



Social Policy Research Centre Report Series

Never Stand Still

Faculty of Arts and Social Sciences

Closure of Grosvenor, Peat Island and Lachlan Large Residential Centres – Post Implementation Review

Summary report

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For NSW Department of Family and Community Services, Ageing Disability and Home Care

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Abbreviations and glossary

ADHC	Ageing, Disability and Home Care
COAG	Council of Australian Governments
CRPD	United Nations Convention on the Rights of Persons with Disabilities
DTPT	Design and Transition Planning Team
FACS	Family and Community Services NSW
IRWP	Industrial Relations Working Party
LRC	Large Residential Centres
NDIS	National Disability Insurance Scheme
NSW	New South Wales
PPA	Project Performance Analysis
PIR	Post Implementation Review
PCG	Project Control Group
PDT	Project Development Teams
QoL	Quality of Life
SPRC	Social Policy Research Centre
SSL	Specialist Supported Living
ST1	Stronger Together 1
ST2	Stronger Together 2
UNSW	University of New South Wales

Casuarina Grove	State-wide SSL service located in Hamlyn Terrace on NSW Central Coast. It is operated by ADHC and specialises in aged care for people with an intellectual disability who have needs that are complex due to ageing. It is ten units of ten bedrooms each, in a single building.
Community Living Model	Services that provide support to people with an intellectual disability that are ADHC or NGO operated and include residential and community based services and are typically provided by Disability Support Workers.
Developmental Support Approach	Approach of Disability Support Workers to facilitate maximum independence and participation in the while of life choices and preferences for a person.
Group home	Contemporary single storey house with five bedrooms providing 24 hour support or less. This model is widely used by the sector and is designed to provide accommodation support for all ages and support needs.
Large Residential Centre	This is an older style and existing model which provides 24 hour residential support for people with disability in a congregate setting with more than 20 bedrooms, built on a hospital service model and functional design.

Norton Road	A SSL service located in North Ryde in Sydney and consists of 10 houses with five bedrooms each, delivering specialist supported accommodation services to people with an intellectual disability with significant levels of challenging behaviour
Nursing Model	Services where direct care is provided by nursing staff under the Nurses (Department of Family and Community Services – Ageing, Disability and Home Care) (State) Award 2011.
Specialist Support Living	These services provide direct care to people with an intellectual disability with complex needs i.e behaviour, health or support needs relating to ageing in contemporary accommodation settings.
Person/People with disability	Term that is consistent with the National Disability Strategy.
Summer Hill	A SSL service located in Summer Hill in Sydney which consists of two units with ten bedrooms for adults with complex health care needs and two units with five bedrooms to provide separate respite services for adults and children
Wadalba	A service located in Hamlyn Terrace on the NSW Central Coast (also known as Fig Close) that is operated by Sunnyfield and is a cluster of four houses with five bedrooms each, for people with an intellectual disability.

1 Brief summary

Ageing, Disability and Home Care (ADHC), Department of Family and Community Services NSW, undertook a Post Implementation Review (PIR) in accordance with the Gateway Review System of the closure of three ADHC Large Residential Centres (LRC): Grosvenor, Peat Island and Lachlan Centres; and the development of new accommodation models at Summer Hill, Hamlyn Terrace (Casuarina Grove), Wadalba (Fig Close) and North Ryde (Norton Road). The aim of the PIR is to ensure that lessons are identified to improve the process of the closure of LRCs and the development of new accommodation services for people with disability. The Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) conducted the review from April to June 2012. The review included: service delivery; sustainability; governance; change management; risk management; affordability and value for money; stakeholder satisfaction; and quality of life.

The redevelopment of all three LRCs aimed to achieve and sustain a better quality of life for people with disability. The Quality of Life Study found that people living at all sites, except for Casuarina Grove, experienced increased quality of life. Change in outcomes for participation, growing and learning, health and wellbeing, social relationships and autonomy were however not consistent between sites. For the future, this implies a greater focus on community inclusion.

The significant lessons from the LRC redevelopment process are to apply a framework that includes:

- taking a person centred approach to accommodation support
- approaching redevelopment as a transformative opportunity for community living
- identifying choices through informed supported decision making and communication
- applying a sophisticated change management approach with families, staff and unions
- using the resources, expertise and successful redevelopment experiences of the disability community to inform the process and frame opportunities of disability accommodation support.

This framework could take lessons from and apply the large body of evidence and experience from the other states and countries in devolution, especially England and Canada.

The framework requires a capacity development approach to change with all stakeholders (ADHC central and regional managers, staff, families, people with disability and community members), including allowing adequate time and resources for developing understanding of and comfort with large and small scale decision making.

2 Executive summary

Ageing, Disability and Home Care (ADHC), Department of Family and Community Services NSW, undertook a Post Implementation Review (PIR) in accordance with the Gateway Review System of the closure of three ADHC Large Residential Centres (LRC): Grosvenor, Peat Island and Lachlan Centres; and the development of new accommodation models at Summer Hill, Hamlyn Terrace (Casuarina Grove), Wadalba (Fig Close) and North Ryde (Norton Road). The aim of the PIR is to ensure that lessons are identified to improve the process of the closure of LRCs and the development of new accommodation services for people with disability. The Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) conducted the review from April to June 2012.

A LRC is an older style model that provides 24 hour residential support for people with disability in a congregate setting of more than 20 places, built as a hospital in service model and functional design. In 1998, the NSW Government announced that all LRCs in NSW would be closed and no further admissions allowed in LRCs after 2002 unless in exceptional circumstances with approval from the Director General.

The redevelopment process and closures of the three LRCs was designed and planned with participation from a number of stakeholder groups. ADHC designed a detailed Business Case for each of the three LRCs, which included the framework for the redevelopment process, including key outputs, outcomes, and costs.

Table 1: Transition destination from former LRCs

Transitioned to	Large residential centre		
	Grosvenor	Lachlan	Peat Island
New accommodation services			
Summer Hill	19	-	-
Casuarina Grove	-	-	54
Wadalba	-	-	16
Norton Road		45	-
Other LRC	-	-	5
Other group home	-	1	3
Family	-	1	1
Deceased	-	6	11
Total people	19	53	90
Date of Business Case	April 2006	June 2007	November 2006

Source: ADHC at the time of the Business Case

The four new accommodation services were Summer Hill, designed for people with intellectual disability and complex health needs (two units with ten bedrooms for adults and two units with five bedrooms for respite services for adults and children); Norton Road for people with intellectual disability and complex behaviours (10 five bedroom units); Casuarina Grove for people with intellectual disability and complex needs associated with ageing (10 units, connected with a shared corridor and amenities, each with 10 bedrooms); Wadalba, operated by a non government organisation (four co-located, five bedroom group homes).

Review methodology

The Post Implementation Review (PIR) parts included in this report are:

- Project Performance Analysis (PPA) - to investigate the degree to which the three projects have achieved identified objectives, outputs, and outcomes as well as gauge stakeholder satisfaction with the process; the implementation of the Business Case and lessons to inform future policy processes.
- Quality of Life (QoL) study – the degree in which the projects achieved and sustained a better quality of life of people with disability, their families and carers.

Data used in the review included: Program data and document reviews, including the Business Case and other relevant documentation relating to the projects; interviews with people with disability, their trusted support person and staff and management of ADHC and Sunnyfield; case file reviews of people with disability from the former LRCs; and site visits and observations.

The analysis is based on the data about the new services compared to the:

- Business Cases for Peat Island, Lachlan and Grosvenor Centres and approved variations to the Business Cases
- Disability standards and priorities at the time of the Business Case.

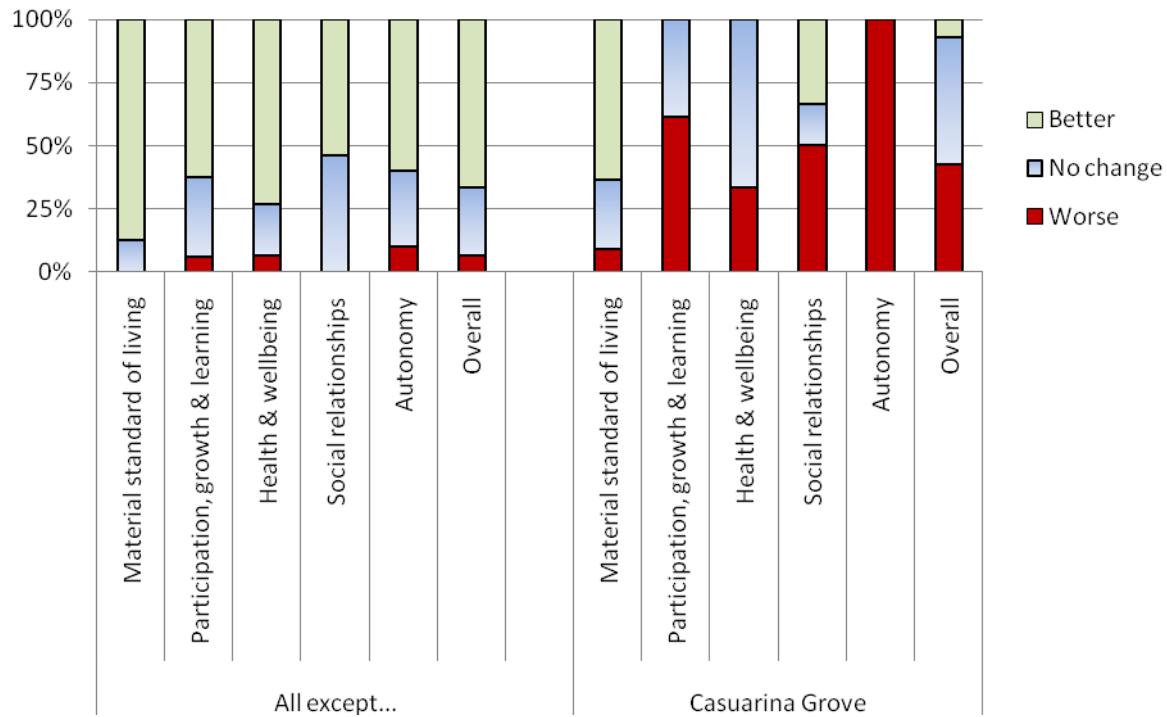
The PPA is divided into seven sections: service delivery; sustainability; governance; change management; risk management; affordability and value for money; and stakeholder satisfaction. The specific research questions and findings for each of these sections are outlined in the report. The implications in the sections below are grouped by the objectives of the review and concentrate on the future implications.

Quality of life for people with disability

The redevelopment of all three LRCs aimed to achieve and sustain a better quality of life for people with disability. Quality of life was measured in terms of how satisfied people with disability were with their previous and current situation. As a result of the redevelopment overall quality of life improved for most people included in the review, in particular material standard of living. However, the extent of how appropriate the new accommodation services were for individual people varied. While a few people experience greater independence and self-determination in their own home (e.g. Wadalba), some others had to compromise on space and privacy (e.g. Casuarina Grove).

