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

AFFIDAVIT

Kevin Patrick Rodgers of former principal of Barrett School, states on oath:

- I have been provided with a Requirement to Give Information in a Written Statement dated 13 November 2015 by the Barrett Adolescent Centre Commission of Inquiry. Exhibit A to this affidavit is a copy of this document.
- 2. In this Affidavit, where I refer to:
 - (a) Patient | am referring to
 - (b) Patient , I am referring to
 - (c) Patient I am referring to
 - (d) Patient , I am referring to
 - (e) Patient , I am referring to
 - (f) Patient , I am referring to
 - (g) Patient , I am referring to
- 3. I am the former School Principal at the Barrett Adolescent Centre School at Wacol. I hold a Certificate in Teaching from Mt Gravatt Teachers College and a Graduate Diploma in Special Education from the same institution. I hold a Bachelor of Arts from the University of Queensland, a Bachelor of Education from

Deponent

Brisbane College of Advanced Education and a Masters of Education Studies Degree, from the University of Queensland.

4. I received a Public Service Medal in 2006 for outstanding public service and contribution to disadvantaged and disabled youth.

Involvement with BAC school

- I have been employed by the Queensland Department of Education and Training as a qualified teacher since 1972.
- Throughout my career I have specialised in providing education services to students with mental health issues.
- 7. From 1973 to 1976 I was employed as a Teacher at the Woodridge Opportunity School. From 1976 to 1981, I was employed as a Prevocational Teacher at the Dutton Park Special School. From 1981 to 1987, I was employed as the Teacher in charge at the Cannon Hill Special Education Unit. In 1987 I was appointed as the Principal of the Barrett Adolescent Centre School. I continued to hold the position of Principal of the Barrett Adolescent Centre School until I retired on 9 October 2015.
- I did however take extended periods of sick leave in 2013, 2014 and 2015 before retiring.
- The specific details of my sick leave included the period between Monday 21
 October 2013 to Tuesday 3 December 2013, terms 2, 3 and 4 in 2014 and terms
 1, 2 3 and 4 in 2015 up to the 9th October. Exhibit B to my affidavit is a copy of
 my sick leave forms from my HR file, relating to the leave in 2013, 2014 and 2015.

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The BAC School at Wacol

- 10. I believe the Barrett Adolescent Centre and School was created in 1983. I believe the Barrett Adolescent Centre School was created because there was a need to provide education services to young people with forensic issues at the Sir Leslie Wilson Youth Centre. Over time the Barrett Adolescent School has evolved with its main purpose being to provide education services to young people with serious mental health issues. Young people with forensic issues are now provided with education services at Youth Detention Centres.
- 11. The Barrett Adolescent Centre School structure has changed significantly over time. From 2013 there have been approximately students at any one time, at the Barrett Adolescent Centre School. The Barrett Adolescent Centre School had 3 classrooms and 5.6 full-time equivalent staff with 100 hours of teacher's aide time. School started at 9:30am and finished at 3:00pm. There were four or five breaks during the day. As the students lived only one building away, they went back to their living quarters for morning tea, lunch and afternoon tea.
- The Barrett Adolescent Centre School had two types of students, namely inpatients of the Barrett Adolescent Centre and day patients of the Barrett Adolescent Centre.
- 13. The Barrett Adolescent Centre School had no control over the enrolment of students. If a young person was an inpatient or a day patient of the Barrett Adolescent Centre, that young person was eligible to be enrolled in the Barrett Adolescent Centre School. Likewise, if a young person was not an inpatient or day patient of the Barrett Adolescent Centre, that young person was not eligible for enrolment to the Barrett Adolescent Centre School.

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- 14. The Barrett Adolescent Centre School was a band 7 Special School and was subject to all the processes that were in place for any other school of the same band. There were teaching and learning audits and record keeping procedures in line with the Department of Education and Training requirements.
- 15. The Barrett Adolescent Centre School was required to publish an annual budget to be approved by the Department of Education and Training. With regard to curriculum issues, I feel there was less scrutiny by the Department of Education and Training due to there being a lack of applicable comparisons to judge the outcomes of the school.
- 16. The Barrett Adolescent Centre School received funding that was the same as any other band 7 Special School from the Department of Education and Training. The Barrett Adolescent Centre School had 5.6 full-time equivalent staff which comprised of about 11 teachers in total.
- 17. The Barrett Adolescent Centre School provided students with the ability to pursue their interests or keep up with activities that they may have had at a previous school. Of the 11 teachers, some had specialist skills such as music and art. The Barrett Adolescent Centre School provided tailored education services which met the interests of the individual students.
- 18. As stated above, the Barrett Adolescent School did not have the power to enrol students. When assessing inpatients or day patients for enrolment, as the Principal, I would interview the individual to obtain their education background, obtain any results from their previous school and obtain any previous guidance officer reports. As the Principal, I also had access to patient files from Queensland Health. This was unique to the Barrett Adolescent Centre School due to the nature of the students enrolled in the Barrett Adolescent Centre School. The

information was used to best assess how to manage the educational needs of the student.

- 19. Communication between Barrett Adolescent Centre clinical staff and education staff took place during a morning meeting that ran from 9:00am to 9:30am every day. During this meeting, clinical staff would alert education staff of any incidents that occurred during the night and which may have a bearing on student behaviour later in the day.
- 20. Additionally, there was a meeting every Monday from 9:00am to approximately 12:30pm where each patient's progress and status was examined in detail. This meeting was attended by all allied health staff and one teacher and the principal of the Barrett Adolescent Centre School. Historically, there was also an afternoon meeting where the education staff would brief the nurses on any incidents that occurred during the day that may be of relevance to clinical staff overnight. This afternoon meeting did not occur over the last few years. To replace this process education staff informed Queensland Health staff of any issues concerning individual patients before they left in the afternoon. This was usually to the Clinical nurse who was responsible for the shift or the case coordinator of the individual patient if they were on shift.
- 21. The Barrett Adolescent Centre School encouraged students to continue programs from their previous school. If students had no presenting school, we would design individual education plans for them. These individual plans were created to match the student's ability and health and ranged from high level, academically focussed education plans to more activity based learning for those struggling with their mental health issues.

