended potential School locations at Yeronga. They were very concerned about their proximity to the other

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students in the large school and some were worried about how they would get to the new location.

117. The students were reassured that we would have different times for breaks and when they needed to access the toilets a staff member would supervise them.

118. They were also informed that DET could help with transport arrangements and that the school staff could assist by way of transport training.

Q39. What was your involvement in the decision to relocate the school to Yeronga?

119. As indicated above, I had no involvement in the decision to relocate the school, other than my brief meeting with the Principal. It was a necessity arising from the closure of the BAC.

120. My involvement in the decision to relocate the School specifically to Yeronga included a meeting with the Principal of Yeronga State High School during which it was agreed they would accept us for the 2014 year only in the classrooms that had been prepared for the arrival of the first cohort of year 7s at that school in 2015. I feel that the Principal did this reluctantly. I think this because, at the meeting, Peter Blatch had to speak somewhat forcefully about the situation that we had nowhere else to go and we needed a facility. I felt it was a decision imposed upon the Principal by the Department out of necessity. He was advised that the classrooms, which had already been completed, would be returned at the end of the year for the commencement of year 7 in 2015.

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Q40. Why was the school relocated and not closed?

121. To the best of my knowledge, the School did not close due to the fact that students had an entitlement to at least 24 semesters of education pursuant to the *Education (General Provisions) Act 2006*.

Q41. Why was Yeronga chosen as the relocation site? Is this site specifically suited to a special needs school?

122. There were a number of factors which led to Yeronga being seen as a suitable site, these included:

- There were brand new class rooms available and unoccupied prior to the arrival of year 7 in 2015;
- These were located at the bottom of the main school and in-turn provided some privacy;
- There was a separate entrance which meant that no interaction was required with the other students; and
- There were dedicated personal toilet facilities.

123. There were also a number of factors which I believe meant that it was not a site specifically suited to a special needs school, these included:

- It was located on the second floor. This gave students the ability to throw things out of the window. The height meant that there was every possibility they could injure someone.
- The students that attended Yeronga had a number of behavioural issues. They were very loud and regularly distracted our students.

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124. It was not specifically suited to (and never intended to be used as) a special needs school. It was adequate, and the best available option, for the students at the time. It would not have been adequate for severely or chronically mentally ill students. However, at the time there were no such students at the BAC.

Q42. How was the actual relocation managed?

125. The actual relocation was largely managed by the School staff members. As far as possible, this was done by staff on their own time outside school hours so as to minimise the disruption and disturbance to the students. I recall the Department of Education providing removalists who undertook the transportation of heavy items.

Q43. How many existing students were transitioned to the new site at Yeronga? What happened to those who did not?

126. In 2014 the School opened at the new relocation site at Yeronga with [redacted] students. In December 2013, [redacted] students had been transitioned by health staff from the BAC to other facilities in Brisbane and state-wide:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted] .....

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- [redacted]
- [redacted]
- [redacted]

127. Additionally, by December 2013, [redacted] students were exited from School, having completed their 24 semesters of education and requiring no further assistance:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

Q44. How did the relocation of the school to Yeronga affect the students?

128. The students who had transitioned to Yeronga to undertake their education struggled to deal with the transition largely due to the fact that they were accustomed to a high level of assistance from health professionals when previously inpatients at the BAC and this was no longer available following the closure. The School staff assisted in respect to this as much as they could. They assisted in transporting students to their necessary health appointments and encouraged them to engage with their support people.

129. Those students with the most severe mental health issues and/or the greatest distance away were not able to attend the new site. However the school undertook to provide outreach visits and other contact via phone and/or email. This could be once a week for

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some students or 2-3 times for those who required increased assistance. It also varied each week.

130. This outreach was provided by each of the School staff including me.

Q45. Was the school at Yeronga able to continue offering an appropriate level of education and care to former patients of BAC with complex and severe mental health issues?

131. No – the severe and chronic students could not attend the new location and were instead offered outreach assistance. This was not easy to set up and was limited because of the distances needing to be travelled and the difficulty of providing educational support in the outreach environment. The lack of ongoing therapeutic support at the level offered by the BAC also impacted on the ability of some students to engage with education and our outreach efforts on an ongoing basis.

Subsequent relocation to Tennyson

Q46. Why was the school relocated from Yeronga to Tennyson?

132. The classrooms that the School used at Yeronga State High School had been prepared for the 2015 intake of year 7 students. The School, staff and families were always aware that the School would be required to move to another site from 2015.

Q47. What was the process involved in the decision to relocate the school to Tennyson? Who made that decision and how was that decision communicated?

133. The process involved in the decision to relocate the school to Tennyson was similar to that undertaken in the prior year when considering the move to Yeronga. Again, time was short and options were very few, however discussions were had regarding ideas

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for relocations. The decision was ultimately made by the Department of Education, Regional Office, and it was communicated to staff through Peter Blatch.

Q48. What considerations, recommendations, stakeholder concerns, documents, expert advice, and/or reports, were taken into account?

134. Staff at the school had been involved with Tennyson School during 2014 doing professional exchanges. The site was a very dissimilar to our School. The culture and philosophies of the two schools were very different. Tennyson Special School was very behavioural-based model and dealt with young people who acted-out and required regular time-out and restrain. Our School was a relational model that used a supportive strengths-based approach. Staff were apprehensive about our students being on the same campus as behaviourally disordered young people.

135. The considerations for the relocation included the need to find a space that could house the staff, students and equipment. Again, the ability to also remain autonomous was a large consideration.