All the new developed accommodation services represent the more traditional approaches to disability housing, rather than innovative accommodation models in the community and the commitments in Stronger Together 1 and 2 to expand the options for people with disability, including more flexible types of supported living and new models of accommodation for people with challenging behaviours and complex health issues. There is limited evidence of individualised planning to support person centred outcomes, which is an important platform under ST2.

Figure 2: Change in quality of life from LRC to current housing at all other locations compared to Casuarina Grove by proportion of people



The level of community participation at Wadalba is the most positive outcome. Future redevelopments could apply the successful strategies used at Wadalba to plan future accommodation, as well as considering other community living options for people transitioning from LRCs. Other options for living in the community can include:

- Drop-in specialist support in people's homes and single person homes in the community
- Person-centred approaches in Stronger Together 2 to increase access for people with disability to funding for home modifications, respite support and attendant care for people with a disability to live independently or with family. These types of service models offer specialist support suited to people's individual needs whilst creating opportunities for greater choice, flexibility and community inclusion
- Transformative opportunities for community living and implications of person centred approaches are discussed in Section 6.6.

Strategies to improve accommodation support practices in new developments include:

- Cultural change within an accommodation service by making person-centred, advocacy services and active support training part of the redevelopment process

- Person centred, empowerment approach to enhance community participation, including travel training, community peer support, one to one community volunteer matching
- Contacts, networks and community development in the local community, such as the library, clubs, religious, community groups, community events and schools.

Friendships and other relationships were in some cases considered in planning for the redevelopment projects, enabling people to continue to live with or close to partners, friends and relatives. However, some people who moved from Peat Island Centre were not given a choice and were distressed by separation from partners, relatives and lifelong friends. It appeared that their friendships and intimate relationships were not respected and protected either in a choice to remain together or in an active strategy to maintain close contact.

A future option for preventing separation would be to make social and emotional needs of people transitioning from LRC a higher consideration, and organising accommodation service support needs within that priority. Careful preparation for the moving process and assistance in communicating people's needs and valued relationships could help empower people to express their individual preferences. Ways to empower and assist people with disability in communicating their needs and preferences are discussed in Section 8.6.

Outcomes for people with disability

The study found that people living at all sites, except for Casuarina Grove, experienced increased quality of life. Change in outcomes for participation, growing and learning, health and wellbeing, social relationships and autonomy were however not consistent between sites.

For the future, this implies a greater focus on community inclusion to increase people's participation, relationships, autonomy and wellbeing. Greater community inclusion could be achieved through person centred planning that builds on any valued relationships and activities from before the transition and recognises frequent presence in the community and interaction with the local community members as a priority for meaningful activities and forming new social relationships. The data showed little evidence of people forming new relationships and networks in the local community after the relocation. Venturing in and out of the community does not equal participation in itself (O'Brien, 2003). Offering self-advocacy training and linking people with local self-advocacy groups to increase people's capacity to be actively involved in decision-making processes is discussed below.

Future redevelopments will need to consider the implications of the opportunities envisaged in Stronger Together 2. A key objective is to 'expand options for people living in specialist support services', assisting people to use less intensive supports, including community support, as well as supporting 'adults with a disability to live in and be part of the community'.

Outcomes for people with disability who will reside in these new accommodation services in the future should also be considered. It can be argued that building accommodation services that require high capital and recurrent costs does not

maximise disability standards and could compromise the opportunity for ADHC to provide a range of services. ADHC now has an incentive to fill the places irrespective of person centred planning, because of the financial investment and recurrent commitment. Alternatives to consider are reuse of the new accommodation services for other purposes, including sale, temporary interventions such as behaviour management, respite and emergency support.

Quality of life of people with disability and the experience of family and friends

Most family members felt happy, satisfied and relieved about the new accommodation service. Some are happy because of its new location and the shorter travel distance to their family members. Some others mentioned that they feel relieved because they know that their relatives are in good care and trust the staff and management of the accommodation services who provide them with reassurance. One family member emphasised this, ‘I’ve got peace of mind, if something happened to me I know he would be well looked after.’ Another family member stated, ‘I’m much happier now, I don’t feel a threat anymore, I feel they are doing the right thing for him.’

Ageing parents said they felt less worried after the move as they know that their child is well looked after, which they explained was even more important once they have passed away. In addition to that, family members seemed satisfied because of the accommodation services’ new and more modern equipment. For example, people bought new furniture after the move and were provided with high tech devices, such as TVs with flat screens and Foxtel channels which they did not have in the LRC. Other aspects family members appreciated included flexibility, higher morale and friendliness of staff, increased staff training, service delivery, the active involvement of family members in this and the homely and the family-like atmosphere of the houses. It was also stressed that family members value being kept up to date regarding their relative’s activities and wellbeing.

While most family members supported the redevelopment from the start, a few family members stated that they were concerned or apprehensive when they first found out about the redevelopment, but that these perceptions have now changed. One mother said, ‘Until it’s actually built, you’re always waiting. You think at any moment they’re gonna whip it out, but they did it, and it’s beautiful.’ Family members now feel that the redevelopment was a positive move and enhanced the quality of life of their family member, which is emphasised by a family member saying, ‘At first I was petrified ... [but now] I am gobsmacked of how beautiful it actually is.’

A few family members are unable to visit their relative as often as they used to due to longer travel distance. A lot of them are ageing parents who do not feel comfortable in driving long distances. The staff support these parents by either picking them up at the train station or keeping in touch through phone calls. In contrast, some family members who live close by choose to have limited involvement in their relative’s life. In one case, a family member experienced stress after the move as she had to take on more responsibilities by making decisions on behalf of her daughter. She explained that she was facing conflicts with staff, although the issues had been resolved.

When asking about suggestions for the future, many family members said that the houses were perfect and there was nothing that needed to be changed. However, one family member was concerned about communication with staff, as she felt that sometimes requests were not passed on or staff misunderstand instructions.

There was no mention of any barriers to being involved in the people's support or care. In fact, it was mentioned that if parents wanted to be involved, the management welcome and accommodate that. Overall, family members were very pleased and grateful about the new service and would like to see this continuing in the future.

Outcomes for families and carers

Outcomes for families interviewed were mainly positive. Families commented on their satisfaction with the modern accommodation services, better health care for their relatives and their peace of mind that their relatives were well looked after.

Some family members were not satisfied with the communication about the move or access to resources to make an informed choice. Especially the family members of those who used to live at Peat Island LRC expressed their disappointment in having no involvement in the choice of the locations.

The outcomes for families depended on their previous experience with the LRC, rather than contemporary best practice. For many families, their relative had been in care since childhood and so some family members felt inexperienced and overburdened with the expectations of the redevelopment decision making. It was unclear how much families could familiarise themselves with disability standards and Stronger Together 1.

Other family members reported that they were members of committees, active before and after the transition. In one case, a family member had broad knowledge of the history of the NSW Disability Services Act and its implications. Access to this type of information for all families offers room for future improvements.

Ways of empowering family members to make informed choices about their relatives' living arrangement would be to offer skilled supported decision making advice over an extended period, as well as information sessions that give families an overview of current relevant legislation, accommodation models available, examples of other families who have successfully transitioned to more independent models and of where to seek support for further advice. Information through advocacy services and multiple formats is required.

Outcomes for communities

There was little evidence about outcomes of the redevelopment for surrounding communities of the new sites. It is possible that communities in Summer Hill and Wadalba have benefited from the greater diversity of social contact with people who live in the new accommodation services. Greater use of person centred approaches could have delivered greater benefit to both the person and the communities in which they live.

All Business Cases proposed greater community inclusion for people living in the new accommodation services. This has not been the case for most of the people included in the study. An exception is Wadalba, where two people developed friendships with members of the community and participated more in community life. Even though Norton Road SSL and Summer Hill are close to places where people could interact with members of the community, e.g. shops and cafes, there was no evidence of people living there being in contact with any members of the community. In comparison at Tomaree Lodge, members of the community reported that many people are known and seen in the local community. No similar evidence was available for any of the new accommodation services.

The key for community inclusion is raising awareness about disability inclusion in the wider community. To increase positive outcomes for all parties, offering disability awareness training should be considered as a very conscious and targeted exercise pre and post redevelopment. Another strategy that support staff could take would be to partner with local community groups (such as fishing groups) to increase meaningful social networks and community development.

Community engagement is a specialist skill and support staff would benefit from training in this area in future. Many other disability organisations employ community engagement specialists, who provide expert support and advice in creating closer links with the community.

Similarly, local self advocacy groups offer training and aim to create awareness about disability issues and are therefore a beneficial resource for both people with disability and community members. Self advocacy groups provide a range of valuable supports for people with disability, empowering people to make their own decisions, speak up for themselves and achieve maximum independence. To magnify the role of self advocacy groups in future redevelopment projects, proper funding separate from services needs to be ensured for their involvement.

Suggestions for greater community inclusion in future redevelopment projects are:

- inclusion of all stakeholders, people with disability, families, staff and advocacy bodies in stakeholder scoping before the Business Cases to gain ownership from the community
- share information about good practice, successful examples, and international standards
- involvement of community members during project implementation especially in assisting residents and their families with the change management process . For example:
 - peer change management
 - addressing families and staff emotional reactions to change
 - giving opportunities to explore experiences of people with disability and their families who have been through similar change

- observe changes in Quality of Life and other options for disability accommodation support.

Outcomes for staff

Outcomes for staff should be managed through workplace change management and individual supervision, training and performance review. Appropriate levels of staffing and staff trained to provide services that comply with current policy standards are key aspects to ensuring that people with disability receive the support they need. Staff require training and supervision to extend their understanding of disability standards, the new accommodation service approach and its implications, strategies for how to provide best practice support, and change management (Section 8.6).

The change in outcomes for people with disability was greatest in the NGO contracted service at Wadalba, which enabled a new service delivery model provided by staff specifically trained in person centred, developmental approaches. The outcomes appeared to be most compromised when staff did not have appropriate skills for individualised person centred assessment, planning and implementation. For example, contrary to disability standards, in practice some staff assessed some people as not requiring a person centred, developmental approach, such as people in a generalised category such as older or complex medical needs or behavioural needs, rather than identifying their individual opportunities.

Site selection for community participation and recurrent cost

The Business Cases for Grosvenor, Lachlan and Peat Island focused on service models that accommodate a large group of people with disability in the one location. Suitable sites were restricted due to factors such as existing land or cost of land; impact on the recurrent costs and interests of existing staff and remaining families. The Lachlan Centre Business Case included the option of the development of 10 stand alone group homes in the Sydney Metropolitan area. However, this was not supported as it was in contrast to the Minister's undertaking to redevelop the Lachlan Centre on the Macquarie Hospital campus and was also the most expensive option due to the higher direct care salaries and wages associated as more FTE staff are required to deliver care services over a dispersed area. The Business Cases for Grosvenor and Peat Island did not present options other than cluster models for consideration.

