A progress report titled *Stronger Together: a new direction for disability services in NSW – the Second Phase 2011-16* (hereafter referred to as the 'second phase report') outlines the planned closure of 27 large residential centres, nine of which are government operated and eighteen of which are operated by non-government organisations, of which five government operated LRCs, and fifteen non-government run LRCs were still in operation at the time of the second phase report's publication.[31] Funding for the closure of these facilities has been set aside by the NSW ADHC, which is to be released 'based on each centre's business case being assessed as suitable for progressing'.

With respect to the new accommodation and relocation of existing residents of these residential centres, the plan states:

> "A highly consultative approach will be taken. It is important that changes to the environment that people have called home for, in some cases, over 50 years is managed carefully. This consultation will extend to the built form of the replacement accommodation and its location."[32]

Clearly, consultation is regarded as a vital part of the process of transition to different types of living arrangements, the form that such accommodation may take, and the relocation of residents to different forms of accommodation and support arrangements, particularly where this involves people who have lived for most of their lives in such institutional settings.

The document also notes that, whilst there was no set plan for the closure of these centres, each closure was to be completed by 2017/18. The plan also states that there was no fixed model for the closure of the centres, so that "a centre-by-centre approach" would be employed.

In addition to the stated direction outlined in the Stronger Together planning documents, NSW ADHC released *Principles to Guide Services Planning for Large Residential Services*, a document designed to ensure the planned closure of the remaining LRCs adheres to current thinking and practice in the disability services sector. The principles are grouped into five separate categories, namely:

- compliance with the Disability Services Act 1993;
- client focus;
- service and accommodation models;
- system sustainability; and
- equitable access.

These principles and their applicability to the planned redevelopment of Crowle Home will be discussed later in this report.

---

[31] ADHC (2011)

Closure & Redevelopment of Large Residential Centres

The NSW Ombudsman has produced important work in the last five years relating to service provision in residential centres, as well as best practice informing the closure of these centres and the relocation of residents to supported accommodation in the community. The *Review of individual planning in ADHC large residential centres (2009)*, and *People with disabilities and the closure of large residential centres (2010)* investigate these issues respectively, and each is reviewed briefly below.

The Review of individual planning in large residential centres resulted from a 2008 study of 60 people with disabilities living in nine ADHC operated residential centres. The review focussed on a number of aspects relating to service provision in these settings, including:

- the individual planning process
- decision making and choice
- communication
- health care
- behaviour support
- day programs
- community participation and integration
- leisure and skills development activities
- finances;
- relationships

Significant gaps between what is required and what is provided were found in a number of areas affecting: client individuality and independence; participation in decision making; access to advocacy support and community participation/integration.

The review concluded that a renewed focus on person-centred planning should take place throughout the individual planning process in these settings. However, the findings bought into question the capacity of these residential centres to provide services in compliance with ADHC principles and policies.

Continued work in the disability service sector saw the NSW Ombudsman release a second report, titled *People with disabilities and the closure of residential services*. The purpose of the report was to assess whether the requirements of the Disability Services Act 1993 were being met in ADHC residential centres. In order to do this, a one-day forum was held between ADHC service providers, researchers, people with disability and their representatives. The forum discussed progress and complications in the closure of residential centres and the provision of community based disability support. Among the themes identified during the forum were:

- People with disabilities need to have direct and meaningful involvement in discussions about devolution and planning for the future;
- There needs to be respect and support for, and proper engagement with, families;
- It is critical that people moving out of residential centres have adequate and appropriate support in the community;
- Living in the community is not the same as community inclusion;

- There needs to be greater access to advocacy and information;

- People in residential centres should be assisted now;

- One model of housing and support does not suit everyone, and the focus needs to be on individuals.

The report emphasised the importance of involving residents' families in the devolution of residential centres, especially that they are 'engaged in the discussions and provided with information and support to enable them to be confident that the health, safety and wellbeing needs of their family member will be met in the community'.[33] As part of this engagement, it was recommended that families be provided with more information with respect to devolution, accommodation support options and the transition process.

Individual & Person Centred Planning

An important stated direction in the Stronger Together: Phase Two Plan was the ongoing and increased focus on person-centred approaches to disability support. The principles guiding this policy direction determine that people with disabilities (and their families) should be: empowered to make informed decisions; offered choice and flexibility in funding and supports; and recognised as the 'primary determiners' with respect to care and support arrangements.

In order to achieve this, the NSW government announced a commitment to provide additional funding for decision support resources (information, planning, advocacy, case management, service brokers and support co-ordination).

An important aspect of person-centred approaches to disability planning is the development and implementation of Individual Plans.

In 2005, the NSW ADHC Accommodation Policy and Development Directorate released a document titled *Individual Planning: Policy and Procedures*, the purpose of which was 'to ensure that each person with a disability receives a service that is designed to meet his or her individual needs and personal goals'.[34]

The stated policy direction is guided by a number of principles recognised by the ADHC which include: a focus on increasing the independence of clients; stimulating community participation and integration; and, family participation in the individual planning process.

The document sets out a detailed description of the individual planning process, including the individual components of the plan, provisions for family involvement and consultation throughout the plan development, staff roles implementing the plan and scheduled reviews.

Importantly, though ADHC operated accommodation support providers are required to follow the policies set forth by the document, non-ADHC operated providers are not:

---

[33] NSW Ombudsman (2010). People with disabilities and the closure of residential centres: a special report to Parliament under section 31 of the *Ombudsman Act 1974*.

[34] NSW ADHC (2005). Individual planning: Policy and procedures.

"Funded services are not required to follow these same procedures in recognition of the varied organisational and operations systems that exist in the NGO sector. However, funded services are required to have procedures in place for the development, implementation and review of IPs that are consistent with the Policy position statement and Policy principles."[35]

Another key policy document informing person-centred approaches to accommodation support is the *Allocation of Places in Supported Accommodation: Policy and Procedures.*[36] Under the guidance of this document, service providers are required to develop a transition plan for each person who is to move into any form of supported accommodation. This is to ensure the individual's needs are met in the new arrangement, and to brief existing carers and residents about the move. Responsibility for the development and implementation rests with the case manager, who is to ensure appropriate consultation occurs with the applicant (client), appropriate family members (or guardians) and service providers. This transition plan must include:

- Important issues and risks for the applicant before and when in the place accepted;

- Actions and timetable for managing the identified issues and risks;

- Identification of persons with responsibility for the actions and their implementations;

- Steps to introduce the applicant to the new services and for the existing residents to meet the new person;

- Identification of any physical modifications to a building or equipment required to support the applicant in the accepted place;

- Integration of other programs, services and supports with the placement (for example, transport to community participation activities, school, health services and the like); and

- A date for the applicant to move into the new service.

4.3   Disability Accommodation Research & 'Best Practice'

JSA conducted a review of the academic literature relevant to devolution, and appropriate accommodation and support options. Though not 'black literature', key research documents produced by advocacy groups were also included in this review.

The purpose of the review was to review the recent academic landscape in the field of relevant intellectual disability research. Such a review was necessary to understand the benefits and

---

[35] NSW ADHC (2005) Ibid. Pg. 5

[36] NSW ADHC (2009) Allocation of Places in Supported Accommodation: Policy and Procedures.

limitations of community-based care, what to expect from projects in devolution, as well as areas where further research is required.

The academic research consistently finds that disability support achieves better results when services are located and accessed in the community as opposed to large residential institutions, though it is noted that there remain areas of debate and contention regarding the types of measures used, other factors that may impact on results, and relevance of some literature to the Australian context. Research has reported positive outcomes for community based services in the areas of staffing, choice, relationships, satisfaction, social indicators, adaptive behaviour and challenging behaviour.

Importantly, recent research has painted a picture of complexity, indicating that a number of factors – aside from the degree of institutionalisation – contribute the successes and/or shortfalls of community living. These include organisational factors, the transition process, staff skill sets, staff turnover, underutilisation of community resources and time constraints. Similarly recent research has also suggested that if not properly managed, devolution can lead to reduced social networks among the intellectually disabled, and increase social isolation and affect more qualitative quality of life outcomes. It also indicates that 'physical integration' often does not translate to genuine 'social integration' when people with an intellectual disability are moved from large residential facilities, and that the major supports and friendship networks are generally limited to family, carers, other people with a disability, and relatively few other contacts.

4.3.1   Academic Literature

The transition from institutional care settings to the provision of community based services in the care of intellectually disabled persons in the USA, UK and Europe has been accepted practice from the 1960s onwards (Young et al, 1998). The goal of reducing the number of people receiving care in long stay institutions has been achieved in these countries by policies limiting new admissions, natural attrition among the resident populations and deinstitutionalisation, and the 'systematic movement of persons with intellectual disability from large congregate care institutions to smaller community based living arrangements' (Young et al, 1998; pp. 156).

Though pre-dating some of the key literature, goals of deinstitutionalisation and community living are often seen to flow from Nirje's (1985) principle of Normalisation, which argues that intellectually disabled people should be enabled to live as normal a life as possible within the mainstream community.

Several major reviews of deinstitutionalisation from the USA and UK have found that the move to community-based service providers has consistently resulted in improved indicators of quality of life and standard of living, increased autonomy and adaptive behaviour as well as a reduction in problem behaviours (aggression, self-harm, property destruction etc) (Emerson & Hatton, 1996; Kim, Larson & Lakin, 2001).