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- 22. Family involvement in Barrett Adolescent Centre School activities was often subject to geographic limitations as the students' families often resided outside of the Brisbane area. To overcome this issue, we had access to video conferencing facilities which allowed the staff and students to interact with the parents.
- 23. The Barrett Adolescent Centre School also held concerts and other events where students' family members were invited to attend. The Barrett Adolescent Centre School also held parent evenings. This included discussion on education as well as mental health issues as clinical staff were often invited to provide a presentation on various topics at these parent evenings.
- 24. Education reporting was conducted every 6 months and results were sent to parents. Parents could organise face to face meetings with teachers upon request.
- 25. In my opinion, the Barrett Adolescence Centre School provided its students with one aspect of their life that was stable when all other aspects of their life may have been disastrous. The Barrett Adolescent Centre School provided routine and a level of certainty for the students. It provided students with an opportunity to build their self-esteem which I consider aided in their recovery. Many past students of the Barrett Adolescent Centre School have achieved great success in their lives, including one student who obtained an I believe previous students' success stories provided all students at the Barrett Adolescent Centre School with hope for the future.

The Closure Decision and its effect

 I first became aware of plans to close the Barrett Adolescent Centre School from a phone call I received from the Australian Broadcasting Corporation on 12

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November 2012. I recall I had just finished presenting the Barrett Adolescent Centre School's strategic plan for the next four years and the news came as a complete surprise to me. I had known for some time that there was a plan to relocate the Barrett Adolescent Centre and School to Redlands Hospital. I had never been informed before this date of an intention to close the Barrett Adolescent Centre and School.

- 27. The leak of the information in November 2012 had a detrimental effect on the students. We had spent the previous five years planning for the new facility at Redlands. During this period a number of valued clinical staff left because they would be unable to travel to Redlands for work. The leak announcement in November 2012 exacerbated these issues.
- 28. At this time concerns were expressed to the Queensland Teachers Union. I assisted the Queensland Teachers Union in drafting a letter to the Director General of the Department of Education and Training with copies of the letter to be sent to Lawrence Springborg as the Minister for Health, Tracy Davis, Minister for Communities and Child Safety and Disability Services, Annastacia Palaszczuk, Jo-Ann Miller and Desley Scott as members of the Opposition. The letter was authored by the General Secretary of the Queensland Teachers Union but the majority, if not all of the content of the letter, was penned by myself. Exhibit C to this affidavit is a copy of this letter.
- 29. At the end of 2012, I was invited to attend a meeting at Parliament House to discuss with members of the Opposition my concerns regarding the closure of the Barrett Adolescent Centre and School. Representatives from nursing, allied health and Dr Trevor Sadler attended this meeting.

also attended this

meeting at Parliament House to participate in the discussion.

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- 30. I learned of the official announcement to close the Barrett Adolescent Centre made by the Minister for Health on the 6th of August 2013 through the media. I recall Peter Blatch, Assistant Regional Director, Special and Specific Purpose Schools, Metropolitan Region, informed me that the Department of Education and Training had not been consulted in relation to the decision to close the Barrett Adolescent Centre.
- 31. I recall the reason for the closure of the Barrett Adolescent Centre was that the Newman Government had made the decision to close the Centre and provide services within the community.
- 32. I was not involved in the closure or relocation decision as I was on periodic sick leave at the time of the relocation of the Barrett Adolescent Centre School from Wacol.
- 33. The impact of the closure announcement on students and staff was significant. It caused great stress among students and staff. There were a number of clinical staff who left the Barrett Adolescent Centre following the announcement and as a result, casual staff were required. This exacerbated the problem with the students as they relied on routine and certainty. The new clinical staff and particularly the nursing staff were often not familiar with the patients and did not know the rules on the ward or the culture of the Barrett Adolescent Centre. This led to many complaints from the students about not being treated according to the rules. Furthermore casual and short term nursing staff could not recognise individual adolescents who they were to sight as part of their duties in checking off the observation sheets.
- 34. I am unable to comment on whether the announcement of the closure decision caused an increase in self-harm incidents. I would suggest referring to individual

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files from Queensland Health to determine if there was an increase in self-harm incidents following the closure announcement. If there was an incident, a critical incident report would have been filed. Education staff would verbally inform the clinical staff if there were increased concerns or incidents involving the safety of students.

- 35. As stated above I believe there was an increase in employment of casual clinical staff, as a result of the closure announcement. There was no reduction in education staff. Job security was not a concern for education staff. Peter Blatch and Judith Duncker of Department of Education Human Resources, assured education staff that because of their expertise and the likelihood of there being a replacement for the Barrett Adolescent Centre, that every effort would be made to keep the education staff together.
- 36. Following the closure announcement, there was an increase in the level of communication with the Department of Education and Training. Peter Blatch visited the Barrett Adolescent Centre School on many occasions. I believe Peter Blatch gave a lot of support to education staff which was above and beyond his professional duty.
- 37. I recall the School holiday program was organised by Queensland Health for December 2013 but was poorly attended by the students. I believe the teachers of the Barrett Adolescent Centre School volunteered their time and organised a holiday program in the September 2013 holidays and the parents of the patients were very appreciative of this holiday program. This was the result of being informed by the health department that they had no staff to organise the September holiday program. I do recall that parents were lobbying for the December 2013 holiday program.

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- 38. I believe the arrangement for the continued employment of education staff, following the closure announcement, was to keep the education staff together. I left on sick leave on 21 October 2013 and was not involved in the transition planning in moving the Barrett Adolescent Centre School to the Yeronga State High School location.
- 39. Before commencing sick leave I recall being invited by Dr Trevor Sadler to visit the closing adult mental health ward at the Logan Hospital. I recall Queensland Health were looking for an alternative site to transition the Barrett Adolescent Centre patients to and this site was being considered as a possibility. I recall Dr Stephen Stathis was also present at this visit and he made comments that it would be very expensive to bring the site up to a useful standard.

Transition Arrangements

- 40. I was on sick leave for the majority of the transition period. I can however provide my recollection of my involvement in the transition arrangements.
- 41. Following the closure announcement in August 2013, I attended a number of meetings with Barrett Adolescent Centre clinical staff but was unable to continue in my role, due to health issues. Dr Trevor Sadler was stood down from his position on or about 10 September 2013 and was replaced by Dr Anne Brennan. I am aware of meetings occurring between Peter Blatch and Dr Anne Brennan where students were assessed for suitability to attend the new Barrett Adolescent Centre School at the Yeronga State High School site. Dr Anne Brennan was responsible for making clinical decisions about who was to be enrolled at the new Barrett Adolescent Centre School at the Yeronga State High School site.