The choice of locations was suitable for some people with disability, families and existing staff and Social Impact Studies were undertaken for the locations for Casuarina Grove, Wadalba and Norton Road to assess the impact of these locations of these groups. However, with the introduction of individual packages, the rights of all people with disability could now be better met in terms of providing a variety of support services in various locations so people with disability have more choice and are not restricted to a service model that may not be in a location or facility type suited to their preferences.

The Minister's commitment to build Norton Road on the Macquarie Hospital site was in the response to the request of family and friends of people living at Lachlan Centre. However this highlights the risk of not providing independent support to families and people with disability to be fully informed of all the options to make an

informed decision. It appeared that the families advocated for the location to remain the same for reasons of security and familiarity, although the implications were contrary to government priorities (Appendix B). Although impact on staff should be considered when selecting sites for new accommodation models, it should not be the basis for site selection. The opportunity to provide person centred approaches to services should be the first priority.

The impact on travel and access to public transport was taken into consideration for site selection for Summer Hill, Norton Road, Casuarina Grove and Wadalba. However, Summer Hill is the only new accommodation service that is within walking distance of a train station. This has implications for the quality of life domains of participation, social relationships and autonomy for current and future people living there. It also restricts accessibility for family members, particularly people who are ageing, younger family members and family members who live far from the accommodation services.

Effective resources use

Cost effectiveness is comprised of effective use of financial resources compared to alternative expenditure options; and effective outcomes for the people receiving support. In the redevelopment projects, includes capital investment and recurrent funding; and effective outcomes in terms of disability standards, including person-centred support, inclusion and participation in a person's home and community.

The project met the Business Case and variations for resource effectiveness (Section 6.6), but not the government priorities or expectations for disability accommodation support (Section 6.1). The recurrent resource use is probably higher than alternative expenditure options due to reliance on the nursing model (Section 6.1). The nursing model of care has higher cost implications, particularly the higher wage costs for nurses and external contract services for meals, domestic assistance and laundry, which would otherwise be provided internally by disability support workers.

Alternative models of support for people who require nursing support already operate in other ADHC funded group homes for example, and include mixed staffing with disability support workers, supplemented with nursing support for the responsibilities that require nursing expertise.

The Business Cases were approved at a time before ST2, which now places greater emphasis on person-centred support and individualised funding packages. This policy change probably has implications alternative accommodation options that have more effective resource use in both capital investment and recurrent costs. The goal of the ST2 strategy is also to improve effectiveness in terms of outcomes for the people receiving support, which are assumed to be more likely if they are able to make informed choices about person-centred support, most suited to their needs and aspirations.

Comparative standards for expectations of cost effective future redevelopment are exemplified in good examples in NSW of individual packages; contracted service provision; separation of housing from accommodation support; and best practice models for rights based outcomes for people with disability.

Overall objectives, outcomes and outputs

The project achieved some of the objectives, outcomes and outputs described in the Business Cases. The physical conditions for people living in the new accommodation services are better than in the former LRCs. The projects in general met the outputs in terms of time and cost.

This result is qualified in two major ways. First, the Business Cases and variations do not meet current expected standards of person centred disability support described above, which could have achieved further outcomes for some of the people using the disability accommodation support and their families and carers. At worst, the quality of life for some people has been reduced by the move, which could have been avoided through person centred planning approaches.

Second, the process of implementation did not have adequate processes in place to protect the primacy of the rights of current and future people receiving accommodation support over other conflicting interests. These conflicting interests included workplace change, staff and management challenges and preference from some government officials in ADHC and Treasury for support that requires group based disability specific capital investment. These shortcomings were reflected in the governance, change management and risk management processes that could have anticipated and led change to maximise the rights of the people living in the former LRCs.

The project also relied on consultancy advice from generalist architects, planners and workplace change managers, in the absence of complementary advice from experts and self advocates familiar with cost effective experiences of deinstitutionalisation and alternative approaches to person centred accommodation support.

Lessons from the LRC Redevelopment process

The significant lessons from the LRC redevelopment process are to apply a framework that includes:

- taking a person centred approach to accommodation support
- approaching redevelopment as a transformative opportunity for community living
- identifying choices through informed supported decision making and communication
- applying a sophisticated change management approach with families, staff and unions
- using the resources, expertise and successful redevelopment experiences of the disability community to inform the process and frame opportunities of disability accommodation support.

This framework could take lessons from and apply the large body of evidence and experience from the other states and countries in devolution, especially England and Canada.

The framework requires a capacity development approach to change with all stakeholders (ADHC central and regional managers, staff, families, people with disability and community members), including allowing adequate time and resources for developing understanding of and comfort with large and small scale decision making.

Person centred approach to disability accommodation support

Redevelopment projects should comply with current national and international standards for disability support (Appendix B) by implementing a fully person centred approach with the people with disability. This requires independent, expert support for people with disability, as discussed below. As a starting point, a person centred framework should be based on individual packages consistent with Stronger Together 2.

Such a process of person centred, informed, supported decision making is likely to result in greater diversity of choices about preferences for disability accommodation support. It would be likely to avoid Business Cases that lock current and future people with disability into a limited and fixed range of accommodation support choices contrary to Article 19 CRPD.

Lessons from other parts of ADHC accommodation and specialist support (such as social skills training, Supported Living Fund, Stronger Together 2, individualised packages and Ability Links Planners), earlier redevelopments (such as Hornsby Challenge and Kew Cottages) and input from members of the disability community with these experiences, can be adapted to implement this approach.

Transformative opportunity for community living

LRC redevelopment could be a transformative opportunity for community living for people who are currently living in LRCs. This approach is particularly important to readdress the breaches of human rights and compromises to their quality of life that many people have experienced in the LRCs. Successful experiences are well documented of other people (with a full range of support needs) who have moved out of institutions or have avoided ever moving in to one, by living in the range of housing options in NSW, Australia and internationally.

The Gateway Review process is only relevant to redevelopment if, following a person centred, informed, supported decision making process, sufficient people choose grouped accommodation options. In these situations, options to use social housing, add to social housing stock, adapt existing social or private housing or build new housing in the community are all possibilities for consideration, only some of which require a Gateway project. Capital investment in housing within the Disability portfolio is one of many options (Fisher et al 2012).

It is possible, but unlikely, that a sufficient number of people who currently live in LRCs would choose to pool individual packages into a large group accommodation

service. Whether it is a government responsibility to implement that choice is a subsequent question, particularly if the model contravenes disability standards. The experience from these projects is that building congregate accommodation services, staffed with former LRC staff, has not been transformative.

Informed supported decision making and communication

The first step in a person centred approach to redevelopment is to understand the needs and preferences of people who live in a LRC through active informed supported decision making and communication. For each person this requires:

- identifying or developing a meaningful, effective way for them to communicate their preferences, with commitment to the resources and time necessary for implementing this
- active, supported involvement of family, a significant friend or carer, guardian or advocate (formal, informal), who do not have a conflict of interest
- allocating an independent mentor for the person to facilitate communication, informed by experiences from other people with disability and families.

These processes take considerable time and resources because many people currently living in a LRC have had very limited experience of the small and large decision making implicit in this approach and yet the decisions being made have significant implications for the next stage of their lives.

These steps need to be managed by experts with experience of informed supported decision making and communication. This could be managed either within ADHC or contracted to equivalent independent people or organisations. Options can be managed individually for each person with disability or by an organisation allocated to a LRC. Similar processes were used for Hornsby Challenge and Kew Cottages. For example, Victoria also offers communication support workers for independent assistance with communication.

It is likely that within supported decision making, local staff continue to provide information about a person with disability (communication, preferences etc), in which case, the information needs to be clearly about the person's rights and preferences, not their staff role. The importance of an independent mentor is vital in these situations so that the staff are not placed in a position of conflict of interest.

Change management for families

Families of people living in LRCs have an understandable and rational concern about the wellbeing and safety of their family member. Many families have previous LRC experience in which they were powerless in decisions about their family member. Although they may be aware or unaware of wellbeing and safety breaches within the LRC, they are likely to know even less about risks outside that environment. These families are unlikely to know much about person centred approaches to community living, because they have no prior experience of it.

Adopting a change management approach to help families understand the transformative opportunities of community living for their family member is important to address their concerns, allay fears about future security and safety (personal, financial and emotional) and to address continuity of relationships in the short and long term.

Relevant experiential knowledge from people who formerly lived in a LRC and their families about best practice and successful outcomes in Australia and internationally can be shared with families. Resources such as information and external mentors from families and people with disability who have gone through the experience of deinstitutionalisation or live independently would be beneficial.

Change management for staff and unions

LRC redevelopment requires sophisticated workplace change management at an organisational, individual and union level. As discussed above, the objective of redevelopment is to fulfil the rights of people who live in a LRC. A cost of that process is workplace change.

To protect staff from conflicts of interest, redevelopment processes need to clearly delineate between roles that require staff to consider their professional self interest and the roles where they must prioritise the needs of people with disability in the processes described above. Examples include assisting people with disability or people who are supporting them in the decision making and transition processes; and staff roles on committees that are intended to focus on the project objectives about the rights of the people with disability. It relies on allocating independent mentors, experts or advocates to support the decision making as discussed above so that staff are not placed in a position of conflict.

The projects were not effective in workplace change management in terms of staff capacity to support the achievement of expectations for changes in quality of life for people with disability (Sections 6.4, 6.5 and 7). Individual plans for each staff member, including training, supervision and performance review are required to avoid this problem in the future. These processes require the commitment of time and resources so that sufficient practice change can be demonstrated and monitored in the LRC or decisions about leaving the workplace can be made before the people with disability move to new accommodation services. Implementing person centred approaches is a significant cultural change and requires practice change across a whole organisation from management to direct support staff. It requires adequate mentoring and follow-up activities to reinforce new practices.

Change management resources in the disability community

The framework described above requires considerable iterative expertise and resources drawn from within and outside ADHC. A beginning point would be to draw existing resources together for use by people with the responsibility and commitment to implementing this approach, including people with disability, families, ADHC managers, staff, disability community members and independent government and nongovernment advocates. A shared community of interest in transformational practice can document good practice so that future redevelopments can learn from previous ones.

Existing resources and expertise include materials, stories and connections to people in the disability community who have experienced successful redevelopment to inform the process and frame opportunities of disability accommodation support.

There is a further opportunity to utilise the knowledge and experience of disability organisations. Redevelopment processes can engage with disability advocacy organisations from the outset to identify best practice and the evidence base about deinstitutionalisation. These organisations have active relationships with people and organisations internationally and nationally who have experienced the transformative opportunities of redevelopment for the people who lived in the institutions, and so they can contribute expertise that can inform future redevelopment processes.