In Australia, the deinstitutionalisation project began later and progressed more slowly when compared to developments in the USA and Europe (Molony & Taplin, 1988). Here, it is largely the responsibility of state governments to provide funding and/or care for the intellectually disabled. Several Australian states have been undergoing processes of institutional reform for some time, including Tasmania, New South Wales, Victoria and Queensland (Young, Ashman,

Sigafoos & Grevell, 2001). An earlier review of 13 Australian studies investigating the effects of deinstitutionalisation on people living with an intellectual disability was conducted by Young et. al. (1998). These studies investigated the effects of deinstitutionalisation with respect to: adaptive behaviour, problem behaviour, community participation, interactions with staff, contact with family/friends, community acceptance, health/mortality, client satisfaction and parent satisfaction. Young et al concluded that community living is associated with improvement in adaptive behaviour, increased participation in community-based activities, and greater contact with family and friends. These results generally echo those emergent from similar studies in the USA and UK.

However, it was advised that these results be interpreted with caution, as many of the studies relied heavily on qualitative data, did not state whether the results were statistically significant or failed to utilise a normative reference with respect to measures of community participation. According to Young et al, the literature emanating from the Australian deinstitutionalisation experience leaves a lot to be desired:

> "In general, the research designs used in the Australian studies were relatively weak. Most use a pre-post component, only one study included a control group, and some involved only post-hoc analysis. In the latter case, nothing can be said about the effects on deinstitutionalisation. Rather, the analysis can provide only limited information on perceived current adjustments to community living." (Young et al 1998, pp 167)

Though the results of the somewhat limited Australian literature on deinstitutionalisation tend to agree with those originating from the USA and UK, comparisons between these bodies of literature should not be made lightly;

> "While such positive outcomes are generally found, they are by no means inevitable following a move to the community. This suggests that a mere placement in the community is not always sufficient...Some of these factors may be unique to the national, state, or local context, so there is need for caution in using the experiences of other countries as a basis for framing Australian policies and services." (Young et al 1998, pp 157)

Another limitation to the Australian research reviewed by Young et al (1998) is in the lack of focus on the effects among residents of older age brackets and/or high levels of intellectual disability. Young and Ashman (2004) specifically investigate the successes and limitations of the deinstitutionalisation project with respect to the ageing process among 54 residents living with severe intellectual disabilities over a five year period succeeding their relocation into the community. As they point out, the research methodology was somewhat flawed due to a lack of control over the process of deinstitutionalisation. The result was that the research design was structured around actual or real changes, as opposed to experimental changes meaning that a control group could not be used in the research. Though their findings suggest significant improvement in the domains of objective life quality and adaptive behaviour among all age groups involved in the research, levels of maladaptive behaviour remained unchanged after five years of living in the community.

Whilst there is broad literature advocating the client benefits of moving from an institution to the community, research investigating the limitations and shortfalls of deinstitutionalisation is less common, perhaps influenced by the prevailing policy and research agenda. More recent research

47

from Australia inspects deinstitutionalisation and associated notions of community integration in more detail, questioning the link between physical presence in the community and actual social integration (Cummins & Lau, 2003). They argue that much of the previous literature which draws links between deinstitutionalisation, community integration and positive outcomes for people with an intellectual disability is fundamentally flawed in its sole attention to objective measures of life quality (rather than subjective ones) – which they argue can only provide measures of community 'exposure', and not real 'integration'. The crux of Cummins' & Lau's argument is essentially a critique of the interpretation of Nirje's (1985) Principle of Normalisation:

> "The Theory of Normalisation decrees integration to be beneficial. However, this reason has little contemporary relevance in Western nations. The issue at hand is not whether people should be accommodated in institutions. That battle has been fought and won. The question now is how to optimise the life quality of people living in community settings, and normalisation is silent on the issue of people's individual needs and desires." (Cummins & Lau, 2003; pp. 146)

Recent Australian research challenges some of the findings presented in Young et al. (1998). Where earlier research reported positive outcomes in the domains of community participation and contact with family/friends (Barber et al 2004; Cummins, 1993; Cummins & Dunt, 1988, 1990; Cummins et al 1990a, 1990b; Jones, 1986), newer studies have suggested negative effects on social networks (Bigby 2008) and community participation and integration (Cummins & Lau, 2003). Findings such as these reinforce Bigby's (2006) statement that:

> "...considerable variation within and between studies [suggests] that positive outcomes [following a move to the community] are not inevitable, and that expectations of institutional closure leading to social connectedness and community inclusion for people with intellectual disabilities have not been fully realised."[37]

Bigby's (2006) study took a more critical approach to the deinstitutionalisation project, investigating organisational factors and their effect on the implementation of policies guiding the process. The project was framed in the wider context of devolving government responsibilities and a shift of the state's role from provider to purchaser of services. Bigby (2006) identified a number of areas in service implementation which contributed to a shortfall in the outcomes of a specific project in deinstitutionalisation that took place in Victoria in 1999-2000. Among these were: factors hindering the flow of information (with regard to clients' needs) from state service providers to private ones, inadequacies in the transition process, staff skill sets oriented towards domestic care rather than skills-building and the facilitation of social networks, high staff turnover, daily time constraints hindering the implementation of individual plans, the underutilisation of local community resources and issues with the physical design of the new housing.

With the focus of disability service provision shifting from the state to private enterprise, studies such as this emphasise the need to approach all projects in deinstitutionalisation from a critical standpoint.

---

[37] Bigby, C (2006), pp. 148

In addition to the academic literature, other work has been produced by advocacy groups for people with intellectual disabilities. One such group is the Institute for Family Advocacy and Leadership Development (IFALD/'Family Advocacy'). In 2007, the Institute produced two documents as part of the 'Presenting the evidence' series.[38] The documents were intended to advocate continued support for the deinstitutionalisation project in the NSW disability support sector.

The literature review presented in *Deinstitutionalisation: A Review of Literature* draws together research based evidence (primarily from the UK, Europe and US), advocating community based care over that provided in institutional environments. The research presented in the review totalled over 100 reports which are reported to have consistently found that:

> *"Smaller, community based residential services were generally, though not inevitably associated with increased user engagement in ongoing activities, increased contact with care staff, increased use of community facilities, increases in adaptive behaviour, reductions in observed challenging behaviour, increased opportunities for choice, increased contact with family and friends, a better material standard of living and an increased acceptance by the community.[39]*

In addition to these findings, the review also drew on literature investigating the relationship between families and devolution projects. In this respect, numerous researchers have found that: family attitudes towards devolution improve over time (Larson & Lakin 1989; Larson & Lakin 1991; in IFALD 2007b); contact with family members increased following a move to the community-based living (Stancliffe & Lakin 2006, in IFALD 2007b); and that supporting family involvement in the devolution process may be associated with stable, long term family contact (Stancliffe & Lakin 2006, in IFALD 2007b).

Cluster housing

What is Cluster Housing?

Cluster housing is a model of accommodation support recognised under the innovative accommodation framework set out as part of the *Innovative Accommodation Support Options for NSW*.

Cluster housing models are designed to provide support for 20-50 residents who live with complex health and behavioural needs, in five to ten bed units. People living under this model will have access to 24 hour support, specialist services and nursing staff where appropriate.[40]

---

[38] Institute for Family Advocacy and Leadership Development (2007a). *Accommodation and Support for People with Disability*; and Institute for Family Advocacy and Leadership Development (2007b). *Deinstitutionalisation: A Review of Literature.*

[39] Emerson & Hatton (1996), in IFALD (2007b)

[40] NSW ADHC (2009) *Innovative Accommodation Support Options for NSW*, pp. 4

Literature

Cluster housing models have received considerable debate in the academic literature in recent years, though the number of studies looking specifically at this type of housing is quite limited. There are arguments both for and against the use of cluster housing models in the provision of accommodation support in Australia and internationally. Those in support of dispersed housing arrangements (opposed to cluster housing) generally draw on empirical evidence of improved outcomes for clients in these settings, whilst those in support of cluster housing are made on a more philosophical level. Similar critiques related to methodology and differential outcomes are also made in relation to cluster housing as they are to devolution more generally.

This section first reviews empirical arguments in support of group homes, before reporting on conceptual arguments put forward by those advocating cluster housing arrangements.

Empirical Arguments

In their recent evaluation of the 19 recent papers comparing dispersed housing models with some kind of clustered housing (village communities, residential campuses, or clusters of houses), Mansell and Beadle-Brown (2009) found that there were limited benefits associated with cluster housing models when compared with dispersed housing:

> 'In five of eight[41] quality of life domains there were no studies reporting benefits of clustered settings. In respect to interpersonal relations, emotional and physical wellbeing, clustered settings had some advantages.'[42]

Discussing these results, Mansell and Beadle-Brown concluded that dispersed housing appears to be superior to clustered housing on the majority of indicators studied, though 'village-style' accommodation (where support workers and families live communally with people with intellectual disabilities such as Camphill Communities) generally provided better outcomes than either small groups of group housing and 'campus style developments'. They nonetheless note that other studies have found that, there are there are 'special advantages' of grouping people together, including that 'people living in clustered settings will have a richer social life'.[43] Though there was found to be no difference between cluster housing and dispersed housing in terms of safety, there was also no difference between the two broad forms of housing and relationships with members of the wider community, which again calls into questions claims that the benefits of physical integration into the wider community will lead to social integration for people with an intellectual disability.

---

[41] Evidence regarding quality of life was classified using the range of outcomes developed by Schalock et al., (2002), and include: Social Inclusion, Interpersonal Relations, Material Well-being, Emotional Well-being, Physical Well-being, Self-Determination, Personal Development and Rights.

[42] Mansell, J & Beadle-Brown J (2009). Dispersed housing for adults with intellectual disability: A systematic review. *Journal of Intellectual Disability,34 (4)* pg. 313-323; pg. 313.