136. As before, I am not aware of any expert advice being sought other than from the Department of Education facilities area.

Q49. What was your involvement in the decision to relocate the school to Tennyson?

137. My involvement in the decision to relocate the School to Tennyson was similar to that undertaken in the year prior when the School was relocated to Yeronga. Ultimately, it was a decision made by Regional Office based on the availability of resources.

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138. There were a number of informal meetings held about the metropolitan regions' provision of educational programs for students with significant mental health needs. However, these meetings ceased once the election was announced in early 2015.

Q50. How did the relocation to Tennyson affect the students?

139. The relocation to Tennyson affected some students due to the fact that they were uncomfortable with the behavioural service offered by Tennyson, which was largely built on a completely different culture than our School. Two students were more comfortable because they had worked with Tennyson students previously to build a pizza oven.

Q51. What are the future plans for the school at Tennyson?

140. I am not aware of any future plans for the School at Tennyson. I would presume that we are to stay at Tennyson until Regional Office decides otherwise.

Q52. Is there an intention to utilise the current model of the school on a long term basis?

141. The current model of the School is continually changing in an attempt to best serve the new community of students we currently have. The expert team of teachers are a valuable source that must be preserved if a Tier 3 service is to be set up in future. Unfortunately the intentions for the future are not currently known.

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Q53. Is the school in its current form still suited to treating adolescents with complex mental health needs?

142. In my opinion, the education undertaken by the current Barrett Adolescent School does not 'treat' adolescents. It offers an educational program that is adjusted for adolescents with complex mental health issues.

143. My preference would be to return to a model that was similar to the BAC, namely, a school connected to an inpatient health care provider. In addition, I would prefer there to be similar centres throughout the State rather than a single site in Brisbane.

144. I understand there was a thorough consultation process for an adolescent inpatient unit with an integrated school that was to be built in the Redlands Hospital precinct. I think the plans for this would still be appropriate and could be used in another setting.

145. In its current form the School may be able to offer educational support for adolescents with complex mental health needs as long as they're not severe and chronic or require daily mental health intervention. The young people with the most severe and chronic mental illness are caught up in a revolving door of admission to inpatient units and then back into the community with little change. Their families are running out of resources, financially and emotionally, and they struggle to survive with crisis care. The only interventions they have are mental health professionals.

146. Formal and structured education is not on the list of priorities for young people with severe and chronic mental illness, or those of their families, as they see their adolescent's need to remain alive as foremost.

147. [redacted]

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[redacted]

148. [redacted]

149. These are students with high levels of anxiety who find it impossible to access education unless they have enormous adjustments, and schools have not been able to make these for them.

[redacted] [redacted]

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Q54. Do you know of alternative service models that may be better suited to treating adolescents with complex mental health needs?

150. An alternative service model that would be better suited to treating adolescents with complex mental health needs would be one where health and education can work together as an integrated team to assist each other and to provide the necessary input from an experienced group of professionals. When the student is ready to engage in learning or therapy, that is individually assessed in a flexible and ongoing manner and their learning and therapy progress one step at a time.

151. The Principal and I visited alternative/similar service models in Finland and the Netherlands. I am also aware of other facilities in the US.

152. The type of model that the staff and I would like to see for our School would be a combination of the previous model with the addition of new services such as the outreach work we currently do and a state-wide model of care incorporating services in regional areas outside Brisbane.

153. We previously had at BAC a school with a health unit that worked together in a seamless fashion to provide an environment that adolescents with severe and chronic mental illness could be given a sense of hope. This model was continually informed by evidence based practice and the interactions of multidisciplinary staff.

154. The planning that went into the Redlands proposal should be used to inform the new model. This planning was done in consultation with all the stakeholders, including our students. A step down facility that would be attached to the new unit would also be invaluable for young people transitioning out or those who do not benefit from the ward environment.

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155. The staff and students visited the Springfield Health precinct and felt that could be a valuable location. We also feel that at least one other centre in regional Queensland should be built.

156. In the last two years we also have come to see the large number of students whose mental illness is not as severe as those who would have required admission to the BAC but who deserve a service that allows them to engage with learning. Our support could be in their schools or it could allow them a place to develop capacity and to work out alternative settings that may better suit their educational needs.

General

Q55. Outline and elaborate upon any other information and knowledge (and the source of that knowledge) you have relevant to the Commission's Terms of Reference.

157. When considering the information supplied it needs to be understood that the leak and closure announcement has significant impacts on the students, increasing [redacted]. The health and wellbeing of all involved was compromised but the Education staff kept working to support the students and their families.

158. Then the events of 2014 with the [redacted] the hail storm and the move did not stop the education staff from supporting the students we had brought with us from Wacol to meet their educational and life goals in spite of the obvious trauma the staff were suffering from.

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Deborah Rankin

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Solicitor

Q56. Identify and exhibit to the Commission, all documents in your custody or control that relate to your evidence in respect of the matters above.

159. I do not have any documents relevant to this statement or the Commission's Terms of Reference in my custody or control. I believe that all documents held at/by the School relevant to the Terms of Reference were provided to the Department of Education in or about the week commencing 14 September 2015.

160. All the facts and circumstances herein deposed to are within my own knowledge and belief save such as are deposed to from information only and my means of knowledge and source of information appear on the face of this my affidavit.

SIGNED AND SOLEMNLY, SINCERELY AND TRULY AFFIRMED AND DECLARED by Deborah Rankin on the 11 day of October 2015 at Brisbane in the presence of:

[redacted]

Deborah Rankin

[redacted]

Solicitor