3 Introduction

In accordance with the Gateway Review System, Ageing, Disability and Home Care (ADHC), Department of Family and Community Services NSW, is required to undertake a Post Implementation Review (PIR) of the closure of three ADHC Large Residential Centres (LRC): Grosvenor, Peat Island and Lachlan Centres; and the development of new accommodation models at Summer Hill, Hamlyn Terrace (Casuarina Grove), Wadalba (Fig Close) and North Ryde (Norton Road).

The aim of the PIR is to ensure that lessons are identified to improve the process of the closure of LRCs and the development of new accommodation services for people with disability which responds to their needs and interests and also provides opportunities to learn new skills and participate in community life. The Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) conducted the review between April and June 2012.

3.1 Background to the project

Australian states and territories are responsible for the provision of services to people with disability. Ageing, Disability and Home Care (ADHC) receives funding under two federal agreements: the National Disability Agreement (NDA) and the Home and Community Care (HACC) Agreement (FACS 2011 p.32). Disability services, including LRCs, are regulated under the Disability Services Act 1993 NSW. In 2006, the NSW Government announced *Stronger Together: a new direction for disability services in NSW 2006-2016* and committed \$1.3 billion¹ over the first five years to increase capacity and develop a sustainable and flexible service system for people with disability, families and carers in NSW. Stronger Together 1 identified the need to improve outcomes for people with disability by delivering more person centred planning, services and supports including a broader range of accommodation options.

In Stronger Together Phase 1 (ST1), the focus was increasing and developing new services that focus on strengthening families, promoting community inclusion and improving the service system and level of accountability. In *Stronger Together Phase 2* (ST2), an additional \$2.02 billion of funding was provided to create 47,200 new places and several ‘person centred’ reforms proposed to reduce the demand for residential accommodation. This was to be achieved by strengthening skills and support for people with disability to increase their opportunity to live more independently in the community and also by increasing the range of accommodation services available (ADHC, 2011: 13f). It also included the commitment to close all LRCs, ADHC and NGO operated, by 2017/18 with \$255.4 million of capital and recurrent funding allocated to achieve this target.

These State policy developments are consistent with the international and federal policy context. Australia is a signatory to the United Nations Convention on the Rights of Persons with Disabilities 2008 (CRPD), which includes commitments to rights to independent living in the community and is reflected in the initiatives in ST2.

¹ 2006/07 dollars

In October 2011, Ministers agreed at the Council of Australian Governments (COAG) to a reform of disability services in Australia through the implementation of a National Disability Insurance Scheme (NDIS) by mid 2013.² The aim of the NDIS is to ensure better pathways to timely, affordable, quality care and support for people with disability as set out by the 2011 Productivity Commission's inquiry.

In 2011, COAG also released the 10-year National Disability Strategy. This policy directive clearly sets out that 'suitable accommodation is important to all Australians [and] a perquisite for a happy and stable life.'³ The Strategy outlines, in its third Policy Direction, a need for 'improved provision of accessible and well designed housing with choice for people with disability about where they live' (COAG, 2011: 32). The NSW implementation plan for the National Disability Strategy is in draft and presumably will adopt the same principles and expectations.

This policy and legislative framework is relevant for contextualising the outcomes of the redevelopment process, especially outcomes for people with disability and their family and friends. The review measured the degree of improved quality of life and assessed the outcomes against the Governments' commitments at the time of the projects. It makes suggestions to improve projects and services in the future to develop greater person centred support, planning and choice in accommodation options for people with disability.

3.2 Redevelopment projects

A LRC is an older style model that provides 24 hour residential support for people with disability in a congregate setting of more than 20 places, built as a hospital in service model and functional design. Historically, it was the predominant form of state response to accommodation needs of people with disability. In 1998, the NSW Government announced that all LRCs in NSW would be closed and no further admissions allowed in LRCs after 2002 unless in exceptional circumstances and with approval from the Director General. The proportion of people living in LRCs is decreasing in line with deinstitutionalisation goals and the moves towards person centred approaches to disability support.

The ADHC objective of the new accommodation services, which are the subject of this PIR, is to improve outcomes for the people with disability living in supported living services in New South Wales. Specifically the four new services aim to:

- Deliver better accommodation for people that responds to their support needs and interests
- Provide accommodation that is more home-like
- Deliver services that provide people with opportunities to learn new skills and participate in community life.

² <http://facsia.gov.au>

³ As above

The redevelopment process and closures of the three LRCs was designed and planned with participation from a number of stakeholder groups. ADHC designed a detailed Business Case for each of the three LRCs, which included the framework for the redevelopment process, including key outputs, outcomes, and costs associated with the projects. The Business Case further specified service delivery, sustainability, governance arrangements, risk management and change management procedures for the transition stages to the newly developed services. The Business Cases and relevant information associated with each are central to assessing the outcomes and lessons of the redevelopment process.

3.3 Description of the former LRCs

3.3.1 Grosvenor Centre

The Grosvenor Centre was located in Summer Hill, in the inner west of Sydney. It had a long history of providing intensive support services for people with disability in a hospital-style institutional setting. It was operated by the Department of Community Services as an accommodation service for children, young people and adults with multiple and complex disabilities and then became part of ADHC. The Centre included 17 respite places for children and adults with complex health care needs and 20 places for permanent accommodation for people with complex health care needs.

3.3.2 Lachlan Centre

The Lachlan Centre was located on the grounds of Macquarie Hospital at North Ryde in Sydney and operated since 1986. Eleven apartments were grouped into four units named Lambruk, Kyewong, Kooinda and Karingal. The Lachlan Centre accommodated 53 people with significant challenging behaviours and/or high medical physical support needs.

3.3.3 Peat Island Centre

Peat Island Centre was located on the Hawkesbury River near Mooney Mooney on the Central Coast of NSW. It comprised of 28 buildings, which were approximately 100 years old, across a 23 hectare site. The main building was located on the island with a small number of cottages located on the mainland. The Peat Island Centre accommodated 90 people with mostly support needs relating to ageing.

3.4 Description of the new accommodation services

The four new accommodation services were planned as part of the closure of the three LRCs.

3.4.1 Summer Hill

Summer Hill is designed for people with intellectual disability and complex health needs. It has two units with ten bedrooms for adults and two units with five bedrooms for respite services for adults and children.

3.4.2 Norton Road

Norton Road is designed for people with intellectual disability and complex behaviours. Located on the Macquarie Hospital site in North Ryde, this is a state-wide service with a cluster of 10 five bedroom units.

3.4.3 Casuarina Grove

Casuarina Grove is designed for people with intellectual disability and complex needs associated with ageing. Located at Hamlyn Terrace on the Central Coast, it has 10 units, connected with a shared corridor and amenities. Each unit has 10 bedrooms, providing permanent places for people from across NSW. One of the units will operate as a respite service for people living in the Hunter Region.

3.4.4 Wadalba

Wadalba, also known as Fig Close group homes, is located in Wadalba on the Central Coast. This service is operated by Sunnyfield, a non government organisation, whereas the other redevelopments are all ADHC operated. Wadalba has four co-located, five bedroom group homes.

3.5 People in Grosvenor, Lachlan and Peat Island Centres

The focus of each Business Case was to develop a new accommodation service that reflected to support needs of the people living at the LRC at the time of redevelopment and people who require these services in the future. The characteristics of the people is summarised from the Business Cases in Table 3.1.

Table 3.1: Characteristics of the people living in the LRCs

	Grosvenor	Large residential centre	
		Lachlan	Peat Island
Age			
Range	13-41	31-62	43-88
Mean	19	44	62
Sex		Per cent	
Women	63	24	11
Men	37	76	89
Primary support needs	Health	Challenging behaviour	Health and ageing
Guardianship		Per cent	
OPG	11	23	22
Person Responsible	89	76	65
None or Unknown	0	0	13
Level of family involvement		Per cent	
Frequent	47	45	31
Intermittent	11	36	21
Rare	32	8	22
Nil	5	2	26
Unknown or N/A	5	9	0
Total people	19	53	90
Date of Business Case	April 2006	June 2007	November 2006
Source: ADHC at the time of the Business Case			

Most people who formerly lived in the LRCs moved to the new accommodation services. Some people moved in with family, to ADHC or NGO group homes or other LRCs, including Tomaree Lodge (Table 3.2).

Table 3.2: Transition destination from former LRCs

Transitioned to	Grosvenor	Large residential centre Lachlan	Peat Island
New accommodation services			
Summer Hill	19	-	-
Casuarina Grove	-	-	54
Wadalba	-	-	16
Norton Road		45	-
Other LRC	-	-	5
Other group home	-	1	3
Family	-	1	1
Deceased	-	6	11
Total people	19	53	90
Date of Business Case	April 2006	June 2007	November 2006
Source: ADHC at the time of the Business Case			

4 Review methodology

4.1 Purpose

The Post Implementation Review (PIR) of the projects relating to the closure of Grosvenor, Peat Island and Lachlan Centres has three parts:

- **Project Performance Analysis (PPA)** - Aims to investigate the degree to which the three projects have achieved identified objectives, outputs, and outcomes as well as gauge stakeholder satisfaction with the process. The PPA assesses the implementation of the Business Case and draws lessons to inform future policy processes.
- **Quality of Life (QoL) study** – Aims to determine the degree in which the three projects achieved and sustained a better quality of life of the people with disability, their families and carers.
- **Post Occupancy Evaluation (POE)** – Aims to review the physical environment that assesses the appropriateness of the physical accommodation and design in meeting the needs of people with disability.

The POE is funded and commissioned by ADHC's Asset Management and Procurement (AMP) directorate and is not part of this report.

4.2 Objectives

The objectives of the PIR are to:

- Determine the degree in which this project achieved and sustained a better quality of life for people with disability
- Provide a means of evaluating site selection in relation to community participation and some aspects of recurrent cost
- Gauge how effectively resources have been used
- Determine the degree in which this project achieved and sustained better outcomes for people with disability, their families, carers, communities and staff
- Ascertain whether ADHC achieved its overall objectives, outcomes and outputs
- Capture the lessons learnt from the LRC Redevelopment process.

These objectives are addressed in the findings Sections 6 and 7, and summarised in the implications Section 8.

The review framework in Appendix A provides a detailed list of PIR indicators, research questions and methods for the two parts of the review.

5 Review framework

5.1 Data collection

A range of qualitative methods were used to gather data:

- Program data and document reviews, including the Business Case and other relevant documentation relating to the projects
- Stakeholder interviews – people with disability, their trusted support person and staff and management of ADHC and Sunnyfield
- Case file reviews of people with disability from the former LRCs
- Case study narratives of people with disability from the former LRCs
- Site visits and observations.

Further information about the methods are in Appendix A.

5.2 Data analysis

The analysis in each section is based on the data gathered in relation to the four new accommodation service as compared to the:

- Business Cases for Peat Island, Lachlan and Grosvenor Centres
- Approved variations to the Business Cases
- Disability standards and priorities at the time of the Business Case (Appendix B).