[43] Cox and Pearson (1995) cited in Mansell and Beadle-Brown (2009)

A similar study produced by Emerson (2004) compared the outcomes achieved across both cluster and dispersed housing. Emerson's research – based in Northern England - included 910 intellectually disabled people, 169 of which lived in cluster housing whilst 741 lived in dispersed housing in the community. Analysing the data – controlling for effects attributable to age, gender, ability, challenging behaviour, mental health status or prior residential history – Emerson found few potential benefits associated with cluster housing when compared to dispersed housing, concluding '...on the basis of the available evidence...cluster housing schemes offer a poorer quality of care and quality of life than dispersed housing schemes.'[44] The authors also note limitations of the study, including that two large population studies upon which they rely were based in the UK and the appropriateness of quality of life measures used, so that 'there exists a clear need to determine whether these conclusions hold true across other jurisdictions and indicators". [45]

Philosophical Arguments

Research in support of cluster housing models is generally centred around a critique of the principle of community integration that guides dispersed housing arrangements, arguing instead for the creation of smaller communities of intellectually disabled people (Cummins & Lau 2003; Kim, Larson & Lakin 2001; Young, Sigafoos, Suttie & Ashman 1998).

Cummins and Lau present an interesting philosophical argument in their 2003 paper[46], *Community Integration or Community Exposure? A Review and Discussion in Relation to People with an Intellectual Disability*. Their position draws a distinction between the terms 'physical integration' and 'social integration', claiming that only the latter should be used in determining well-being. They contend that whilst current practice maximises the physical integration of intellectually disabled peoples in the community, it does little to develop their social integration. In this area, intellectually disabled people remain largely isolated. As a corollary, Cummins and Lau argue that restricting intellectually disabled people to small-group home environments inhibits their ability to participate in their primary community (the intellectually disabled community), and may lead to a sense of social alienation. The literature notes that the social interactions of people with a disability remain limited following a move to community living, and are principally comprised of family, carers, other people with a disability, and generally involve few people in the wider community not directly related in some way to the person.

Cummins and Lau also challenge the statistical methodology of Emerson's work and the generalisability of findings to the broad 'cluster' versus 'dispersed' housing types. This position represents a substantial critique of the literature advocating dispersed group home living arrangements over some form of cluster housing.

---

[44] Emerson (2004), pg. 187

[45] Emerson (2004), pg. 196

[46] Cummins, RD & Lau ALD (2003). Community integration or community exposure? A review and discussion in relation to people with an intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 16, pp 145-157.*

As a response to Emerson's (2004) study and others like it[47], Bigby (2004) found it pertinent to ask the following questions:

- Why has the demand for cluster housing emerged?

- Why has the push for alternatives to small group community living for people with intellectual disabilities become so strong?

- Why are institutional closure programs moving in the direction of larger scale congregate living rather than more individualised support and housing options?

Pointing to evidence from the scholarly literature and the media, she contends that those advocating cluster housing over group homes argue that:

- The physical presence of people with intellectual disabilities in small group community homes has not equated with social connectedness and community inclusion, *and/or*;

- Limiting accommodation support options to restrict cluster housing acted as a limitation of residents choice over their housing arrangements.

Bigby acknowledges the shortfalls of small group community living, arguing that the potential of such support models are yet to be fully realised. The key to improving outcomes for people with intellectual disabilities now lies in policy implementation. Bigby states:

'Achieving community inclusion requires more than a model of housing and support; it requires multiple strategies at the macro level to achieve community development, access to mainstream services and facilities, and protection of rights, and at the micro level to manage the organisation of individualised support, train staff, and undertake lifestyle planning...

...The failures of community living should not be accepted, nor should the field retreat into cluster housing, which might reflect the view of a few now, but will leave behind a legacy of bricks and mortar that will restrict choice and segregate people with intellectual disability for decades to come.'

Moreover, housing form and preferred service delivery method remains a strongly contested area of academic inquiry. It would seem that the current position of government policy, which continues to favour the closure of large residential facilities but provides for a range of housing options and emphasises the need for close consultation with people with a disability and their family or guardians, and a high degree of personal choice, is a balanced and sensible response to the tensions in the academic and policy debate.

As noted by Cummins and Lau (2004), rather that favouring one form of accommodation over another,

---

[47] Emerson & Hatton (1996); Kim et al. (2004); and Young et al. (1998)

'...many different forms of residential accommodation should be made available to people who have any form of disability that requires attendant care. The people concerned should be assisted to make an informed choice among the available options, and each choice that is made should have the provision for review'.

5 Interviews w/ families, Crowle Home stakeholders and other key informants

5.1 Description of interviewees and themes explored

JSA conducted 19 telephone interviews with key stakeholders including:

- 4 parents/guardians/siblings of Achieve clients currently living at Crowle Home (Interviewees 4, 5, 6 and 9);

- 5 parents/guardians/siblings of Achieve clients who have been relocated from Crowle Home to other accommodation in the community (Interviewees 2, 3, 7, 10 and 15);

- 6 former Crowle Foundation members and board members (Interviewees 6, 9, 11, 12, 13 and 16);

- 4 former Crowle Foundation/Achieve Australia staff (and volunteers who worked at the home) (Interviewees 1, 8, 14 and 17); and

- 2 key informants with experience related to closure of large residential centres including a disability accommodation and service provider and a University academic with extensive research and sector experience.

Please note that two interviewees who were former Crowle Foundation members/board members also have a family member currently residing at Crowle Home and are therefore included in two interviewee groups.

In order to maintain confidentiality, the interviewees have been referred to as 'Interviewee 1', 'Interviewee 2', etc. Interview schedules varied for the different interviewee groups and a semi-structured technique was utilised. Interviews with parents/guardians/siblings, former Crowle Foundation staff, volunteers, members and board members covered a number of key themes including:

- Basic information about current Achieve client, whether residing at the Crowle Home or in the community, including age, level of intellectual disability, level of care required/received, length of time as resident of Crowle or community living, programs and activities involved in etc;

- Interviewees knowledge of the proposed redevelopment, how they were informed, any other consultation they have been offered and/or apart as well as a perspective from families/relatives about what clients know about the redevelopment;

- Level of satisfaction with care received and thoughts on future needs;

- Involvement in decision making process regarding the planning, care, activities and services for client, particularly with respect to the relocation procedure from residential living at Crowle Home to other accommodation in the community;

- Experiences of the relocation process from Crowle Home to other accommodation in the community;

- Staffing and care arrangements and experience of clients and families after leaving Crowle Home and relocating to other accommodation in the community.

Interviews with key informants with experience with the closure of large residential centres included questions related to their unique experience with devolution of large residential centre and re-settlement of residents to alternative accommodation in the community, particularly to group homes, including:

- Preferable processes or what the sector considers to be 'best practice' for relocating residents;

- Initial reactions of families to news of redevelopment and concerns raised about the closure and re-housing;

- Achieve's response to concerns raised by families;

- Involvement of residents, families and staff in planning and decision making for the closure of the facility and re-housing of residents;

- Changes to level/type of care and staffing model provided under new housing arrangements;

- Issues related particularly to ageing residents with intellectual disabilities and transition to community living or other arrangement (eg. aged care); and

- Options for families who are unhappy, unsatisfied or have complaints about the level of care their relative is (or is not) receiving.

As mentioned previously, JSA requested an interview with current Achieve Australia management. The objective of this interview was to better understand:

- the aims of Crowle Home redevelopment and the proposed process for consultation, relocation and transition for clients from the organisation's point of view, particularly prior to the exhibition of the EA documents when little information was publically available;

- experience with and rationale behind the re-housing of Crowle Home clients to alternative accommodation in the community that has already occurred including aspects of consultation with families, changes to service delivery and client outcomes since the move;

- future planning and accommodation/service needs of ageing residents with intellectual disability; and

- staff training regarding the relocation of residents from Crowle Home to accommodation in the community.

JSA's request for an interview with Achieve Australia management was not granted and therefore we have relied on the documents lodged with the EA, particularly the SIA, for information about these topics where available, supplemented by interviews with key informants where relevant.

5.2 Description of clients of parents/siblings and guardians interviewed

Of the 19 interviewees, thirteen were parents, siblings or guardians of current clients of Achieve Australia or former clients of the Crowle Foundation.

- Nine of these clients received some form of accommodation support from Achieve Australia, with four residing at Crowle Home and five living in group homes in the community who formerly lived at Crowle Home.

- Three clients lived at home with their families and one client lived in an ADHC group home, attending day programs/supported workplaces administered by Achieve Australia.

- All clients were older and ageing, with the youngest aged 54 and the oldest 66. The median age of clients whose families were interviewed was 58.

- The most common intellectual disability among these clients was Down Syndrome.

- Many were reported to be suffering from early onset of Alzheimer's Disease or Dementia.

- Some of the residents also have sensory and/or intellectual disabilities.

- It is understood that all residents at Crowle Home currently attend day programs, or work in supported workshops off site.

5.3 Key Findings from Interviews w/ Families, Guardians & Crowle Stakeholders

A number of themes were identified by JSA researchers during the analysis of interviews with parents/guardians/siblings of current and former Crowle Home residents, former Crowle Foundation staff/volunteers/members and board members.

Some of these themes relate specifically to the proposed redevelopment of the site and relocation of residents, whilst others are broader, relating to the merger of the Crowle Foundation and Achieve Foundation and the resulting management structure and practices of Achieve Australia.

It is important to describe the full spectrum of themes when interpreting the results, as the impacts on residents identified by interviewees relate not only to the redevelopment itself but also to staffing and management practices that (in their view) have changed since Achieve Australia

has taken over management of Crowle Home, but also transition planning and individual planning processes. The major themes identified from these interviews were related to:

- Consultation regarding the proposed redevelopment and re-housing of residents including transition and individual planning;

- Staffing levels and turnover;

- Level and quality of care provided to clients at Crowle Home and in the community;

- Reduced transparency in management;

- Client safety;

- Reduced social networks/social isolation; and

- Suitability of residents for community living.