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- 43. I am not fully aware of the educational transition arrangements as I was on periodic sick leave during the transition period.
- 44. In my opinion, I believe the transition of patients by Queensland Health was poorly managed and administered.
- 45. I believe Dr Anne Brennan and Dr Elizabeth Hoehn commenced their roles at the Barrett Adolescent Centre on or about 10 September 2013. I worked for 7 days until the September School holidays. After returning from the September holidays I worked a further 8 days before I left on sick leave on the 21 October 2013. I returned from sick leave on 4 December 2013 to assist education staff for the last 10 days of the school year, to pack up equipment in preparation for moving to the new Barrett Adolescent Centre School at the Yeronga State High School site.
- 46. My experience in the 15 days I tried to work with Dr Anne Brennan and Dr Elizabeth Hoehn was very stressful. I believe their actions brought a high degree of uncertainty for the future and unpredictability for education staff and students. I kept a record of my thoughts and experiences of working with Dr Anne Brennan and Dr Elizabeth Hoehn at this time. Exhibit D to this affidavit is a copy of my unedited notes from this time.
- 47. I believe the effectiveness of the transition arrangements, management and administration was poor. Prior to the closure announcement, education staff members were respected and all opinions were valued with mutual respect.

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There were case conferences and case workups where education staff members were encouraged to participate.

- 48. Following the closure announcement, education staff had one educational representative attending the transition meetings for the patients. Other attendees were allied health professionals, case coordinators, nursing staff and a consultant. I sent an email to Dr Anne Brennan to say that as teaching staff, we had no clinical training and that our comments would relate specifically to educational options. Exhibit E to this affidavit is the email exchange I had with Dr Anne Brennan regarding the transition meetings for the patients. I did not have access to this exhibit and it was supplied to me by Connor Osborne-Jones of Crown Law. I am informed by Connor Osborne-Jones of Crown Law that this exhibit has been generated from the inbox of Elayne Raisin of the Department of Education and Training. I believe exhibit E is a true and correct copy of my email correspondence with Dr Anne Brennan regarding the transition meetings for the patients.
- 49. I had tried to speak with Dr Anne Brennan before the transition meetings. I informed Dr Anne Brennan that delegates of the Queensland Teachers Union would be attending the Barrett Adolescent Centre School to talk to the Union Members about their concerns with the closure of the Barrett Adolescent Centre. I informed Dr Anne Brennan about this visit as a courtesy as she was the head of the clinical staff. I recall Dr Anne Brennan interpreted what I said to her as though I was just concerned about continued employment of the education staff. I informed Dr Brennan that I was not concerned about the education staff being out of a job, but concerned about the safety of students if the Barrett Adolescent Centre Centre closed. I explained to her that all of the teachers at the Barrett Adolescent

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Centre School were S1 rated teachers (S1 is the highest rating for teachers in Queensland) and I knew they would have no problem in finding another job.

- 50. I am not able to elaborate on the steps taken by education staff to assist in the transition arrangements. I believe the best person to direct this question to is Debbie Rankin who relieved in my role of principal during my period of sick leave.
- 51. I am unable to comment on how the transition arrangement affected students asI was on leave during much of this period.
- 52. I do recall there were observable signs that the transition process was placing students at an increased risk of suicide. All education staff and many allied health professionals expressed their concerns that the transition and lack of appropriate staff would lead to suicide attempts.
- 53. This was expressed to the Queensland Teachers' Union and also in the meeting with Annastacia Palaszczuk as leader of the Opposition at Parliament House. Letters to the Minister's office were written by education staff and allied health also expressing concerns that the transition and lack of appropriate staff would lead to suicide attempts.

54.

55. I can only detail my short experience with regards to the communication between education staff and those managing the transition arrangements. I recall receiving

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a number of telephone calls from Peter Blatch. Peter Batch informed me that complaints had been made to him from Sharon Kelly about my involvement in the transition meetings. The complaints were from Dr Anne Brennan to the effect that I was either not cooperating with the process by not providing enough input at the meetings or that I was obstructing the process if I expressed my opinion or a concern.

- 56. I recall on one occasion I attended a meeting with Dr Anne Brennan and she informed me that the meeting was finished. Believing that the meeting was over, I left the room. I received a phone call from Peter Blatch the next day who informed me that he had been told that I had walked out on the meeting.
- 57. I assume that each afternoon Dr Anne Brennan rang Sharon Kelly to complain about me who in turn rang Peter Blatch. After working with Dr Anne Brennan for a short period before the September holidays and two weeks after the September holidays, I went to my family doctor with a range of symptoms which I believe resulted from my new work situation and I was given leave through to the end of the year. My doctor has told me he is happy to write a report which clearly explains the effects of the work situation on my physical and mental health at this time, if required.
- 58. I am unable to comment on how the ongoing education needs of students were taken into consideration in the transition arrangements as I was on sick leave during most of the transition arrangement planning.
- 59. I am also unable to comment on whether there were any arrangements in place to monitor the adequacy of the education of former students post transition.
- 60. I do recall that once it was decided that the Barrett Adolescent Centre would close but that the Barrett Adolescent Centre School would relocate to the Yeronga

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State High School site, parents and education staff lobbied to get some more support from Queensland Health for individual students and the new Barrett Adolescent Centre School, at Yeronga. I recall I spoke with Dr Stephen Stathis in late 2013 regarding a child adolescent psychiatrist consultant coming to the new Barrett Adolescent Centre School at Yeronga.

- 61. Dr Stephen Stathis informed me that I should contact Dr Brett McDermott, which I did in early 2014. It took until 1 April 2014 to get a meeting with Dr Brett McDermott. In attendance at this meeting were Debbie Rankin and myself, Dr Brett McDermott and the directors of the local Child Youth Mental Health Services.
- 62. Dr Trevor Sadler had offered his services to the new Barrett Adolescent Centre School at Yeronga but Dr Brett McDermott did not see that appointment as appropriate. Dr Brett McDermott took notes on what Queensland Health Services were being provided to each of the students at the new Barrett Adolescent Centre School at Yeronga but did not offer or suggest any support that could be given directly to the new Barrett Adolescent Centre School, at Yeronga.

Dr Trevor Sadler

63. The morning after Dr Trevor Sadler was stood down we were informally told of the circumstances by the Barrett Centre Administration Officer.

64.

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which is contained in Exhibit D of this affidavit.