In summary the standards and priorities are:

- Disability Standards in the Disability Services Act NSW 1993 (DSA). There are 10 standards (National Disability Strategy priorities are inclusive and accessible communities; rights protection, justice and legislation; economic security; personal and community support; learning and skills; and health and wellbeing) that must be applied to services and programs in NSW to promote and protect the rights of people with disability.
- Stronger Together 1 (ST1). The focus was to provide access to services for people with disability that is fairer and more transparent, helping people to remain in their own home, linking services to need, expanding accommodation and service options and creating a sustainable support system.
- Draft Convention of the Rights of Persons with Disabilities (CRPD). This aims to protect the rights of all people with disability to live independently and be included in the community (Article 19).
- National Disability Strategy (NDS). This outlines the priorities for action to improve the lives of people with disability, their families and carers in Australia. These include inclusive and accessible communities; rights protection, justice and legislation; economic security; personal and community support; learning and skills; and health and wellbeing.

6 Project Performance Analysis

The Project Performance Analysis (PPA) is divided into seven sections:

- Service delivery
- Sustainability
- Governance
- Change Management
- Risk Management
- Affordability and Value for Money
- Stakeholder Satisfaction.

The specific research questions and findings for each of these sections are outlined below.

6.1 Service delivery

A variety of options were presented in each Business Case and compared against the current disability standards (see Section 5.2) and the qualitative benefits (costs and impacts related to people with disability, families, carers, staff, the Government and the community) and quantitative benefits (costing analysis of the options, efficiency benefit analysis, the impact of implementing the new service delivery model) of the closure of the LRC and the development of new accommodation services. As defined in ADHC's *Innovative Accommodation Framework*, the models for the new accommodation services are described in Table 6.1.

Table 6.1: ADHC models for new accommodation services

Model	Description	New accommodation service
Village	Designed to accommodate 80 to 100 people with disability in five to 10 place units (based on need) with 24 hour support. This model is targeted for residential aged care support	Casuarina Grove
Cluster	Support between 20 and 50 people in five to 10 place units with 24 hour support. Clusters are designed to support people with complex health and behavioural needs with access to specialist services and nursing support where appropriate	Summer Hill Norton Road Wadalba

Source: ADHC, *Innovative Accommodation Framework*

6.1.1 Does the project deliver the level of service described in the Business Case or approved variations?

Grosvenor Centre

The key objectives of the new accommodation service at Summer Hill outlined in the Business Case were to:

- replace the LRC with a more suitable, purpose built accommodation service
- provide modern, compliant and contemporary accommodation that supports people with complex health care needs in a community setting
- provide significantly improved living conditions
- provide improved staff working conditions
- provide specialist and optimal care for people living at Grosvenor
- provide long-term location for the people living there
- provide more home-like environment for clients.

The Business Case presented three options. The preferred Option 1 was the construction of two 10 bed accommodation and two 5 bed respite on the Grosvenor Centre site.

Location and design

The Grosvenor Business Case included criteria for the site selection for the new accommodation service, such as proximity to local parks and facilities, a residential facade facing the street, and transition considerations relating to proximity for staff, families and service providers as well as the efficiency of using existing land.

Option 1 was implemented in accordance with the Business Case and the new accommodation service of two 10 bed and two 5 bed buildings were constructed on the consolidated Grosvenor Centre site. The design varied from the Business Case. For example, hand basins were fitted in each bedroom, which was not in the design specifications in the Business Case and inconsistent with key objective of creating a home-like environment. The inclusion of hand basins in each room was a concern raised by families and staff in relation to infection control. The inclusion of hand basins were discussed in the PCG meetings held December 2006 and it was agreed in the PCG in February 2007 that small hand basins would be installed and recessed if possible. A second example was the design specifications stated that each room would open onto a private external paved courtyard, which would have contributed to the key objective of providing modern and contemporary accommodation. This feature was removed from the final design. It is unclear from the minutes provided for the Grosvenor Centre redevelopment project why this decision was made.

Service model

The Grosvenor Centre Business Case did not provide detailed information regarding the service model for the new accommodation service as found in the Lachlan and Peat Island Centre Business Cases. It inferred that the service at Summer Hill would be a nursing model, which is the current model at Summer Hill.

Lachlan Centre

The key objectives of the new accommodation service at Norton Road outlined in the Business Case were to:

- move away from a traditional medical institutional model to a domestic mixed care model
- provide innovative, appropriate and cost effective 24-hour care
- provide permanent supported accommodation for 52 people with intellectual disability
- provide appropriate levels of assistance in the completion of functional tasks associated with personal care where an identified functional need exists
- provide appropriate assistance with life activities and interactions involved in daily living, or in monitoring the completion of those tasks
- ensure each person receives care and support services that are individualised and planned, including the provision of dedicated behaviour support services
- actively encourage independent thought, activity and interaction with the wider community
- provide up to 24-hour support, dependent on contact with any offsite day program/s
- ensure all clients have access to offsite day programs. Where a resident is occasionally unable to attend day programs, meaningful day activities will be provided in situ.

The Business Case presented four options with preference for Option 2. This option proposed the redevelopment of the Lachlan Centre as a cluster of ten village-style apartments on the Macquarie Hospital site and staffed by Residential Support Workers (RSW) with nursing support provided on a 9am-5pm basis to undertake health care planning and regular input.

Location and design

The Lachlan Centre Business Case included a Social Impact Study that defined the criteria used to assess the suitability of the proposed sites for the new accommodation services. The criteria considered the physical environment, proximity to medical and community services and infrastructure, such as public transport. It provided an analysis of family locations and level of contact and the

subsequent impact on the new sites for families stating that 64 per cent of families lived within the Sydney Metropolitan area and of these, 55 per cent lived in the ADHC Metro North region, which is where the Lachlan Centre was located. The Social Impact Report stated in the report that ‘this has encouraged a preference among these families for people with disability to remain at the current site, or a site nearby.’

The current site of Norton Road is consistent with the Business Case as it is located on the Macquarie Hospital site. The Business Case proposed eight 5 bedroom houses for people with challenging behaviours and two 6 bedroom houses for people with higher physical and medical support needs. The final design at Norton Road consists of ten 5 bedroom houses. The rationale for changing the design and subsequently reducing the number of places to 50 was to provide greater consistency across the service, reflect other models of service in the community and reduce the floor area, which would reduce staff and capital costs. The variation to the design was endorsed by the Deputy Director General in February 2008.

Service model

The Business Case proposed a community living model. In 2009, the Industrial Relations Working Party (IRWP) agreed that the model and staff from Lachlan Centre would be transferred to Norton Road, subject to a two year review, resulting in a variation to the service delivery model as outlined in the Business Case. This variation may be an example where the opportunity to implement a different model of service to meet client need, as advocated in the Business Case, was overshadowed by possible industrial implications of implementing a mixed model of staffing. The IRWP action log stated that ADHC remains committed to the implementation of the community living model at Norton Road and the future service delivery model would be evidence based. The review of the staffing model at Norton Road will be completed in the 2012/13 financial year.

Peat Island Centre

The key objectives of the new accommodation services at Casuarina Grove and Wadalba outlined in the Business Case were to:

- deliver better facilities to more people in need
- improve [people’s] quality of life and access to the community
- accommodation that is specific to [people’s] needs and sustainable in the long term
- a more cost effective and efficient service model with a larger capacity for people with intellectual disability
- closer links and a more active participation in the community and community based programs
- improved standard of living

- reduced total accommodation costs whilst improving performance in the service delivery
- training to direct care staff, nursing management, day activities staff, service support officers and all other staff.

The specific objectives of each model included:

Aged care model at Casuarina Grove –

- move from the medical institutional model to a person centred aged care model with the introduction of non-nursing staff for personal care and individual planning, addressing medical needs and developing health care plans by nursing staff
- retirement-style day activity model, involving age appropriate activities and diversional therapies delivered by retirement lifestyle officers and therapists
- individual bedrooms and ensuite bathrooms enabling greater privacy
- in each unit a garden, kitchen, living and dining rooms as well as quiet areas.

Cluster model at Wadalba –

- a supported home environment
- a ‘bed-sit’ area in each house for people with lower support needs
- each house operated separately.

Location and design

The Peat Island Business Case also included a Social Impact Study that defined the criteria used to assess the suitability of the proposed sites for the new accommodation services. It found that families of people from Peat Island were dispersed across the Sydney Metropolitan and Hunter Region and concluded that relocation to the Central Coast LPA for both of the new accommodation services was unlikely to have an adverse effect on families. Casuarina Grove is in Hamlyn Terrace and the NGO operated service is in Wadalba, which are both within the Central Coast LPA and consistent with the Business Case.

Service model

The current model at Wadalba is consistent with the Peat Island Business Case, which recommended that the 20 bed service be NGO operated and staffed by support workers rather than nursing staff.

The introduction of non nursing staff to Casuarina Grove as outlined in the Business Case has not been implemented. The direct care of people at Casuarina Grove is provided by nursing staff with non nursing staff only involved in diversional activities, rather than personal care and individual planning as stated in the Business Case.

6.1.2 Have the expected benefits been delivered and documented?

Summer Hill

Evidence gathered as part of the Quality of Life study (Section 7) showed that most people experienced an increased standard of material living. The accommodation appeared homely and people living at Summer Hill receive a high level of specialist care. The Business Case infers that a nursing model would be implemented, which is the current service model. A regional manager said that the level of support some people with disability require could not be met by an alternative model, commenting,

A nursing model [is required] – the people who live with us have all the pervasive nursing needs and whether it's 'x' amount of procedures per day or that level of clinical judgement that requires ... anything other than a nursing model would not be appropriate for these folks.

Mixed care from support workers and nurses for people with high medical care support needs in smaller ADHC group homes and international practice is an alternative model.

Families commented on higher staff morale after the redevelopment and increased opportunities for staff training, as well as on their satisfaction with the specialist care services.

Norton Road

At Norton Road, evidence that some people receive support in life activities such as cooking and gardening was available, however it is unclear if these findings apply to all people living at the accommodation service. For example, people continue to receive cook and chill meals and only take part in some domestic activities; and the majority of cleaning and laundry is done by domestic support staff. Little evidence was available about interaction with the wider community. Most people living at Norton Road depend on staff taking them on activities and drives. A family member commented that people living at Norton Road do not interact with members of the community 'due to their ... behaviours.'

Access to offsite day programs for all people living at Norton Road has not been achieved, as the former day program was closed after the redevelopment. Evidence gathered through observation and interviews of people with disability and their family members showed that most people spend most of their time onsite, with access to activities organised by staff such as arts and crafts, cooking programs, BBQs, bowling and drives (Section 7). Some people attend employment programs a few days of the week.

Casuarina Grove

Findings of the Quality of Life study (Section 7) confirm that, consistent with the Business Case, people living at Casuarina Grove have more privacy and experience an overall increased material standard of living. There was evidence for some age appropriate day activities on site. Apart from a few organised activities, there was little evidence for increased participation in the community. There was no evidence

for increased links with the community. The opportunities for incidental social contact are constrained by the location of Casuarina Grove.