Findings for each theme, with differences between interviewee groups identified, are presented in turn below.

5.3.1 Consultation about proposed redevelopment & re-housing

Many interviewees that are parents/siblings and guardians of Achieve Australia clients living at Crowle Home report having **limited knowledge of the proposed redevelopment**. They have generally found the consultation and transition process to be unsatisfactory. According to a number of interviewees (n=9), much of this information was gathered at a number of small meetings held some time ago:

> "I initially heard about the development at a meeting that was held 'some time ago'. [Client's] knowledge of the proposal is somewhat limited. [Client] knows that the site is to be redeveloped as a residential apartment block, with the apartments to be sold and the money reinvested into buying homes in the community." *Interviewee 7*

> "I haven't heard anything from Achieve, and we haven't been to any meetings for a while. There [were meetings] at the early stage…we went to a couple at Eastwood, but nothing much was said… They keep it all to themselves…" *Interviewee 15*

> "Nothing in writing. At a meeting, we were shown a plan of their intent… [but] that wasn't the latest plan. The meeting was small, they divide people up into small sections, then you find that what you have heard at the meeting actually hasn't been what people have heard at other meetings. It's sort of… I hesitate to use the word *devious*, but it appears to be." *Interviewee 6*

> "Heard it from Achieve – invited families/guardians to a series of small meetings. There was never a large meeting all together. [Achieve] told parents that they were going to build units on the land, and there would be six or eight for our people." *Interviewee 9*

A subset of questions posed throughout the interview process queried the nature of the consultation process that occurred, with respect to the relocation of the clients. This included their opinion regarding the proposal to relocate clients into housing in the community, how Achieve Australia had consulted them on issues regarding the relocation and what opportunities for input were offered by Achieve Australia.

In addition, a series of four short follow up interviews were conducted over 26 and 27 August 2011. These interviews were specifically designed to investigate the relocation planning process required of the applicant under the amended DGRs, and hence have been reported in Section 7.2.6 later in this report.

Interviewees with family members residing at Crowle Home

According to 6 of the interviewees with relatives living at Crowle Home, the information proffered by Achieve Australia and the ability of families and guardians to input into the process has been limited:

> "There's been no contact with me whatsoever to make any suggestions since that initial telling of what they were going to do building these units. [Achieve Management] has never been in touch with me, nobody." *Interviewee 9*

> "I have had no real involvement in the planning so far for [my family member]. I don't have any information about the proposed model of care for [my family member]…and I'm at the stage where I would demand it in writing too." *Interviewee 6*

Interviewees with family members re-located from Crowle Home to community living

JSA also interviewed five people who had been involved in the process of re-locating residents from Crowle Home to alternative accommodation in the community that has already occurred. Four of these interviewees are parents or guardians of clients that have been re-located due to the proposed redevelopment and closure, while one interviewee was a family member of a client that was re-located from Crowle Home when the facility was under the management of the Crowle Foundation, for reasons unknown.

All five of these clients had been living at Crowle Home for the most of their lives, between 40 and 54 years, and are aged over 50 years. Three are male and two female and require moderate to high levels of care. Of the four who were relocated more recently, all receive 24 hour care and live with a number of other Achieve Australia clients in group home settings. They have been living in the community for between one and two years. As mentioned earlier, one resident was relocated from Crowle Home prior to the merger. This client is currently living in a unit with another man, and receives drop in support on a daily basis.

Of the four interviewees who had experienced the relocation process under Achieve Australia, only one respondent reported a satisfactory consultation and transition process as the following statement demonstrates.

> "[I] was able to question many aspects of the relocation procedure and the level of care [my family member] would be receiving in the community. This included who [my family member] would be living with, the details of the transition period, who would be caring for [my family member], what activities [they] would be attending in the community, what the procedure for visiting [my family member] would be, what would happen if [they] weren't compatible with [their] housemates. For [me], the consultation procedure was very thorough." *Interviewee 10*

The three other interviewees who had had their family member relocated by Achieve Australia – as well as the one respondent who had been involved in the process under Crowle Foundation

management – reported a less satisfactory experience with the level of consultation provided and the transition process, which is demonstrated through the following comments.

> "[The client] didn't get any say in who [they] would like to move in with. There was no trial period, no consultation: "We weren't asked who [they] could move in with, we were just told [they] were moving into this house with these two people, [the client] hadn't met them once before move and that was it." *Interviewee 15*

> "I haven't heard anything from Achieve, and we haven't been to any meetings for a while. There w[ere meetings] at the early stage...we went to a couple at Eastwood, but nothing much was said...They keep it all to themselves..." *Interviewee 15*

> "Yes, well I was quite upset about it... and then I was told 'Well [the client] is going anyway'. I said I didn't want [the client] to go, and they said 'Well too bad, [they] are going'." *Interviewee 2*

> "When asked whether [the client] got any say in who [they] were to be living with after the relocation, [I] responded: "No, no say whatsoever...none of them had any say, they just were there'." *Interviewee 2*

Despite the fact that 4 out of 5 parents/siblings and guardians of clients who have been re-located from Crowle Home interviewed reported that the consultation they received was inadequate, for 3 out of the 4 interviewees in this group the relocation experience and outcomes for their family member were deemed to be satisfactory.

> "After about six months we did see a bit of an improvement in [the client]. We thought [they] looked a lot cleaner compared to where [they] were before, and [their] clothes were a lot better...[The client] seemed to settle down nicely with the other two ladies that were there from before." *Interviewee 15*

> "I'm so thrilled. When I come to think how I didn't want [my family member] to go, and now [they are] there, I'm real thrilled with the treatment and that." *Interviewee 2*

> "[I] noticed an immediate change in [the client]'s behaviour as soon as [they were] moved out into the community. [They were] much happier living away from the Crowle Home...it was difficult...to ascertain what it was that [the client] enjoyed so much about living in the community, though it was apparent to [me] that it was a positive move for [the client] through [my] observations." *Interviewee 7*

Overall, the consultation and transition planning procedures conducted by Achieve Australia was deemed to be unsatisfactory by the interview respondents. These concerns predominantly related to a lack of choice during the planning procedure, with respect to: who the client would be living with; where the client would be living; and what type of accommodation would be used. In all but one example, respondents also felt that they had little opportunity to have meaningful input into planning for the relocation of their family member. This would appear to be contrary to government policy in relation to requirements for consultation, engagement in transition planning of clients and families, and provision for a high level of individual choice in future service and accommodation arrangements, as outlined above. There is also a risk of serious social impact on residents and their families where such processes are not followed. No evidence of adequate consultation or transition planning is provided in either the EA or the SIA.

In spite of this, the same interviewees found the results of the relocation to be pleasing, particularly with respect to the level of care received, and noticeable changes in the clients' behaviour. It was also noted by a number of interviewees that the living environment and care received at Crowle Home in recent times had deteriorated, with high staff turnover and other service delivery issues. This, together with the uncertainty and stress surrounding the proposed relocation and redevelopment of the Crowle Home site are likely to have affected the experiences of relocated residents and may have made the new living arrangements more attractive in contrast (see also below).

5.3.2   Staffing Levels & Turnover

Many of the interviewees (n=5), particularly those with family members still residing at Crowle Home, feel that Crowle Home is being operated with **fewer staff** since it has been managed by Achieve Australia, compared to when it was managed by the Crowle Foundation. The following two comments by interviewees with family members residing at the Crowle Home provide examples of this sentiment.

> "...it's a bit of a concern...now that [the client] is a high maintenance person...there's just not enough [staff] to go around to make sure that each client is being monitored as much as they should be now." *Interviewee 4*

> "...[my family member] is not getting the support [they] need, even as a resident at Crowle...if I can track down a carer – because [they are] a bit scarce on weekends...This never used to happen when [The Crowle Foundation] was looking after them." *Interviewee 5*

A number of interviewees (n=5 – #1, 4, 6, 8, 11) also perceived that there has been a high rate of **staff turnover** since the merger of the two organisations in 2008 and subsequent management by Achieve Australia. The rate of staff turnover experienced by interviewees is thought to be undesirable, as the following comments demonstrate.

> "High staff turnover is not good for the residents and their families. It is important to build a relationship with the staff and carers, as the families need to know and trust the people responsible for looking after their children/relations." *Interviewee 8*

> "[I] identified that there has been a higher staff turnover than there has been in the past...So now you're seeing a bit more turnover of people within the facility that are doing the care." *Interviewee 4*

> "They are changing staff all the time...[the effect on the residents is] not good...I think our people become accustomed to the people who have cared for them for a long while. When a stranger comes in and doesn't know [their] personality...They're very complex characters these people, and they are all different and they need very deep understanding of their personalities to make their life worthwhile. If you keep getting casual carers and carers keep changing and all that sort of thing..." *Interviewee 6*

The perception among those interviewed that there was a high level of staff turnover and less staff led many stakeholders to feel that the level of care provided to their family members by Achieve Australia was of a lower standard than that received under the former Crowle Foundation. These concerns have been presented in section 6.3.3 below.

There is a need to ensure that the ongoing living environment and service arrangements are of an adequate standard for those remaining on site, now and in the future. Failure to do so in such a climate of instability and uncertainty is likely to adversely impact on the health and wellbeing of remaining residents, and likely to constitute a serious social impact. An awareness of and mitigation such impacts should be demonstrated in the EA. This is issue is currently not addressed in either the EA or the SIA.