- 65. I recall Dr Anne Brennan and Dr Elizabeth Hoehn stated that the adolescents were to be told that Dr Trevor Sadler was only on leave and suggested that the students be restricted from accessing the media. I recall education staff expressed the view to Dr Anne Brennan and Dr Elizabeth Hoehn that they did not agree with this approach. Media attention later in the day necessitated dealing more openly with the students. A more fulsome explanation of the circumstances relating to Dr Trevor Sadler was then provided to the patients by clinical staff.
- 66. The effect of Dr Trevor Sadler's departure was very destabilising. I drafted a letter of recommendation for Dr Trevor Sadler to Health Minister Lawrence Springborg, but was later advised by the Queensland Teachers' Union to not send the letter. Exhibit F to this affidavit is my email exchange with the Queensland Teachers Union regarding my draft letter of recommendation for Dr Trevor Sadler. I did not have access to this exhibit and it was supplied to me by Connor Osborne-Jones of Crown Law. I am informed by Connor Osborne-Jones of Crown Law. I am informed by Connor Osborne-Jones of Crown Law that this exhibit has been generated from my Department of Education and Training email account. I believe exhibit F is a true and correct copy of my email exchange with the Queensland Teachers' Union regarding my draft letter of provide the test of the Point of the Point Contex of the Point of

Relocation to Yeronga

67. I am unable to comment on why Yeronga was chosen as the relocation site. I was on extended sick leave at the end of 2013 at the time this decision was made and implemented.

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- I returned from sick leave on 3 December 2013 and continued working at the Barrett Adolescent Centre School at Yeronga for term 1 of 2014.
- 69. I recall working with a facility manager from the Department of Education and Training to organise the relocation of furniture and equipment at the end of 2013 and the beginning of 2014.
- 70. Term 1 was characterised by two main aims. The first was to obtain additional assistance from Queensland Health for the students who had exited the Barrett Adolescent Centre. The second was to make it clear to parents and carers that we could manage the educational programs for our students but we were not able to provide therapeutic management of the mental health issues. To this end, a great deal of time was spent by parents/carers and education staff soliciting help from Queensland Health.
- 71. I recall there were approximately students that were transitioned to the Barrett Adolescent Centre School, at Yeronga. I can comment on my recollection of how the relocation affected some of the students.

72.

73.

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respond to our concerns and Patient would need to contact them personally. When Patient was in crisis refused to contact Queensland Health staff.

- 74. When based at Wacol, education staff could call for assistance from clinical staff if a student was having problems relating to his/her mental health. Those resources were no longer available to the education staff after the transition to the Yeronga site.
- 75. Another student who found the transition of education services to the Yeronga site to be difficult was Patient



Subsequent relocation to Tennyson

80. I am unable to comment on why Tennyson was chosen as the relocation site, or on any other details with respect to the subsequent relocation to Tennyson, as I was on extended sick leave at the time this decision was made and implemented.

Current School at Tennyson

- 81. I do not have detailed knowledge of the Barrett Adolescent Centre School operating at Tennyson.
- 82. I cannot provide details about the types of students currently enrolled or the criteria for entry to the Barrett Adolescent Centre at Tennyson.
- 83. I have visited the Barrett Adolescent Centre School at Tennyson on a number of occasions and can comment on my general observations. The Barrett Adolescent Centre School when based at Wacol has changed significantly since it has been relocated to Tennyson.
- 84. When located at Wacol, the Barrett Adolescent Centre provided live in accommodation for students and had clinical staff available immediately if clinical intervention was required for any students. The Barrett Adolescent Centre School in its current form at Tennyson does not have live in facilities for students, or clinical staff available.
- 85. When students are unwell, restraint is sometimes required as well as a secure room to prevent self-harm. The Barrett Adolescent Centre School at Tennyson is

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not able to cater to students that require a high level of intervention because of their significant mental health issues.

86. The Barrett Adolescent Centre model at Wacol was an evidence based model that was successful. When considering alternative education models better suited to the treatment of adolescents, members of staff attended Finland and the Netherlands to compare models. Dr Trevor Sadler visited a number of facilities across Europe. Though each of these facilities operates discretely to the work we were doing at the Barrett Centre, the programs were very similar and validated the work that occurred at The Barrett Centre

Other Matters

Member of the Expert Clinical Reference Group

- 87. In late 2012 I was invited to participate in the Expert Clinical Reference Group (ECRG) to consider the type of service required for extended mental health and rehabilitation, for those adolescents with severe and complex mental health needs.
- 88. I recall there were initially around 10 people in the group which was made up of clinicians. I was the only non-medical member of the group.
- 89. Two additional participants being a past Barrett Adolescent Centre patient who has a dual degree and works as a social worker and a parent of a current patient, were later invited to join the discussions.
- 90. The group represented years of quality clinical programs across Queensland. In my opinion this was a very eminent group. A consultant from a NSW facility joined the group each meeting by phone and added an interesting interstate perspective.

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- 91. The group met for approximately 6 months and came up with a number of recommendations for the West Moreton District Health Service Board to consider.
- 92. I believe the elements that were discussed and put forward by the experts could have been describing the clinical practices at the Barrett Adolescent Centre but it seemed in this group that it was a conclusion that the centre would close and it seemed better not to use the word "Barrett" in a description of clinical practice.
- 93. I remember being impressed by clinical staff members closest to Queensland Health who at times appeared to struggle between what they were being asked to do by the government and what their knowledge of best clinical practice was telling them to say. I'm pleased to say that the latter always won out. An example was being asked to suggest services based on the fact that there would only be the recurrent funds from the Barrett Adolescent Centre (6 million dollars per year) to do the job. I have read the recommendations as presented by the West Moreton District Health Service to the Government and in general they reflect the thoughts of the ECRG. Whilst it has been quite some time I looked quizzically at section 3 Interim Service Provision if BAC closes which said, 'a Tier 3 service alternative to be available in a timely manner'. My memory of discussions was that a Tier 3 service was to be in place to transition the current adolescents into, on the closure of The Barrett Centre.

Other comments

94. I regarded my work as Principal of the Barrett Adolescent Centre School as a privilege rather than a job. Despite the serious nature of the mental health issues the students presented with, the Centre was a happy place with positive relationships between students and teachers and members of all of the disciplines across the Health and Education Departments, that worked there.