Wadalba

There was evidence for an increased material standard of living and increased community access (Section 7). People with higher independent living skills have their own flat within the cluster house, which provides them with more privacy and space. This is also a result of fewer people in each house compared to the LRC. Material possessions have improved, such as furniture and technology equipment. The location of the Wadalba houses provides opportunities to access the local community, such as the supermarket and the pub within walking distance.

6.1.3 Have reports on any non-conformances of the project with agreed service objectives been prepared? Where circumstances have changed, is action being taken to ensure that service needs are met?

Grosvenor Centre

A manager who was interviewed was not aware of any non-conforming issues at Grosvenor.

Lachlan Centre

The service model at Norton Road, which differs from the Business Case, will be subject to a review two years from the commencement of the service. The review was agreed as part of the decision to change the service model described in the Business Case. The purpose is to determine the staffing model that best meets the needs of people living there. The review will be conducted by an independent external consultant and a Project Control Group will be established to oversee the project. An external Day Program is in the process of being implemented.

Peat Island Centre

One regional manager stated that he was not aware of any reports that had been prepared on non-conformance in the Peat Island project.

6.1.4 Has the approved scope of the project been exceeded and was the project completed within the agreed time?

In general, the scope of the projects were not exceeded and variations to the timeframe were approved (Table 6.2).

Grosvenor Centre

The scope of the project was to close Grosvenor Centre and build a new accommodation service. This scope was achieved and not exceeded. In 2009, the Grosvenor Centre was closed and Summer Hill was opened as the new accommodation service for people with complex health needs. The timeframes in the Business Case varied but did not exceed the agreed variations.

Lachlan Centre

The scope of the project was to close Lachlan Centre and build a new accommodation service. This scope was achieved and not exceeded. In 2010, the

Lachlan Centre closed and the new accommodation service at Norton Road was opened for people with complex behaviour. The timeframes in the Business Case varied but did not exceed the agreed variations.

Peat Island Centre

The scope of the project was to close Peat Island Centre and build two new accommodation services. This scope was achieved and not exceeded. In 2010, the Peat Island Centre closed and the new accommodation services at Casuarina Grove and Wadalba opened. The timeframes in the Business Case varied but did not exceed the agreed variations.

Table 6.2: Comparison of milestone timeframes for the three projects

	Date in Business Case	Revised date	Actual date
Grosvenor			
BC completed	April 2006	-	-
BC approved by ADHC	April 2006	-	-
Gateway Review completed	-	-	-
DA submitted	July 2006	December 2006	February 2007
DA approved	January 2007	March 2007	August 2007
Construction completed	March 2008	December 2008	December 2008
Client transition completed	May 2008	December 2008	December 2008
Lachlan			
BC completed	May 2007	June 2007	June 2007
BC approved by ADHC	June 2007	-	June 2007
Gateway Review completed	July 2007	-	July 2007
DA submitted	December 2007	April 2008	April 2008
DA approved	February 2008	May 2008	July 2008
Construction completed	November 2009	May 2010	October 2010
Client transition completed	December 2009	July 2010	November 2010
Peat Island			
BC completed	August 2006	-	August 2006
BC approved by ADHC	September 2006	-	September 2006
Gateway Review completed	October 2006	-	October 2006
DA submitted	September 2008	-	September 2008
DA approved	December 2008	-	March 2009
Construction completed Wadalba	February 2010	February 2010	February 2010
Casuarina Grove		October 2010	October 2010
Client transition completed Wadalba	March 2010	June 2010	June 2010
Casuarina Grove		September 2010	October 2010

Source: ADHC

A limitation to the service delivery outcomes was that the Business Case processes focused on the design and construction of new accommodation services, rather than a person centred approach to identifying and fulfilling the individual supported

housing preferences of each person, such as living in social housing, private housing, with family or friends, and support as required. A small number of people moved to other options (group homes, family home and other LRCs; Table 3.2). Possible explanations are described in Section 6.4. The responsibilities of the different working groups in the governance structure are described in Section 6.3.

6.1.5 Do the new services delivered meet Government priorities?

The review compared the current service delivery Government priorities which comprise of the NSW Disability Standards, Stronger Together 1 and the National Disability Strategy as outlined in Section 3.1 and in detail in Appendix B. Detailed data are in Section 7.

Grosvenor Centre

The Business Case was developed prior to the announcement of Stronger Together and was part of the Closure of Large Residential Centres (CLRC) Program, which reflected the commitment by the NSW Government to the redevelopment and closure of large residential disability facilities (see Section 3.2). The service delivered at Summer Hill meets most government priorities that were in place at the time of the redevelopment, such as the integration of families in the service delivery and access to the service. However, there was no evidence for meeting the priorities of increased community inclusion, participation and autonomy (Section 7).

Lachlan Centre

The Business Cases for the Lachlan Centre was developed and finalised at the time of Stronger Together 1 and when the DSA was already in operation. Norton Road meets government priorities from the time of the redevelopment, including participation and autonomy, valued status, individual planning and review, decision making and choice, privacy, dignity and confidentiality and family relationships (Section 7). However, there was only limited evidence for increased opportunities for community inclusion, as discussed in Section 7.

Peat Island Centre

The Business Cases Peat Island Centre was developed and finalised at the time of Stronger Together 1 and when the DSA was already in operation. There was no evidence that the new service at Casuarina Grove meets the priority of increased community inclusion and participation as proposed in Stronger Together 1. It may meet the priority of improved quality of specialist support due to higher staffing ratios, and some limited team work between community support staff and nursing staff.

There was evidence at the service at Wadalba for greater community inclusion due to the location of the facility and the arrangements which have been made by staff to promote community participation (Section 7).

All projects

Most managers interviewed thought the Business Cases met the Stronger Together 1 priorities. One regional manager said,

I believe [the accommodation service meets government priorities] at the moment, but I think government priorities are in a process of

change and, yes, the service will have to change with those priorities.

Many central and regional managers interviewed were disappointed that the opportunity from the LRC closures did not result in the anticipated service delivery changes due to the way the Business Cases were framed and variations approved (see Section 6.3). They were not positive about future rapid changes away from the nursing model approaches due to staff and industrial issues.

6.1.6 Does the quality of the project meet expectations?

Grosvenor Centre

The Grosvenor Centre Business Case did not include a Quality Management Plan as detailed in the Business Cases for Lachlan and Peat Island Centres.

The evidence gathered suggests that the quality of the new accommodation services including specialist health care meets the expectations of the Business Case. However, there is room for increased community inclusion, as discussed above and in Section 7.

The comments from families and managers were that their expectations were fully met around the physical conditions and the increased specialist health care provided at the new accommodation services at Summer Hill. One manager commented was that the quality of the project ‘outweighs... it more than delivers’. The views of people living there were not able to be included in the data for the reasons described in Appendix A.

Lachlan Centre

The Business Case states that quality management will be addressed through the implementation of:

- Quality and Safety Framework (QSF): The QSF is an internal reporting framework to monitor key service delivery and operational issues for accommodation and respite services provided by DADHC. It establishes regular monitoring of the quality of service provision across DADHC-operated accommodation services and is expected to result in further improvements in data quality and, most importantly, client outcomes.
- Quality in Construction: The building contractor will be selected from a pre-registered list of approved contractors that satisfy the Government’s quality assurance standards for the prescribed scale, type and category of work and will be required to submit a sample Quality Management Plan.
- Quality in Facilities Management: The quality management requirements associated with the operation and recurrent day-to-day management of the facilities will be the responsibility of Metro North Region.

Overall, it appears that the physical quality of the project meets expectations as set out in the Business Case. Stakeholders, including managers, support staff and families, expressed their satisfaction with the improved accommodation for the

people who moved. However, one manager commented that the quality and choice of the furnishings does not meet expectations, as some fittings and furnishings were expensive imports that were hard to replace when they were damaged and others did not prove to meet quality standards required in a context where people were likely to try to damage them. They said, ‘the practicality versus the everyday use and the availability certainly do not match.’

Peat Island Centre

The Business Case states that quality management will be addressed through the implementation of the Quality and Safety Framework, Quality in Construction and Quality in Facilities Management (see Lachlan Centre Business Case description above). In addition, other quality management tools were also included:

- Integrated Monitoring Framework (IMF): The IMF integrates the various monitoring activities currently undertaken that are consistent with the general approaches taken by other human services and that apply to services operated by the Department and service providers delivering DADHC funded services.
- Aged Care Program Accreditation Standards (Casuarina Grove): These standards are closely monitored by the Commonwealth Government. All standards will be complied with, however the standard specifically addressing quality is Standard 1: Management Systems, staffing and organizational development.
- Contractual obligations and resourcing (Wadalba): the contract with the NGO service provider included a key requirement for the service provider to be suitably accredited and to implement a Quality Management (QM) Plan specifically for the new accommodation service.

Casuarina Grove presents accommodation services as outlined in the Business Case, however fieldwork observations noted the hospital-like environment (Section 7).

The Wadalba houses appear to meet the physical expectations in the Business Case. The design of the cluster houses and the decorations look homely and individualised. The atmosphere inside the houses was home-like and focused on individual preferences.

6.2 Sustainability

6.2.1 Have social objectives been met and have measures been taken / are planned to address adverse social impacts?

Grosvenor Centre

Social objectives in the Grosvenor Business Case included:

- Accommodation in a community setting

- Ability for families to have long term plans for their own lives based on the assuredness of their family members' long term location.

The new accommodation service is located in a community, is in close proximity to Summer Hill village and the street entrance blends in with the other housing. Families commented on greater opportunities for activities due to increased staff support and better access to vehicles. Day Programs are mostly centre based. Families were unanimous in stating that they have peace of mind regarding their family members' long term accommodation.

The findings indicate that social objectives in the Business Case have mostly been met. However, there is room for individualised approaches to provide greater community inclusion through the extension of the social objectives. These include identifying individual social goals, relationships, connections and opportunities for participation in the community, which were not evident in the current service at Summer Hill. Examples would be additional regular individualised activities in the local community and the establishment of partnerships with volunteer services or other organisations. In this context, one to one peer volunteers with or without disability could engage with individuals, within the constraints of their health care support plans. This person-centred approach is additionally important in the social living context of the ten person households.

Lachlan Centre

Social objectives listed in the Lachlan Business Case included:

- Provide greater flexibility and opportunity for people with disability to participate in community activities and programs
- Access offsite day programs for all people living at Norton Rd and provide meaningful day activities in situ
- Benefit families by moving people with disability into non-institutional, purpose designed domestic style accommodation.