5.3.3   Level of Care Provided

Interviewees were asked to reflect on their satisfaction with the level of care provided by Achieve Australia. These questions yielded mixed responses. Seven of the interview respondents were of the view that the level of care provided by Achieve Australia was of a lower quality than that of the Crowle Foundation, both in the community homes and at the Crowle Home:

> "The care is deteriorating. The carers would come in and make sure [the client] is taking [their] medication and that [they] are eating...they just seem to let [the client] buy whatever [they] want from the shops." *Interviewee 3*

> "[JSA Interviewer: How well would you rate the care your family member is currently receiving]...I think pretty poor, maybe like 4 out of 10. But at the same time I'm grateful that [my family member] is there and not in a community house. Because I'm not sure if it's true but I've heard that the care is even lower." *Interviewee 5*

> "The care and support received once they were out in the community was also deemed to be inadequate...[Interviewee 17] cited examples of some residents who were living in the community attending outings having not had any breakfast, as they hadn't been adequately trained to make their own" *Interviewee 17*

Six interviewees reported that they were satisfied with the level of care received by their loved ones:

> "[I am] very happy with the quality of care [the client] is currently receiving in the community home. [The client] is more active, and has more opportunities to go on outings, shopping etc..." *Interviewee 10*

> "I can ring the house at any time, to talk to the carers and see how [my family member] is going. The manager of the community houses in that area, I've got [their] phone number and I can ring [them] and talk to [them] at any time... If anything ever happens to [my family member]...they will ring me." *Interviewee 10*

There was a general consensus among respondents whose family members were still living at Crowle Home that the level of care had declined since the merger occurred in 2008. This deterioration of care was generally associated with the perception that there had been a higher staff turnover since the new organisation was responsible for managing the home.

No respondents reported having taken any complaints to anybody outside of Achieve Australia. A few respondents had attempted to speak with Achieve Australia management regarding these concerns, and reported they had been 'less than enthusiastic' about these meetings.

Interestingly, respondents who had already experienced the relocation were more likely to be satisfied with the level of care their family member was receiving under Achieve Australia,

though this was also seen to related to the deterioration of care and staffing arrangements on site, as well as general anxiety about the future.

Perceptions about the level of care received in the accommodation services were mixed. Respondents were concerned that the level of care their family members would receive in the community would be lower than that currently received at Crowle Home. Others concerns were related to the high staff turnover since the merger, and the fact that they (and the clients) were unfamiliar with the new staff.

These concerns are indicative of the reduced involvement in planning and decision making many of the family members have experienced since the merger. The lack of dialogue between Achieve Australia and the families of clients appears to be a major factor in the development of the anxiety exhibited by many of the family members with regard to the proposal and future care of their loved ones. Again, EA and SIA do not report in detail on these issues, and Achieve Australia do not appear to have consulted with relevant stakeholders about their needs and aspirations, nor how they have experienced the process to date. Again, the risk of adverse social impacts arising from this have not been dealt with in documentation from the applicant (see also relevant issues below).

5.3.4   Reduced Transparency in Management

A major change to the way in which Crowle Home is managed under Achieve Australia compared to previous management by the Crowle Foundation was identified by interviewees, including that there is reported to be a very poor level of communication, lack of engagement in critical decisions about the organisation and their loved one, and no opportunity for membership or committees for families, friends and other interested parties. It appears to most to have become a 'closed organisation' with lower levels of accountability. In the past, when the site was managed by the Crowle Foundation, family members and friends report that had the option of membership which allowed them to become part of a number of steering committees, each of which was oversaw certain operational aspects of the foundation. They could choose their level of engagement, and felt that there was a high level of transparency and accountability in the previous structure. For example, each committee elected a chairman to sit on the board of directors. Committees met regularly to inform members of recent developments and also as a means to provide feedback to the board and other members. These committees were valued by many of the people with whom we spoke, as they were a point of connection and provided information as to the care their loved ones were receiving.

As the Crowle Foundation has ceased to function, this membership no longer exists, and the foundation is run under what was regarded by a number of interviewees as a more corporate management model. They consider that merger represented a shift from bottom-up to top-down management principles. This new management structure is reported to have alienated many of the former members of the Crowle Foundation, which was reflected in the interview responses:

> "We used to have every second month, a forum as we called it...and we would have anything between 40 and 80 people, parents, siblings there. We would be told what was going on...We could ask questions. We had some input. It was a family run thing...We don't see anybody anymore because there's no meetings. We're not even members. We're classed as friends. We're not advised anything...nothing!" *Interviewee 9*

"Look, you've got to understand that these people have been dealing with Crowle all these years where they've had a say and they've known what is going on. And they know how to approach the board members and to be able to get somebody to tell them what's going on. And I said 'they are not getting any information, so you've got to expect that they are going to get upset'...We don't get any feedback from the board whatsoever." *Interviewee 12*

"Historically, Crowle has been primarily run by families and friends of residents. Membership, committee and board representation were integral to the management and care of the residents." *Interviewee 9*

"Lack of communication is the main change. Lack of being a member, I have applied for membership in Achieve Australia and been rejected without any reason being given... I was a life member of the Crowle Foundation – but there's been no respect paid to that, or to any people. All our applications since the formation of the new company with sixteen members, in spite of all the promises, there have been no more memberships granted...In short, it's the management of Achieve that's particularly worrying" *Interviewee 6*

The reported lack of transparency described above has impacted upon family member's perception of Achieve Australia, contributing to the anxiety that many of the interviewees reported and clearly expressed during the interviews. The lack of communication can be attributed to a management structure that is vastly different to that which many of the older respondents – who were previously members of the Crowle Foundation – had been involved with in the past. This could be viewed as a substantial contributing factor influencing the current perception of Achieve Australia and the proposal generally. It is also likely to contribute to higher than necessary levels of anxiety, stress and ultimately ill health for residents and their families. Again, this has not been addressed in the SIA or the EA, despite the current and potential adverse impacts on these vulnerable groups.

5.3.5   Client Safety

Client safety was another concern expressed by some respondents. These respondents felt that the level of intellectual disability experienced by their loved ones would lead them to be unsafe living in the community. Examples of comments to this effect are provided below:

"I didn't want him to go at first...I thought he might get out onto the street...But he is more sensible than that" *Interviewee 2*

"People say institutions are a negative, but it's a controlled environment... there's enough sort of gates and security in place." *Interviewee 4*

"Because she's living in a closed community, she's reasonably safe from people who aren't very nice in our community." *Interviewee 5*

Again, the lack of adequate participation in transition planning for their loved one is likely to be a contributing factor to such concerns about safety, and should be adequately addressed in detailed documentary evidence accompanying the EA.

5.3.6   Social Isolation/Lack of activities

A strong theme among those interviewed was the concern that moving clients into the community would disrupt the friendships they had developed over the years at Crowle Home, as the following comments demonstrate.

"I guess, having a house here and a house there, that's integration in the community. But it's also breaking people away from one another." *Interviewee 4*

"When it started, they put them out into units or flats as far away as possible from one and other; they lost friendships and became very isolated." *Interviewee 1*

Whilst clients at Crowle Home had previously been occupied either in the assisted employment workshops or at the on-site day programs, some interviewees believed that these activities – particularly the day programs – would cease following a move to the community:

"The music program has also been stopped. Individual music lessons are offered, but these tend to defeat the purpose of group therapy." *Interviewee 8*

"There were supposed to be activities but I don't know what activities [my family member is] doing. But it sounds to me as though [my family member is] just in the flat eating and sleeping" *Interviewee 3*

"[My family member] used to go over to Crowle [for the day services program], then [the client] stopped going over there, and now [the client] has nothing. And I said 'well that's not right, they should have something' because now [the client] has nothing...I'm disappointed in that because [the client] does nothing...from what I can gather, [the client] just wanders around the house...which to me is a shame." *Interviewee 2*

Finally, some interviewees critiqued the notion of community integration, claiming that whilst the clients might live in the community, they are never accepted or integrated:

[Interviewee 16] also had a bit to say on the topic of community integration: "People with intellectual disabilities never fully integrate into the community. Whilst they may be physically present in the community, their level of involvement is limited. Intellectually disabled people are happiest when they are amongst those similar to themselves" *Interviewee 16*

"The people who have intellectual disabilities, stuck out in the community don't integrate...it's too hard for them...They won't be integrated into the community. It happens in country towns, because they're smaller, and everybody knows everybody. But it doesn't happen in cities. Well that's been my experience, just going around and visiting these other places I've noticed that too..." *Interviewee 11*

Concerns such as these echo recent debates occurring in the academic literature. Some critics argue against dispersed housing models, as they believe there is the potential for devolution projects of this nature to restrict friendship networks and cause social isolation. Comments by parents or guardians of recently relocated Crowle Home residents are perhaps not surprising given findings regarding the less positive aspects of devolution, noted above. Of relevance to the current application, these important social impacts do not appear to have been considered in the EA or SIA, with the result that no appropriate mitigation is proposed for these highly vulnerable residents.

It is also understood that the cost of providing accommodation support in dispersed group homes is substantially greater than in institutional settings, and may also be greater than in

other forms of community based accommodation support options.[48] Unless individual funding for people with a disability is increased in acknowledgement of the greater cost of living in dispersed housing, there is a risk that access to other disability services (e.g. transition to work, day services etc.) will be impacted due to funding restrictions.

5.3.7   Suitability of existing residents for community living

A number of those interviewed believed that their loved ones were too old or that their disability was too severe for them to benefit from relocation from Crowle Home to alternative accommodation in the community that has been proposed.