- 95. A culture has developed over many years where the individual and collective expertise, financial and physical resources and any other resources we could gather were directed fully to benefit the patients who were admitted. There was a richness in the quality of programs and in the quality and commitment of all staff.
- 96. The programs that were offered were evidence based and informed by the literature and information and expertise gathered from visits to similar programs interstate and overseas. The educational program was scrutinised by the Teaching and Learning audit in November 2012, with five of the eight areas receiving an assessment of outstanding and the other three areas, high in quality.
- 97. In the period 2008 to 2012 when a new adolescent facility was being planned to be located at the Redlands Hospital, there was an air of optimism for the adolescents and the staff who were going to the new site. All adolescents and staff provided input into the planning of the new facility. Dr Trevor Sadler visited similar facilities in Europe and Debbie Rankin and I visited Hospital schools in Finland and Amsterdam to inform our practice, and to present our work to conferences there.

98.

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All the facts sworn to in this affidavit are true to my knowledge and belief except as stated otherwise.

Sworn by Kevin Patrick Rodgers on 10 December 2015 at Brisbane in the EIQUA presence of: ь Reg.No.: A Justice of the Peace, C.Dec.,

In the matter of the Commissions of Inquiry Act 1950

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

CERTIFICATE OF EXHIBIT

Exhibit A to F the Affidavit of Kevin Patrick Rodgers sworn on 10 December 2015

HE PEACE ION A J.P., C.Dec., Solicitor

In the matter of the Commissions of Inquiry Act 1950

Commissions of Inquiry Order (No.4) 2015

Barrett Adolescent Centre Commission of Inquiry

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APRIL PLATE CONTRACTOR

BARRETT ADOLESCENT CENTRE COMMISSION OF INQUIRY

Commissions of Inquiry Act 1950 Section 5(1)(d)

REQUIREMENT TO GIVE INFORMATION IN A WRITTEN STATEMENT

To: Mr Kevin Rodgers

Of:

DET/20151113

c/- Ms Louise Syme Crown Law Email:

I, the Honourable MARGARET WILSON QC, Commissioner, appointed pursuant to Commissions of Inquiry Order (No. 4) 2015 to inquire into certain matters pertaining to the Barrett Adolescent Centre ("the Commission") require you to give a written statement to the Commission pursuant to section 5(1)(d) of the Commissions of Inquiry Act 1950 in regard to your knowledge of the matters set out in the Schedule annexed hereto.

YOU MUST COMPLY WITH THIS REQUIREMENT BY:

Giving a written statement prepared either in affidavit form or verified as a statutory declaration under the *Oaths Act 1867* to the Commission before Monday 23 November 2015, by delivering it to the Commission at Level 10, 179 North Quay, Brisbane.

A copy of the written statement must also be provided electronically either by: email at <u>mail@barrettinquiry.qld.gov.au</u> (in the subject line please include "Requirement for Written Statement"); or via the Commission's website at <u>www.barrettinquiry.qld.gov.au</u> (confidential information should be provided via the Commission's secure website).

If you believe that you have a reasonable excuse for not complying with this notice, for the purposes of section 5(2)(b) of the *Commissions of Inquiry Act 1950* you will need to provide evidence to the Commission in that regard by the due date specified above.

DATED this 13ch day of November 2015

The Hon Margaret wilson QC Commissioner Barrett Adolescent Centre Commission of Inquiry

Barrett Adolescent Centre Commission of Ingrin

SCHEDULE

Involvement with BAC School

- 1. Explain your appointment, role and involvement with BAC School.
- 2. Provide details about your background as an educator of special needs children.

The BAC School at Wacol

- 3. What was the school's official purpose when it was located at Wacol?
- 4. How was the school structured? (eg how many students and staff?). Did the school only accept students who had been inpatients?
- 5. Explain the school's reporting structure and relationship with the Department of Education.
- 6. What was the level of funding/number of staff provided by the Department of Education? How many of these were full time?
- 7. What were the criteria for entry to the school and how were students assessed?
- 8. How were programs tailored to fit the needs of students? What structures were in place to develop individual tailored programs?
- 9. What was the level of communication between clinical and education staff?
- 10. What was the level of involvement of BAC families in school activities?
- 11. Explain your opinion of the success of the school with regard to the long-term recovery of adolescents with severe mental health problems.

The Closure Decision and its effect

- 12. When did you become aware of plans to close or relocate the school?
- 13. How and when was this communicated to you?
- 14. What were the reasons given for the proposed closure/relocation of the school?
- 15. 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?
- 16. What effect did the November 2012 leak of the intention to close BAC have on the morale of staff and students?

Page 2 of 4

Barrelt Adolescent Cettre Commission

- 17. What impact did the closure announcement have on students and staff? Was there an increase of stress or an increase of self-harm incidents?
- 18. Was there a reduction in staff numbers following the closure announcement? If so, what was the approximate number of staff at the time of the closure announcement and how many left by the end of the 2013 school year? Please provide details, if you can of those that left. Was job security a concern for staff members?
- 19. Was there a reduction in communication with the Department of Education following the closure announcement? If so can you describe the reason for any reduction and the nature of the reduction?
- 20. Was the school holiday program conducted in December 2013 initiated and organised by the Department of Health? Are you aware of parents having to lobby for this program to be provided?
- 21. What were the arrangements for the continuation of employment of educational staff working at BAC, following the decision to close BAC, up until closure?

Transition arrangements

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- 22. Who was responsible for the educational transition of students following the closure announcement?
- 23. What were those educational transition arrangements?
- 24. How effectively were these transition arrangements managed and administered?
- 25. Prior to the closure announcement, what was the level of involvement of education staff in decision making generally?
- 26. Following the closure announcement, what was the level of involvement of education staff in the transition arrangements?
- 27. What steps were taken by education staff to assist in the transition arrangements? Were transition plans drafted and approved by educational staff at BAC?
- 28. How did the ongoing transition process affect the students? Was there a decrease in attendance or an increase in incidents of self-harm?
- 29. Was there any indication that the transition process might place students at an increased risk of suicide? If there was can you describe the signs or things that gave any indication of an increase in risk?
- 30. What was the level of communication between education staff and those managing/involved in the transition arrangements?
- 31. How were the students' ongoing educational needs taken into consideration in the transition arrangements?

Page 3 of 4

Barriell Adolescent Centre Commission of Ingli

32. Were there any arrangements in place to monitor the adequacy of the education of former BAC students post transition? Specifically, once 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?

Dr Trevor Sadler

- 33. What reasons were you given for Dr Sadler being stood down?
- 34. What impact did this have on education staff and BAC staff generally?