The evidence suggests that at Norton Road people's social behaviour has improved because of the new living arrangements in smaller units with their own rooms. From 1 November 2011, people at Norton Road could no longer access the building on Macquarie Hospital which they previously accessed for day program activities when they were at Lachlan Centre. The Recreational Officer and Registered Nurse at NRSSL continue to plan and coordinate sporting, outdoor and social activities at the Norton Road facility and there was evidence that most people included in the review were engaging in on site Day Programs that were perceived as meaningful by the residents and their families.

However, the social objective of access to offsite Day Programs was not been met during the operation of new accommodation model as stated in the Business Case, as not all people at Norton Road had access to offsite Day Programs. Planning to resolve this adverse impact was underway as of June 2012 so that all people living in Norton Road would have individual and flexible Day Program packages.

Peat Island Centre

The social objectives proposed in Peat Island Business Case for both Casuarina Grove and Wadalba were:

- Access to a local community
- Social integration, participation in the community and valued social status
- Increased opportunities for community participation and promotion of a positive image of people with disabilities.

Casuarina Grove is located on the corner of Louisiana Road and the Pacific Highway in Hamlyn Terrace. This location limits the opportunity to achieve valued social status and promote the positive image, as it is physically isolated from the local community and there are no other facilities close by, such as shops or pubs (Section 7). Most people are not able to leave the property unaccompanied. The location is too far for most people to walk to the local community. The fieldworkers witnessed people pacing around the perimeter fence.

Diversional day activities are offered at Casuarina Grove. The activities are on site, group based and staff-led to support people with higher support needs. Staff also assist people to participate in activities in the community, e.g. Merry Makers (dance group). As discussed in Section 7.2.3 and 7.4.3, many people at Casuarina Grove have experienced an overall decrease in domains of participation and social relationships.

In contrast, evidence showed that people living at Wadalba have increased their levels of participation and social relationships since the redevelopment (listed in Section 7, such as walking the community, visiting the shops and making friends).

6.2.2 Have economic objectives been met and have measures been taken / are planned to address adverse economic impacts?

The economic objectives in the Business Cases seem to have been met, as discussed below. Findings about value for money are analysed in Section 6.6.

Grosvenor Centre

The economic criteria used to evaluate the options presented in the Business Case included:

- Efficiency of land use and disposal of surplus land
- Financial cost and value (recurrent and capital).

The Business Case economic criteria anticipated continued demand for complex health related accommodation support to justify the financial cost and value. However, demand for the Summer Hill services might reduce in the context of the Stronger Together 2 alternatives discussed below, and positive examples of nursing care provided in group homes and other more flexible physical settings. If this were the case, the economic impact would need to be reviewed in future planning.

Lachlan Centre

The economic related objectives outlined in the Lachlan Centre Business Case include:

- Use DADHC resources in the best way to produce high quality service delivery and to improve the work environment for staff
- Achieve the redevelopment of the Lachlan Centre within the financial targets agreed with Treasury.

The Business Case economic goals anticipated a need to plan for increased accommodation support for people needing additional behaviour support,

The demand for the specialist care services provided at the Lachlan Centre will remain and grow in the foreseeable future, as will the need for facilities specifically designed to allow these specialist services to be delivered efficiently.

These economic objectives might have changed in the context of Stronger Together 2, implemented after the Business Case. The current entry guidelines include assessing a person's eligibility and suitability for this service with a focus on person centred planning that explores all options available to support a person with a disability and challenging behaviour; and considering all other accommodation models and services. Demand for the Norton Road services might reduce in the context of the Stronger Together 2 alternatives discussed below.

Peat Island Centre

The Economic Appraisal appended to the Business Case found that the following main economic benefits would be generated:

- Financial savings in recurrent costs for the provision of services
- Improvement of operating efficiencies, asset utilisation and overall reduction in recurrent costs by consolidating on one site
- Replacement of old buildings with new buildings that will reduce maintenance costs.

The Business Case economic goals anticipated increased demand for ageing related accommodation support as a reason to invest in this type of accommodation. However, the researchers observed that some younger people live at Casuarina Grove, who might otherwise live in more personalised support. The economic impact might need to be reconsidered if demand for the Casuarina Grove aged care services have reduced since the Business Case, in the context of the Stronger Together 2 alternatives discussed below and aged care principles of ageing in place.

All projects

The redevelopment of the congregate facilities in the three Projects necessitates continued new placements to utilise the expended capital investment, committed recurrent funding and employment arrangements. The Business Cases above justified that necessity by anticipating a continued need for specialist group facilities for people with needs related to health, behaviour and ageing.

The person centred approaches and accommodation support models articulated since the Business Cases in Stronger Together 2 suggest that other alternatives could reduce reliance on these congregate models. Already, some managers suggested that the impact of building group accommodation services of this type is that these places may be filled with people who may otherwise been better supported in other types of accommodation service models and could also limit the choices presented for people with disability, contrary to a person centred approach.

6.2.3 Have environmental objectives been met and have measures been taken or are planned to address adverse environmental impacts?

Grosvenor Centre

It was not evident in the Grosvenor Business Case what environmental objectives were set. It did not specify environmental impacts or objectives.

Lachlan Centre

Environmental objectives were listed under ‘Sustainability’ in the Lachlan Business Case:

- The new facilities will be designed and constructed using ESD (Ecologically Sustainable Design) principles & protocols. Analysis and predictive performance modelling will be undertaken prior to design completion to validate ESD outcomes.
- Passive and active systems will be employed to achieve high environmental standards throughout the project process & life cycle of the buildings.
- Rating and assessment tools such as those used in development by the Green Building Council Australia (Green Star), Sustainable Energy Development Authority (Australian Building Greenhouse Rating Scheme) and the Property Council of Australia (Building Quality Matrix) will be referred to and engaged where possible with assistance from accredited consultants.
- All environmentally sustainable measures will be consistent with Government policy and direction.

According to regional manager interviews, all environmental objectives were met at Norton Road.

Peat Island Centre

Environmental objectives listed in the Peat Island Business Case were about the disposal of the Peat Island site. The Business Case (p. 35) stated,

Prior to the preparation of this Business Case DADHC engaged an independent environmental consultant to prepare a Stage 1 Environmental Report. Whilst some minor remediation risks have been outlined there is the possibility that contaminated soil and materials may need to be removed from site. This will be identified as part of future environmental site investigations and subject to planned future site uses (p. 35).

Information on whether contaminated soil and materials at Peat Island were removed successfully was not available. The managers interviewed thought the objectives were met. One said,

There weren't a lot of environmental impacts I don't believe. The ones that we identified have been addressed and are still being addressed – and that was mainly to do with preserving local forest areas, preventing the growth of weeds within those areas as a result of building activity and certainly that was managed by the appropriate experts during the build and it continues still.

6.2.4 Has feedback been given to project planners and estimators to improve future project conception, design development and implementation?

This report, as part of the PIR, will be used for feedback to project planners involved in Grosvenor, Lachlan and Peat Island projects. The Post Occupancy Evaluation report will also be provided as part of the PIR process.

6.3 Governance

6.3.1 Were project objectives defined and the roles, accountabilities and processes established?

Grosvenor Centre

From the documentation provided and interview data, there was sufficient evidence to show that a process was established, which defined the project objectives, roles and accountabilities for this project.

The governance structure for the Grosvenor LRC redevelopment differed to that of the Lachlan and Peat Island Centre projects. The governance structure (Figure 6.3) shows that the Project Control Group (PCG) was central to the redevelopment process with the key responsibilities include:

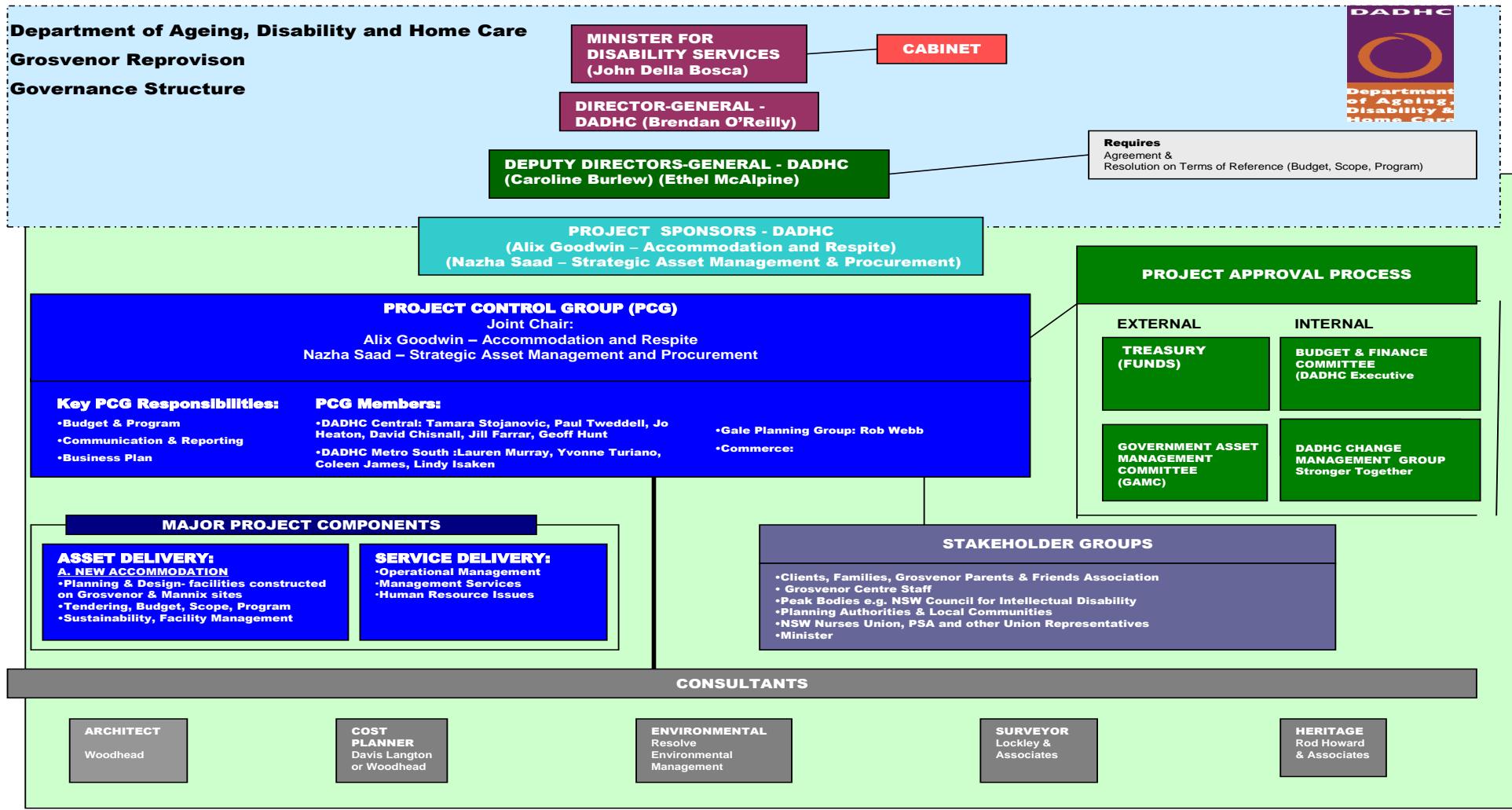
- budget and program delivery
- communication and reporting
- business plan outcomes.