> "The problem is that they're all ageing. It's not a good situation. You can't just keep shoving them out in the community when they've been used to having care around...[The client has] been out in the community for longer than [the client] should have really" *Interviewee 3*

> "But because [the client is] not very skilled...intellectually about 5 or 6 years old, but in some areas...not even as smart as a 5 or a 6 year old...[The client] doesn't have the skills to be able to survive in the community." *Interviewee 5*

> "This is not the time of life to be moving into community care..." Interviewee 9

> "...but when they get really old... When they're younger... [The client is] not a candidate for being moved out, because [the client is] just too past it" *Interviewee 4*

Related to these concerns, some respondents mentioned the value of keeping these older clients – some of whom are beginning to show signs of Alzheimer's Disease – in the familiar setting in which they have lived for most of their lives:

> "[The client], having the early stages of Alzheimer's, it's sort of important for [the client] to be able to cope because [the client's] memory is bad. If you put [the client] in somewhere totally new, it wouldn't be great. It's an old, familiar place, so I can see that as something that will benefit [the client]." *Interviewee 4*

> "The clients need to be in a place that they're familiar with. That's been their home for 30 or 40 years, in their own environment. They know their environment" *Interviewee 17*

> "But as I said, as we told them...[The client's] never been in that type of situation, [The client's] always been [at Crowle]." *Interviewee 15*

The presence of these concerns again provides evidence that consultation with key stakeholders appears to be inadequate, so that possibly unnecessary fears and anxiety have built up for those concerned with the future of their loved ones. These issues also need to be taken seriously and explored with relatives or friends of residents. Appropriate transition planning, consultation and participation of relatives is again required as part of the EA to ensure potential impacts are understood and mitigated.

---

[48] Phone conversation with Mr. John Ryan, Executive Director Contemporary Accommodation ADHC, 7 September 2011.

5.4 Key findings from interviews with other service providers/experts

The closure of large residential centres for people with disabilities is not a new concept, as discussed in relation to policy and key literature. In Australia, and NSW more specifically, there has been a concerted effort to close large residential facilities for many years. As such, there are other organisations and individuals who have experience with the process of closing a facility and rehousing existing residents into alternative accommodation in the community.

In order to gain insight from such organisations and individuals about 'lessons learned' and what may be considered 'best practice' methods for closure and rehousing, JSA made an initial inquiry about these issues to the Intellectual Disability Rights Service (IDRS). IDRS is a community legal centre in New South Wales that works with people with an intellectual disability to exercise and advance their rights.[49] IDRS provided contact details for two key informants that could provide perspective from many years of experience with closures of residential centres for people with disabilities and the rehousing of clients to other forms of accommodation including:

- John Le Bretton, General Manager of Greystanes Disability Services at Leura; and

- Trudy Van Dam, Lecturer/National Coordinator Inclusive Education & Disability Courses at Australian Catholic University and former CEO of Hornsby Challenge during the 1980s.

A telephone interview with John Le Bretton and a site visit to Greystanes Disability Services was conducted in July 2011 to discuss and better understand the experience with the closure of a large residential centre and rehousing of clients into group home accommodation in the community. Questions that were asked included:

- reasons for the closure,

- care and accommodation models that were chosen as preferable,

- re-location process,

- reaction of clients, family members and other key stakeholders to the closure,

- methods for involving clients, families, guardians and staff in planning and decision making for the closure and rehousing, and

- key lessons learned from the experience and advice for an organisation facing a closure and relocation proposal.

A telephone interview was conducted with Trudy Van Dam on 01 August 2011, with more specific questions related to:

- The proposed redevelopment of the Crowle Home and on-site replacement for some current and future residents within the units developed on the site.

---

[49] Intellectual Disability Rights Service, www.idrs.org.au/, accessed 06 September 2011.

- o It was acknowledged that the interviewee had no previous knowledge of the details of the Crowle Home redevelopment and was provided information about the proposal based on information contained in the Preliminary EA, which was available to JSA at the time of interview.

- Housing and support requirements/models for people with intellectual disability who are ageing and may have early on-set dementia,

- Consultation with clients, families and guardians about devolution and their concerns, and

- Advocacy for clients and families who are not satisfied with their current accommodation/service provider (particularly clients with no or limited family involvement).

5.4.1 Lessons Learned from the Devolution of Greystanes Children's Home, Leura NSW

The Greystanes Children's Home at Leura NSW was established in the early 1950s to accommodate children and young adults with intellectual and/or physical disabilities. The Home cared for around 40 children at any one time, and children were placed there as early as 1 or 2 years of age. The centre operated in a traditional medical model with most of the staff being Registered Nurses, shared bedrooms, shared equipment and access to the community via group excursions. Greystanes was set up as a 'whole of life' centre, where all care was to be provided on site for residents for the long term.

In the 1990s, the Board of Directors of Greystanes proposed a redevelopment of the original Home at Leura to be replaced with two large 12 bed group homes on the same site. This redevelopment proposal was originally rejected by the Minister. However, many of the families were unhappy with this decision and took action through the local media. The decision was reversed and the proposal approved by the then-Minister. However, that decision was then challenged in court by People With Disability (PWD) and the NSW Council for Intellectual Disability on the grounds that the Minister had acted out of his/her jurisdiction and that the proposal contravened the NSW Disability Services Act 1993.[50] The court found in favour of the advocacy organisations and the proposal was rejected. The existing board of the organisation resigned and a new board was established to develop a redevelopment proposal that would comply with the Act. A redevelopment plan was determined that included the use of the original Home for organisational headquarters and day services, with residents relocated to seven group homes in the Blue Mountains, Penrith and Nepean regions.

Model of Care

The change from large residential to group home accommodation reduced staff to client ratios from 1:7 to 2:4 or 5. Most of the homes have four residents, with a maximum of five, with client

---

[50] People with Disabilities (NSW) Inc. and the NSW Council on Intellectual Disability - v - Minister for Disability Services Matter Nos 067 & 194 of 1997 (17 March 1998)

ages ranging from 16 to 40 years. All of the group homes are owned by the government with universal and accessible design. All group homes have around-the-clock staffing, with no drop-in support. The previous medical model of support was replaced with a model where nurses were not the primary care givers. Qualified carers with Disability Services Certificates 3 or 4 are now the primary care givers, supported and assisted by an in-house health support team that includes a physiotherapist, speech pathologist, dietician, clinical nurse and other nurses than can be on duty 24 hours and in circumstances where palliative care is required.

Concerns of Families & Involvement in Decision Making

"These days devolution has to be done through a genuine person-centred planning process. It shouldn't be that where people are going to live is identified or what their accommodation needs will be unless you have gone through a genuine process. Going through such a process doesn't mean that you'll necessarily come up with traditional models. Alternative style group homes can be successful. It is important that the process includes and involves all players. It can come unstuck if people don't have genuine involvement."[51]

According to the organisation, the relocation of residents from the institution to group homes was highly emotional for many families, particularly older parents who had placed their children at Greystanes many years ago. Parents and family members had a range of concerns about the devolution of the Home and rehousing of their family members into group homes including:[52]

- Level of care would be reduced and health needs would not be met,

- Loss or reduction of current activities,

- Staff would not be as 'good' or as well-trained and would not know what the clients want or need,

- Potential for sexual assault of clients by staff due to reduced staff at each site at any one time (particularly at night),

- Incompatibility of group housemates,

- Distance to services, and

- Rejection by the wider community.

According to the organisation, these concerns were addressed by engaging with clients, parents, families and guardians in a genuine 'person-centred' planning process. Key aspects of this process involved:

---

[51] Telephone interview with John Le Bretton, General Manager - Greystanes Disability Services, 18 July 2011.

[52] This list of concerns was derived from interviews with Mr Le Bretton and viewing of DVD produced by Greystanes Disability Services, *A Place to Call Home: Talking about Devolution*, which included interviews with families and staff involved in the devolution of Greystanes Children's Home.

- Individual Service Plans developed jointly between staff, client and family;

- Exploring options for accommodation/care that are working successfully elsewhere in the community with clients, parents, families and guardians;

- Providing families with opportunities to 'ask hard questions' and discuss their fears of sexual assault, neighbour relations, concern that health issues will not be addressed both with the organisation and with other families receiving care/accommodation from other organisations who have gone through devolution or similar experience;

- Parent/family involvement in determining the location of the group home where their child/family member would live;

- Parent/family involvement in deciding housemate make up based on mix of males and females, ages and existing relationships;

- Parent/family involvement on selection panels for new staff who would be providing in-home servicing for their child/family member;

- Parent/family involvement in selection of furniture and furnishings for the new group home and room for their child/family member;

- On-going and specialised training for staff;

- Active engagement of neighbours of group homes to communicate openly with staff about any concerns they have and invitations to bbq's and other social events to meet and get to know residents of the group homes.

In addition, and since the devolution, families are surveyed typically once per year by the organisation regarding their level of satisfaction with the service and any concerns that they have. Most recently the organisation also surveyed families about their perceptions of the quality of life and level of happiness of their child/family member. As the interviewee stated,

> "There needs to be a lot of family involvement in monitoring and following up when people have a complaint or feel that things are not going well...You need to have infrastructure in your organisation that supports parents."

5.4.2   Ageing residents with Intellectual Disability

Individuals with intellectual disability and early on-set dementia are reported to require accommodation with full time staffing to meet their needs. According to Ms Van Dam, people with intellectual disability and dementia become more like someone in the general community with dementia due to their loss of cognitive functioning, and would 'definitely require more supervision and support than they would have previously', including to initiate daily tasks such as drinking and eating. Although institutional care is again generally not favoured, this has clear implications for the provision of high levels of care in whatever type of accommodation an older person with dementia is relocated.[53]

---

[53] Telephone interview with Trudy Van Dam, Lecturer Australian Catholic University, 01 August 2011.

5.4.3   Consideration of the Crowle Home Redevelopment Proposal

The proposed redevelopment of the existing Crowle Home site with 470 units within a series of six to eight storey buildings with potential provision of accommodation for 25 to 40 current and future Achieve Australia clients was considered despite the limited information available, in terms of the design and configuration of these units within the larger development. According to Ms Van Dam, a less favourable design would involve a 'clustering' of the units together in one part of the site with a common area or common servicing of all the residents as this would separate residents from the rest of the development, would be out of character with the rest of the development and would be simply replacing one institutionalised model for another. A more preferred option would be units dispersed throughout the development in what is referred to as a 'key ring model' where accommodation is in close proximity but is not connected and staff can easily provide services to residents. However, it is noted that this type of model would not necessarily be suitable for people who have high needs and require full-time support/care.