Relocation to Yeronga

- 35. Why was Yeronga chosen as the relocation site? Was this site specifically suited to a special needs school?
- 36. How was the actual relocation managed?
- 37. How many existing students were transitioned to the new site? What happened to those who did not?
- 38. How did the relocation affect the students?
- 39. What was the level of input from staff and family in relation to the decision to relocate to Yeronga?
- 40. Was the school at Yeronga able to continue offering an appropriate level of education and care to students with complex and severe mental health issues?

Subsequent relocation to Tennyson

- 41. What was the reason for the subsequent relocation to Tennyson?
- 42. What was the process involved in the decision to relocate to Tennyson? How was the decision made?
- 43. What considerations, recommendations, stakeholder concerns, documents, expert advice, and/or reports, were taken into account?
- 44. What was the level of input from families and staff in relation to the decision to relocate to Tennyson?
- 45. How did the relocation affect the students?

Current School at Tennyson

- 46. How similar is the school in its current form at Tennyson to the BAC school at Wacol?
- 47. What type of students does the Tennyson school teach?
- 48. What are the criteria for entry to the Tennyson school?

Page 4 of 4

Page 5 of 4

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- 49. Is the curriculum individually tailored as it was at Wacol?
- 50. How do students get to school?
- 51. Is the Tennyson site well suited to a special school?
- 52. Is there any handover from families or carers in the morning before school?
- 53. How many staff work at the school? How many of these are education staff? How many are clinical staff? Does the school employ a psychologist or social worker?
- 54. Is the school in its current form still suited to treating adolescents with complex mental health needs?
- 55. Do you know of alternative education models that are better suited to treating adolescents with complex mental health needs?
- 56. Any other matters you wish to explain as relevant to the Commission's Terms of Reference.



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PRINCIPAL'S APPLICATION FOR LEAVE

This form is to be used by Principals only for leave that normally would be submitted on a Leave Schedule.

Please use BLOCK LETTERS and ticks unless otherwise instructed.

Please forward to your district office as soon as possible Please use the Application for Leave Form for special leave or cultural leave no pay (greater than five Government days), long service leave, parental leave and WorkCover leave. **Employee Number:** Title: (eg MR Mr/Mrs/Miss/Dr) **Given Names:** Surname: RODGERS **KEVIN** A Position Title: Principal Position Location: BARRETT ADOLESCENT CENTRE SCHOOL Location Code: 3056 \Box Sick Leave: From: To: EMCO (Emergent/Compassionate): From: To: 志 Reason: SRES (Family Responsibility 1 debited to Sick Leave) From: To: Special Leave (No Pay): From: To: (five days or less) Reasons for special leave: LONG SERVICE LEAVE Other: X (Please specify) 04 / 11 / 2013 3. From: To: 29 / 11 / 2013 Leave Cancellation: Complete if you are cancelling or changing leave already approved and applied for. Leave Type: From: 時 To: **EMPLOYEE CERTIFICATION:** I certify that the above information is correct. Employee's Signature: Date: 29105113 EXECUTIVE DIRECTOR SCHOOLS / APPROVING OFFICER APPROVAL: **Executive Director Schools / Approving** Date: 1 1 Officer's Signature: PROCESSING UNIT USE ONLY: Date Processed: Fortnight End Date: 1 1 Initials: Verified By: -34.



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Page 1 of 2

Wellers Hill Medical Centre 16 Denham Terrace Wellers Hill Brisbane, 4121 Ph. Fax.

Dr. Stan Theodoros442453TDr. Nicholas Gianarakis599872TDr. Rosalie Theodoros409312BDr. Julie O'Brien220681BWDr. Erin Waters253442GXDr. Tim Copland262710XB

Dr. Denise King0186659ADr. Viet Tran225149EHDr. Chris Hannon047067ETDr. Belinda McCormack2386608LDr. Anna Masel241793DH

Dr Nicholas Gianarakis 16 Denham Terrace Wellers Hill,QLD 4121

21/10/2013

This is to certify that I have examined:

Mr Kevin P Rodgers

In my opinion, Kevin P will be unfit for his normal work from

21/10/2013 to 03/12/2013 inclusive due to Medical condition.



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Wellers Hill Medical Centre

16 April 2014

This is to certify that I have examined:

Mr Kevin Rodgers

In my opinion, Kevin will be unfit for normal work from

16/04/2014 to 30/05/2014 inclusive due to Medical condition.

Wellers Hill Medical Centre 16 Denham Tce, Wellers Hill, Queensland 4121 Ph: Fax:

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Wellers Hill Medical Centre

22 July 2014

This is to certify that I have examined:

Mr Kevin Rodgers

In my opinion, Kevin will be unfit for normal work from

22/07/2014 to 19/09/2014 inclusive due to Medical condition.

Wellers Hill Medical Centre 16 Denham Tce, Wellers Hill, Queensland 4121 Ph: • Fax:

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31 March 2015

This is to certify that I have examined:

Mr Kevin Rodgers

In my opinion, Kevin will be unfit for normal work from

31/03/2015 to 26/06/2015 inclusive due to Medical condition.

Wellers Hill Medical Centre 16 Denham Tce, Wellers Hill, Queensland 4121 Ph: • Fax:

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Page 1 of 1



17 September 2015

This is to certify that I have examined:

Mr Kevin Rodgers

In my opinion, Kevin will be unfit for normal work from

17/09/2015 to 11/12/2015 inclusive due to Medical condition.

e-m@iled 17 SEP 2015

Wellers Hill Medical Centre 16 Denham Tce, Wellers Hill, Queensland 4121 Ph: • Fax:

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IN REPLY PLEASE QUOTE. Sri/Wj

15 November 2012

Ms Annette Whitehead Director-General Department of Education Training and Employment PO Box 15033 -CITY EAST QLD 4002

Dear Mrs Whitehead

Re: Barrett Adolescent Centre Special School closure

I write to express the Queensland Teachers' Union's deep concerns about the closure of the Barrett Adolescent Centre Special School, This facility caters for some of the most at risk students in Queensland.

The Barrett Adolescent Centre is the only extended care centre of its kind in Queensland.

Programs and protocols are based on best practice and informed by research and visits to like facilities interstate and overseas.

Since the centre opened in 1983 there has been an average of one suicide attempt every two weeks. No adolescent has ever been able to complete a suicide attempt at the centre or hospital grounds since the centre opened.

In the last teaching and learning audit the school achieved the second highest score of the 24 schools in the Metropolitan region. This decision therefore is not based on educational outcomes.

The building of a new Barrett Adolescent Centre at Redlands as part of the state-wide Mental Health Plan is no longer going to occur. This will leave these very vulnerable young people without the much needed facilities provided at the Barrett Centre.