Options for incorporating units for Achieve Australia clients into the site would depend on how clients are to be serviced, how fixed the option/model would be, and the degree to which clients could move if they are not happy with the new arrangements. As such, several group homes on site as well as other housing options dispersed throughout the site were seen as appropriate, depending on the needs and aspirations of clients and their families.

Table 5-1: Key social impacts identified

Concern	Reasonability	
Lack of involvement and consultation regarding development and relocation	Policy and guiding documents produced by ADHC require extensive and in-depth consultation with client's families. As such, this concern is judged to be reasonable.	The literature sugges⁺ in devolution and re ongoing family contac and their families. There is hence a poten associated with the l process.
Fewer staff/less care at the Crowle Home;	Residents need to be ensured that the level of care received at the CH is similar to that historically provided. This is a reasonable concern, in the context of the relocation and reduced clientele/staff at the CH	Potential to result in and outcomes for th There is a potential fᐠ appropriate care is n who elect to remain o
New staff and staff turnover	Clients and their families should be enabled to form a relationship with staff. This can result in improved client outcomes. This concern is deemed to be reasonable.	Staff turnover can hɛ outcomes; Potential to adversel residents and their fan
Perception that level/quality of care in new accommodation will be lower than that currently received at the Crowle Home	For some residents, the level of care will change according to their individual needs. This change will be in line with ADHC individual planning and funding policies. There is no evidence to suggest that the level of care will be lower in dispersed housing when compared to the	Potential to cause feaɪ residents;

Concern	Reasonability	Impact
	current situation.	
Less involvement in decision making processes	ADHC policy and guiding documents require that families and guardians be actively involved in decision making regarding the client's support arrangements. This concern is deemed to be reasonable	Continued and meaningful family involvement can lead to ongoing family contact and positive outcomes for the client. Hence, there is a potentially adverse social impact associated with a lack of involvement in the planning process.
Clients will be less safe/more exposed in the community	There is no evidence to suggest that moving to dispersed housing will potentially adversely affect client safety	There is no evidence to suggest an adverse social impact in this instance.
	Relocation to dispersed housing may adversely affect friendship groups that have formed at the CH, particularly if access to other services is reduced due to funding allocations.	
Reduced social networks	The academic literature finds that in some instances, deinstitutionalisation can disrupt friendship networks, affecting client outcomes.	There is a potentially adverse social impact arising from the disruption of friendship networks.
Impact on other services currently received	There is some evidence to suggest that clients receiving accommodation support in dispersed housing are not accessing the range of services previously received at the CH. Day Services are an example of this.	There is the potential for an adverse social impact if clients are no longer able to participate in day programs and socialise with other intellectually disabled persons. Potential to adversely impact friendship networks and negatively effect client outcomes

Concern	Reasonability	Impact
Critique of 'social/community integration'	Critiques such as these echo those occurring currently in the academic literature. Hence, these concerns are deemed to be reasonable.	There is a potential social impact arising from social isolation among the clients, particularly those who will be receiving less than 24 hours of support a day, and those who will no longer attend day services or supported employment, due to funding constraints and assessed need.
Too old and/or intellectually disabled to benefit from deinstitutionalisation	The literature suggests that deinstitutionalisation can be beneficial for the elderly and those suffering from severe I.D. Though not unreasonable, these concerns are considered misinformed.	There is no evidence to suggest an adverse social impact in this instance.

Source: JSA 2011

6   Housing Affordability in Ryde LGA

6.1   Overview

This section provides a basic overview of issues related to housing affordability and related matters that are relevant considerations for the proposed redevelopment. The data and information in this section of the report is drawn from extensive research and strategic planning conducted by JSA for City of Ryde Council during 2008 and 2009, subsequent work for several community housing providers as part of their planning and growth strategies, including Ryde Hunters Hill Community Housing Co-operative, North Shore Community, and a brief review of more recent trends.

The subject site is well-located and suitable for the creation of affordable housing, including for high needs target groups including older people, frail aged, and those with physical, intellectual and psychiatric disabilities. Its location close to transport and services also makes it suitable for other groups in the Ryde LGA that currently need affordable housing, including key workers, students and low to moderate income families who are increasingly being displaced from Ryde LGA through increased housing costs relative to income and ongoing redevelopment and gentrification which is has been contributing to local housing price inflation in recent years.

As a community owned redevelopment site, it provides an important opportunity for adding to the stock of such accommodation in the LGA, and the development of a proportion of stock as 'Affordable Housing' that meets the requirements and price points for such accommodation, as well as for more affordable SEPP Senior Living accommodation for the general community as and for a proportion of existing and recently relocated Crowle Home residents. This would also assist in mitigating the impact that this redevelopment is likely to have on contributing to upward pressure on housing prices in the locality, as well as providing for the needs of incoming residents (and those currently on the site as they age.

The Concept Plan could actively create a proportion on genuinely affordable rental housing for low to moderate income earners as a part of this development (say 5-10% of stock), as housing affordability is unlikely to be achieved simply through market provision of units in this locality. Our findings are in disagreement with assertions in the EA and SIA in this respect.

6.2   Local Housing Affordability and Housing Stress

Housing purchase and rental in Ryde LGA is increasingly unaffordable for many local residents, and particularly those on low- to moderate-incomes.

Like Sydney SD, housing prices in Ryde have escalated over the past decade or so, meaning that it is increasingly difficult for local families to purchase a home in the area. Housing purchase prices increased by almost 11% in the 12 months to 2007/08 compared with only 4.5% for

Sydney SD. Increasingly, young people and families who would have bought their own home are renting for longer periods of time, some permanently. As such, rental is no longer a 'transitional' tenure. However, rental cost is growing more rapidly than purchase costs in many parts of Sydney at the present time. From 2005 to 2011, the median sale price of a non-strata dwelling in Ryde LGA rose from 123% of the Sydney SD median to 150% of the Sydney SD median (i.e. from 23% higher to 50% higher than the Sydney SD median), whilst stat units rose from 72% of the Sydney SD median to 90% of the Sydney SD median. Such housing price increases are also reflected in increasing levels of housing stress and displacement of key groups who need affordable housing, as discussed later.

A low to moderate income family is said to be in 'housing stress' when they pay more than 30% of household income on housing costs, and are therefore at risk of after-housing poverty. Around 70% of low-income families in Ryde LGA are in housing stress compared with around 63% of those in Sydney SD, or around 2,750 low-income households in the LGA. Though the median cost of housing is lower than many of the surrounding LGAs, the lower income levels in the LGA mean that it is not affordable to many local residents. The following graph, reproduced from a study undertaken for Ryde Hunter's Hill Community Housing Co-operative by JSA, shows the comparative situation in Ryde LGA.
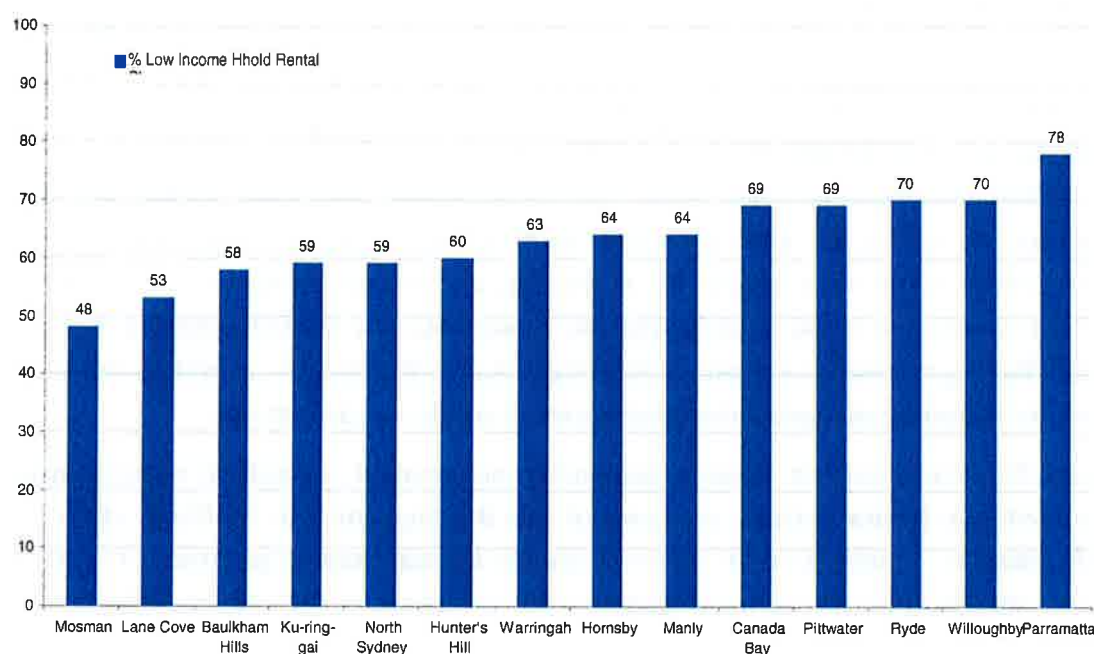

Figure 5: % Low Income Households in Rental Stress (Local Benchmarks)

Source: JSA 2008

Importantly, the vast majority of these households are in private rental. Although some of these would be eligible for social housing, it is likely that many would either just miss out on the income eligibility threshold, or be would unlikely to be housed in the foreseeable future as they are not sufficiently 'high need' to be classed as 'priority' applicants. Given the current pressures on public housing described below, many of those eligible are likely to have around a 10-year wait for public housing. This deters many from applying.

It is also likely that many of these households would be employed in lower income including part-time or casual jobs in the local labour market. Further, around 1,000 moderate income households in Ryde LGA were in housing stress, though their income is likely to exclude them from public housing. These include 'key workers' (those employed in relatively low-paid essential services jobs) whose income is increasingly inadequate to keep up with the escalating cost of housing in recent years.

This is a significant local housing affordability gap of around 4,600 low- to moderate-income renting households. The seriousness of the situation has recently been recognised by the Federal Government in its planning for the roll out of the National Rental Affordability Scheme (NRAS). This rate Ryde LGA as having 'high' housing need, and among 25 least affordable LGAs in NSW for rental housing out of around 160 LGAs.

Importantly, this means that Ryde LGA is likely to be given a high priority for State and Federal Government Affordable Housing programs, described below.

JSA also calculated affordability benchmarks whilst conducting the detailed housing studies for City of Ryde (JSA 2008, 2009). We note that purchase of a first quartile dwelling (those in lowest 25% price range) at that time would have resulted in housing stress to around 67% of all households in the Ryde LGA. Using Sydney SD benchmarks, low to moderate-income households would be generally have been excluded from affordable purchase in Ryde LGA.

In terms of ability to affordably rent in the LGA, we calculated that a first quartile one bedroom flat or unit would result in rental stress to the bottom 30% of households. Rental of a median two bedroom flat or unit would be generally unaffordable to around 45% of households in Ryde LGA, and would place all households on low to moderate incomes (using Sydney SD benchmarks) in rental stress. Thus, irrespective of other cost/supply measures, there are significant constraints for low to moderate-income households in either purchasing or renting affordably in the local government area.

Interviews with real estate agents and local services at that time (2008, 2009) indicated that there is currently a very tight rental market, with very few lower cost properties available, and typically 20 or more applicants for each property. The situation has worsened recently, with decreased investment in rental accommodation, higher demand in part due to interest rate rises, and considerable difficulty for those more vulnerable in the housing market in accessing appropriate or affordable housing.

Though flats and units in the LGA are still somewhat below the median purchase price for Sydney in 2011, they are rapidly approaching the Sydney median, and separate dwellings are much more expensive than the Sydney SD median as noted above. More recent data reviewed by JSA indicates that newer units in redeveloping areas like the subject locality are among the more expensive strata dwelling stock in the LGA. For example, a brief search of realestate.com.au in September 2011 listed units in the immediate locality of the Crowle Home site (within 100 metres) as 'mid-$900k' for a 3-bedroom strata unit, and 'offers over $395,000' for a 1-bedroom strata unit. These were located in an adjacent area to the proposed redevelopment (in Porter St), with similar or possibly higher amenity, given the established trees and gardens on the subject site. It is noted that even the 1-bedroom unit would be 'affordable' to only the top 10% of households on 'moderate incomes' and certainly not to most low and moderate income

households in the locality, whilst larger or higher amenity small units would not meet accepted affordability criteria for any relevant target groups.

This trend to is supported in the work of researchers like Grurran (2007, 2008) who note that redevelopment in urban areas almost always results in housing price inflation.

It is also noted in work conducted for Council by JSA that a high proportion of the Ryde LGA population is aged 70 and older, with 9.4% of the population in receipt of the Aged Pension. Although there was an oversupply of ILUs in SEPP Senior Living developments in 2008, a shortfall was predicated by 2021, and there is a particular need to ensure the long-term provision of such stock suited to the needs of older people and those with a disability in areas close to transport and services in the LGA. Importantly, JSA's studies found that there was a shortfall in low and high care places in residential aged care facilities, which was forecast to be significant by 2031. The development of more high and low care facilities and an adequate amount of higher density development close to services and transport that is adaptable and accessible per relevant Australian standards were noted as strategic planning priorities.

Subsequent strategic planning work for Council indicated that key target groups for affordable housing were key workers, seniors and people with special needs including those with a physical, intellectual and psychiatric disability in the local community. The following except from the Affordable Housing Strategy (JSA 2009) provides more detail on criteria for the selection of suitable sites for seniors and those with a disability, as well as for other low incomes groups such as key workers.

Criteria regarding the evaluation of appropriate sites for provision of affordable housing to target groups have been assessed.

For Key Workers, affordable housing should be near services, shops and transport, and in areas free from heritage and environmental constraints. People in this situation will often be low to moderate income earners, younger and/or single, so well-located higher density living is often appropriate.

Similar criteria are proposed for affordable housing for Seniors and those with Special Needs with additional requirements relating to access, both internal and external. State Environmental Planning Policy (Housing for Seniors or People with a Disability) provides additional criteria with respect to external and internal access. With regard to external access, Clause 26 of the SEPP requires certain services such as shops and medical services to be within either 400 metres of a proposed development, or within 400 metres of public transport providing access to certain services, with that access to be a suitable access path as defined in the SEPP. (JSA 2009, pgs 3-4).

The Crowle Home site would be appropriate for both Affordable Housing for a range of target groups including older people and those with a disability, as well as for the development of a development under State Environmental Planning Policy (Housing for Seniors or People with a Disability. The latter could be developed on a portion of the site and including multi-level care including independent living units, low care (e.g. serviced apartments) and high care (e.g. serviced apartments with Extended Aged Care Packages if this were preferable to nursing home style accommodation.

As a community-owned redevelopment site, it provides an important opportunity for adding to the stock of such accommodation in the LGA. The development of a proportion of stock as 'Affordable Housing' that meets the requirements and price points for such accommodation, as well as for more affordable SEPP Senior Living accommodation for the general community and for existing and recently relocated Crowle residents, would be a significant benefit. This would also assist in mitigating the impact that this redevelopment is likely to have on contributing to upward pressure on housing prices in the locality, as well as providing for the needs of incoming residents (and those currently on the site) as they age. As noted above, this is also important due to the increasing unaffordability of the area, and the current and projected shortfall for low and high care accommodation options for older people and those with a disability in the LGA.

7 JSA Review of the Environmental Assessment against DGR 17 and 18

7.1 Overview

This section of the report provides a review of the applicant's Environmental Assessment (EA) against DGR 17 and 18. In September 2010, the Director General's Requirements (DGRs) for the preparation of an Environmental Assessment (EA) were issued. These DGRs were further amended in April 2011 following a request by Penklis Lawyers that the social impacts related to the displacement of current residents of the Crowle Home be addressed in the EA.[54]

The following preliminary review draws on relevant sections of the EA including the attached SIA, research conducted by JSA from June 2011 to the present, and extensive research and experience of Dr Stubbs in relation to relevant matters, to form the views provide below. It is noted that this review is necessarily preliminary, as significant information is not available through the EA and SIA at this time in relation to key matters. Nonetheless, sufficient work has been undertaken to provide confidence in the preliminary views provided, and particularly the need for far more detail to be provided on consultation and likely social impacts, and how these will be addressed throughout the project.

Each of the DGRs relevant to social impact considerations is looked at in turn below.

7.2 DGR 17 – Consultation

7.2.1 Overview

DGR 17 states that the applicant must "undertake an appropriate and justified level of consultation in accordance with the Department's Major Project Community Consultation Guidelines October 2007".[55]

The NSW Department of Planning *Guidelines for Major Project Community Consultation October 2007* states that, "consultation is part of working openly with the community and other stakeholders and providing opportunities for their views and preferences to have

---

[54] Letter from the NSW Department of Planning Director General to Achieve Australia and Don Fox Planning (2011) Director General's Environmental Assessment Requirements for Concept Plan Proposal for Achieve Australia (MP10_0110), April 14.

[55] Director-General's Requirements, Application Number MP10_0110, 16/09/2010 date issued.

input into the assessment process and decision making" with the goal of consultation being "to strengthen decision making by ensuring all relevant issues are considered."[56]

Appendix 01 Part 2 of the Environmental Assessment (EA), DGRs Cross Reference Table, states that DGR 17 is covered within the EA document at Section 3 – Evolution of the Concept and Section 7.16 – Consultation. We note that the additional DGR 18 requiring the applicant to address the impact on existing and future residents/tenants, particularly the social impacts, is not referenced in the Cross Reference Table.

In this section of the report, we assess the extent to which the applicant's consultation process aligns with the Department's Guidelines for Major Project Community Consultation. We refer to the sections referenced in the EA, the SIA (Appendix 20 to the EA) and the Preliminary EA.

The Guidelines provide information for applicants with regard to:

- The Department's role
- The proponent's role
- "Adequate and appropriate" consultation
- The consultation process
- Report of the consultation process

The following series of tables provide an overview of the relevant content of the Guidelines, our assessment of the proponent's consultation activities as described in the EA and supporting documents, including references to documents and/or interviews. Each of the above matters (except the role of the Department) is dealt with in turn.

In summary, relevant documents reviewed (principally the EA and the SIA), as well as additional research undertaken by JSA, indicate that there are serious inadequacies in the process implemented and/or reported by the applicant against all relevant criteria in the Department's Guidelines.

7.2.2 The Proponent's Role

With regard to the proponent's role, the Guidelines clearly state that proponents are expected to organise, resource and report any consultation processes required by the government and should endeavour to:

- Consult early, particularly where the project is likely to be contentious;
- Commit adequate resources to consultation;
- Clearly describe who has been consulted and what issues were raised; and

---

[56] NSW Department of Planning (2007) Guidelines for major project community consultation, October, Pg 2.

- Demonstrate how the issues raised during the consultation process have been addressed in the EA and preferred project report (if required).

The extent to which the applicant has adhered to these guidelines, including references to documents, and our assessment is detailed in the following table.

Based on our assessment, we find that the consultation process carried out by the applicant as described in the proposal documents has not been adequate in terms of this aspect of the Guidelines.