This decision will potentially lead to an increase in suicides among Queensland adolescents.

Address all correspondence re: The General Secretary, Queensland Teachers' Union PO Box 1750, Milton BC Qid 4064 • 21 Graham St, Milton Ph: • Fax: ABN 62 408 519 B61 Email: • Webske: www.qtu.asn.au DETE RTI Application 340/5/2821 - Document 21 of 25 9

2

The severe psychiatric conditions of the students who access the centre cannot be catered for in community, or in the acute adolescent services in major Queensland hospitals.

The QTU formally requests the reversal of this decision.

In the absence of a decision to reverse the closure, the QTU seeks information concerning the alternative care to be provided for these students.

Yours sincerely

Graham Moloney General Secretary

CC:

1 H. 7 y	1	Minister for Education, Training and Employment
	Hon Lawrence Springborg MP	Minister for Health
	Hon Tracy Davis MP	Minister for Communities, Child Safety and Disability Services
	Ms Annastacia Palaszczuk MP	Member for Inala, Shadow Minister for Education, Training and Employment
	Mrs Jo-Ann Miller MP	Shadow Minister for Health
	Mrs Desley Scott	Shadow Minister for Disability Services and Mental Health



Tuesday 10.09.13

Sharon Kelly, two psychiatrists and others?

Staff were asked to attend a meeting without consultation or prior arrangement. Teaching staff went to D block to attend the meeting but were told that they were not invited and a later meeting would be held with the teaching staff.

Wednesday 11.09.13 I assured adolescents in morning meeting of the predictability of school staff and programs. Following the morning meeting, which Psychiatrists did not attend, the students did not arrive at school till 1315 hours. School staff went to attend a 10am meeting with psychiatrists to be told that it was for adolescents only. No communication re students not coming to school.

Psychiatrists asked teachers to attend a meeting at 11am. 14 staff waited till 11.20 and the meeting was cancelled. Asked to reconvene at 12.30. Staff waited another 20 mins for the psychiatrists to arrive.

At the meeting the following points were made to the consultants

No consultation or communication re the process.

Isolated meetings with adolescents, nurses, teachers in this situation was devisive and not part of our culture

Disrespectful and not valuing people having to wait 20 mins after the meeting time set by consultants. Is our time less important than theirs.

Consultants raised issues of needing to be truthful with the adolescents to maintain credibility. It was pointed out that the fact that Health staff had been directed the day before to tell the adolescents that Trevor was on leave when they knew he had been stood down was not truthful. After the 11am ABC news the adolescents were told the truth. This raises issues of credibility.

Routine and predictibility were critical to the adolescents at a time of chaos on the ward. Consultants agreed and then kept the adolescents on the ward most of the day till after 1pm.

Consultant Liz ? apologised for stepping on the culture and upsetting the routines we have in place.

She said that she would meet with the teachers again Friday 13th to communicate further information and discuss any further concerns of staff.

Thursday 12.09.13 Market excursion cancelled due to adolescents meeting with Psych consultants.

Friday 13.09.13

Consultant Anne Brennan attended the morning handover meeting with staff and part of the adolescents meeting.

Janine Armitage went to D block to attend Care review for to find it was cancelled by Psychiatrists.

1500 Found Anne Brennan and gave her a copy of the school newsletter and a copy of the Courier mail article.

ARDSP rang me to tell me that he had been rung by Sharon Kelly as it had been reported to her that the teaching staff had been uncooperative with the new consultants. <u>See Issues raised with</u> <u>consultants Wednesday 11th Sept</u> I explained that I had simply raised a number of process issues. It was further reported that school staff during school or on their days off attended a meeting with (Allison Earls, the mental health commissioner. I assured the ARDSP that no Ed Qld staff attended that meeting.

Monday 16th September.

The Friday meeting the consultant said would occur with the teachers did not happen.

I explained that staff could not speak to senior Health staff or the media but would do the following

- Provide Sharon Kelly's email so that adolescents could write seeking a voice on the working
 parties under the implementation committee.
- Provide the contacts for the Consumer advocate in The Park
- Provide the contacts for the official visitor for the Children's commissioner.

We were told in the morning meeting that Case Conference was scheduled for 1000 hours. School staff went to the case conference sat there for twenty minutes and were told by the NUM at 1020 hours that the meeting would be postponed for one hour because there was an incident. There was no communication as to what had occurred.

Tuesday 17th September 2013

12pm Community visitor here to see students

Lesson 2 - 11 - 11.30 students didn't arrive until 11.15.

Wednesday 18th Hospital AO had a phone call from her line manager that it had been reported that had been uncooperative with the consultant. This complaint came from the consultant to Sharon

Kelly and then to her line manager. On Tuesday the consultant had asked for the AO to come across to the ward for something and a nurse said the consultant needed to take the work to the AO as the AO would not come to the ward. At no time was the AO asked to come to the ward. This is a second hand report of the incident.

Thursday 19th All school staff attended a PD at Novotel on Teaching Traumatised children.

Friday 20th

Morning meeting

Staff were informed that allied health had met with Vanessa and would be running a community awareness group on Mondays next term. There may be a kind of DBT group also. Normally there would be an allied health meeting to which a teaching staff member would be invited so implication to our timetable might be able to be taken into account.

care review which was to occur today was cancelled without consultation or apology for teaching staff who had spent time preparing eport . We were informed it would be now used for review. Steve had to miss morning activities to write up a school report for

The business unit Meeting which was for today was also cancelled without warning in the morning meeting.

FW: clinical care transition panel

From: RODGERS Kevin To: Darren Bate Debbie Rankin Liz Marlay Margie Nightingele RAISIN Elayne Steve Marriott Steve Marriott Sue Cassidy

Date: Wed, 09 Oct 2013 08:18:25 +1000

From: Anne Brennan Sent: Tuesday, 8 October 2013 4:54 PM To: RODGERS Kevin Cc: Peter BLATCH Subject: RE: dinical care transition panel

Kevin

We would be happy to invite the Principal Education Officer Student Services in each educational region to the clinical care transition panels. I am aware that many current young people at BAC will not be continuing education. Education representation on those panels will not be necessary. I am on leave till Monday 14 October. Anne

>>> RODGERS Kevin

10/8/2013 1:12 pm >>>

Anne

I have spoken to education staff about the clinical care transition panel. Our best way forward given the January date of closure is for the class teachers to attend these meetings and take responsibility for providing a Personal Education Plan for their students which will contain recommendations for an educational transition. Of course until we know where the adolescent will be living we cannot plan.

I will also attend these meetings where I can. In my absence in November Debbie Rankin will attend as acting Principal.

There will be HR implications particularly when there are meetings Tuesday Wednesday and Thursdays. We have extra staff coming in Fridays at the moment for care review which no longer will occur so we will need to rejig days staff come in.

I note that the panel is called a clinical care transition panel. Teachers have no clinical qualification and any comments or recommendations will be of an educational nature only.

As you would be aware most of the adolescents have not had any schooling or educational input for up to two years prior to admission. This makes future educational planning for each student somewhat problematic. Particularly that we have given one term to achieve this. For some

adolescents there will be no appropriate educational provision available to them. However it is the responsibility of the Principal Education Officer Student Services in each educational region to recommend the most appropriate placement and we can work through these people to assist in making recommendations.

Kindest regards

Kev Rodgers PSM

Principal

Barrett Adolescent Centre School

From: Anne Brennan Sent: Monday, 30 September 2013 5:41 PM To: RODGERS Kevin; Carol Hughes; Megan Hayes; Susan Daniel; Vanessa Clayworth Cc: Elisabeth Hoehn Subject: clinical care transition panel

Dear Colleague,

We are forming a clinical care transition panel for each current patient at BAC to plan and facilitate their care as they transition from BAC. For some this will be to other adolescent services, and for others it will be to adult services. Their complex needs will require a range of supports and services that may involve education, health, housing, disability services, adult guardian and others. These may be public, private or a combination. We will have high level AO support from Laura Johnson We will commence weekly meetings on Wednesdays on 16 October. I would like to invite you to be a member of this panel. I am available to discuss any aspect of this plan with you in person, by phone or email. Thank you for considering this invitation. I look forward to your reply.

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Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

EXHIBIT 110

DET.004.001.0202

RE: RE:

From:

RODGERS Kevin

To:

Meegan Maguire <

Date:

Fri, 13 Sep 2013 12:03:39 +1000

Attachments:

Confidence statement.doc (23.04 kB)

OOPs. Thanks for being so polite. Forgot to add attachment.

Kev

----Original Message-----From: Meegan Maguire Sent: Friday, 13 September 2013 11:55 AM To: RODGERS Kevin Cc: QTU Organisers Subject: Re: RE:

Hi Kevin,

If you are referring to the draft attached to yesterday's email regarding the article that was also attached, I'm happy to pass this through legal for checking before action. Confirm that this is the statement you are referring to so I can action this immediately.

Sent from my iPhone

On 13/09/2013, at 11:27 AM, "RODGERS Kevin" wrote:

Meegan

We are looking for advice on a statement we would like to make concerning the standing down of our consultant psychiatrist. Would you please pass this by those who know what impact and repercussions this might have and give us some advice on how to proceed.

Though I have written the statement ALL of the QTU members here are prepared to sign it after feedback from the QTU.

Please advise if you have any further news.

Kindest regards Kev

Kev Rodgers Principal

From: Meegan Maguire Sent: Wednesday, 11 September 2013 3:11 PM To: RODGERS Kevin Subject: RE: Thanks Kev,

Weve been doing some follow up with DETE et today and QNU but no official outcomes or progress yet to report. Well keep you posted.

Meegan Maguire Organiser - N	loretor
Queensland Teachers' Union	
T:	
E:	
21 Graham St, Milton Q 4064	
PO Box 1750, Milton BC Qld 400	64
<image001.gif></image001.gif>	

W: www.qtu.asn.au<http://www.qtu.asn.au/>

Are your details up to date? Have you changed schools? It is important that your Union has current contact details (workplace, email (private work), home address phone numbers etc) for all members. Please check and update your contact details online in the Member Portal www.gtu.asn.au

From: RODGERS Kevin Sent: Wednesday, 11 September 2013 3:04 PM To: Meegan Maguire Subject:

Meegan

I have made a couple of changes to the article where things were not accurate.

I have also attached an incomplete email I started writing last Monday to send to the district director.

Hope these are of some help.

Kev

Kev Rodgers Principal Barrett Adolescent Centre School

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13.09.13

As QTU members we would like to make a statement of confidence in the clinical decisions made by the senior staff member who has been stood aside and under investigation by the CMC and the Australian Health Practitioner Regulation Agency.

As QTU members we have worked with this clinician for the past 26 years and have had every confidence in his ability to make appropriate clinical decisions.

As you would be aware the Barrett Adolescent Centre is the only extended care adolescent mental health facility in Queensland. Those adolescents who are admitted have the most chronic and severe psychiatric needs of all adolescents in the state.

This clinician has an impeccable reputation amongst his peers and is a dedicated and committed practitioner to the adolescents he serves. He is a highly respected member of the team. He has demonstrated daily the strong values of the multidisciplinary team at Barrett of valuing each and every staff member and respecting and valuing their individual expertise.

As QTU members the undersigned have no hesitation in avowing to the ability of this clinician to make considered, well researched decisions in clinical matters.

The best evidence of his clinical ability is the fact that despite the regular attempts of self harm and suicide there has never been a successful suicide at the Barrett Adolescent Centre.

Kev Rodgers PSM

Grad.Dip Sp.Ed., B.Ed.ST., B.A., M.Ed.St.

RE: RE:

From:

RODGERS Kevin

To:

Meegan Maguire

Date:

Mon, 16 Sep 2013 14:19:20 +1000

Thanks for your advice which we will follow.

Kev

----Original Message----From: Meegan Maguire [Sent: Monday, 16 September 2013 1:53 PM To: RODGERS Kevin Cc: QTU Organisers Subject: RE: RE:

Hi Kevin,

There are serious reservations about such an action. Aligning oneself to any individual can have drastic consequences if the investigation goes badly. We would not recommend action by QTU members in making such a public statement. Unless required to make a reference or statement as part of the investigation, it is best to avoid this to ensure that the process is in no way compromised.

Meegan Maguire | Organiser - Moreton Queensland Teachers' Union T: E 21 Graham St, Milton Q 4064 PO Box 1750, Milton BC Qld 4064

Are your details up to date? Have you changed schools? It is important that your Union has current contact details (workplace, email (private & work), home address & phone numbers etc) for all members. Please check and update your contact details online in the Member Portal www.qtu.asn.au or email membership@gtu.asn.au.

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Kev

Kev Rodgers Principal Barrett Adolescent Centre School

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