The PCG members were from ADHC central office directorates, including Accommodation and Respite (A&R) and Strategic Asset Management and Procurement (SAMP), Metro South Region and the external project manager from

Gale Planning. The PCG was co chaired by the Executive Directors of A&R and SAMP.

Other groups were also established during the project that reported back to the PCG. This included the Regional Working Group which was chaired by Metro South and attended by union representatives and delegates which then lead to the establishment of an Industrial Relations Working Party (IRWP) in 2008. The IRWP was formalised with a terms of reference and included the ADHC central office directorates of A&R and Human Resources as well as Metro South. The unions represented at this meeting included the Construction, Forestry, Mining and Electrical Union (CFMEU), New South Wales Nurses Association (NSWNA) and the Public Service Association (PSA). Communication with other stakeholders (people with disability, families, community and consultants) were managed external to the formal governance structures.

Figure 6.3: Governance structure of Grosvenor Centre Redevelopment Project (September 2006)

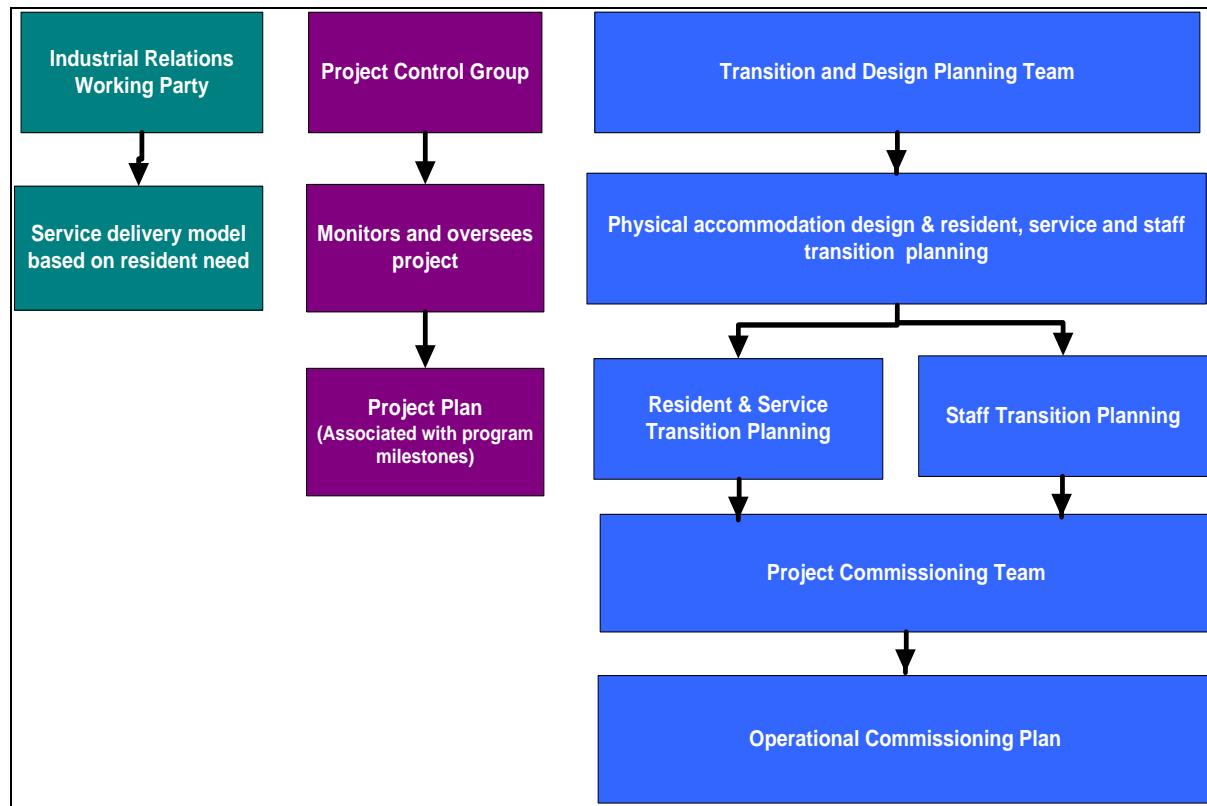


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Lachlan Centre

A governance structure and process was established for the Lachlan Centre project. It defined the project objectives, roles and accountabilities for this project. The design, implementation and management of the redevelopment of Lachlan were managed through three committees (Figure 6.4). These committees included the Industrial Relations Working Party (IRWP), Project Control Group (PCG) and the Design and Transition Planning Team (DTPT). The roles, responsibilities and accountabilities of these committees are outlined below.

Figure 6.4: Overview of committees and groups involved Lachlan Centre project



Project Control Group (PCG)

The PCG was the main governance body overseeing the redevelopment process, with an emphasis that project objectives were achieved in the context of Stronger Together 1. The PCG was held monthly and a Terms of Reference was implemented that clearly outlined the function of the PCG and the key responsibility of the members which of included:

- Develop appropriate service delivery models for the client group, including comprehensive support services appropriate to their support needs
- Select appropriate accommodation option(s)
- Oversee the development and implementation of strategies for communication, risk management and change management

- Determine and oversee the procurement method
- Endorse the preferred site master plan and detailed accommodation design
- Oversee the financial and resources of the project (such as, to identify capital dependencies and constraints, provide input to the economic appraisal)
- Oversee planning for the commissioning of new accommodation services and transition of people with disability
- Oversee and endorse the Business Case, as well as the planning obligations of Treasury (Gateway) and other relevant agencies
- Monitor compliance with the project program
- Liaise with other government departments / authorities who have an interest in the project
- Analyse post implementation review reports for previous similar projects to understand how the process and outcomes can be improved.

Generally the membership of the PCG consisted of the following:

- Executive Director LRCSSL: directs overall project planning; coordination of workforce and service model planning, resident transition and accommodation commissioning, dealing with related risks, changes and communications needs. Is the 'policy owner' of the project on behalf of ADHC.
- Project Development Team Senior Project Officer (SPO): At project initiation, the SPO from the Project Development Team (PDT) is appointed to coordinate all aspects of planning for the LRC closure / redevelopment. This position is located in LRCSSL and reports to the Manager of the PDT. The SPO works closely with the Project Director and manages the secretariat function for the PCG until the business case is approved. PDT's involvement continues post-business case coordinating project planning. The PDT SPO also assists the Transition Project Officer/Commissioning Officer in managing the risk and change issues that emerge in workforce and service model planning, resident transition and accommodation commissioning.
- Executive Director Strategic Business Assets (or delegated SBA officer): SBA undertakes planning and delivery of an LRC redevelopment and / or closure, with particular emphasis on procurement and delivery management. SBA manages the procurement of expert advice during the planning process and provides advice regarding the capital components of the project. After business case approval, SBA is responsible for delivering any buildings ready for use.
- Regional Director: oversees strategy implementation and operational activities for non-LRC supported accommodation services within the Region. This includes managing the interface between supported accommodation and LRCs; makes a substantial contribution to scoping the implications of a LRC closure on regional service provision.
- Project Director: an external expert, appointed by SBA, and a member of the PCG. The Project Director has overall responsibility for managing the strategic

aspects of planning and delivering the project and coordinating the contributions of the various teams and individuals involved.

- Nurse Manager Accommodation and Nursing Services (NMANS): has policy and management responsibility for nursing staff working in LRC supported accommodation.
- Strategic Human Resources (SHR): develops and implements the project's HR/IR strategy and manages the industrial relations consultation process with staff and unions.
- Events and Communications Unit (ECU): develops and implements project communication and consultation strategy. ECU works with the PDT SPO and PCG to ensure planning, changes and communications are coordinated.

The PCG received reports from the following consultative advisory sub-committees: Design and Transition Planning Team (DTPT) and Industrial Relations Working Party (IRWP).

Design and Transition Planning Team (DTPT)

The DTPT were established after the Business Case and funds were approved. It was an advisory group established to inform the planning process during the closure of an LRC and related opening of the new accommodation services. The role of the DTPT was to ensure that people with disability, families, guardians and staff are supported during the process and had the opportunity to comment on the process. The DTPT work was divided into two stages.

- Phase 1 Design: was to involve and prepare stakeholder groups for the transition process; inform all stakeholders of the progress; provide opportunities for consultation; provide feedback on services, furniture and equipment; and inform and review the transition process at regular intervals. This group closely liaised with architects and other service providers.
- Phase 2 Transition: was the Resident and Service Transition planning phase. The DTPTs work focused, for example, on development and review of transition planning templates; input into action plans; provided advice on the best ways to communicate with people with disability and their trusted persons; provided familiarisation for people with disability of their new homes; and input to the induction process of staff to their new work places (including staff transition planning). The DTPT was also responsible for ensuring that advocacy was properly engaged where necessary and clients' support needs were identified and accommodated.

The membership of the DTPT changed during Phase 1 and Phase 2 as outlined in Table 6.5.

Table 6.5: Membership of the Design, Transition and Planning Team by Phase

Members	Phase 1 – Design	Phase 2 – Transition planning	
		Resident and service	Staff
Project Director	✓ Chairperson	-	-
Strategic Business Asset	✓	-	-
Project Architect	✓	-	-
Project Manager	✓	-	-
Change Manager	✓	-	-
Executive Director LRCSSL	✓	✓ Chairperson	✓ Chairperson
CEO, Large Residences	✓	✓	✓
Commissioning Officer	✓	✓	-
Up to 3 parent/family members to represent residents	✓	✓	-
Nurse Manager	✓	✓	✓
OHS Representative	✓		
Centre Residential Nurse Unit Manager representative	✓	✓	✓
Staff representative	✓	✓	✓
Project Development Team member	✓	✓	✓
Local Human Resources	-	-	✓
Strategic Employee Relations	-	-	✓

Source: ADHC

Industrial Relations Working Party (IRWP)

The IRWP was established to support communication between Human Resources, PCG, staff and unions throughout the planning and transition process.

The IRWP discussed and addressed all industrial issues arising from the LRC closure and/or redevelopment process including industrial concerns or queries raised at staff meetings. The scope of industrial issues discussed by the IRWP included: work related conditions; workplace health and safety; staff amenity; and transitional arrangements and training. The purpose of the IRWP was to provide:

- a forum for staff consultation via the IRWP representatives
- information about industrial issues to LRC staff via line management
- input and advice on the best ways to support staff during the transition process
- provision to staff of accurate information about the project
- updates to the Project Control Group about industrial issues as they arise via the SHR representative.

The membership of the IRWP consisted of:

- Executive Director, Large Residences (chair-unless otherwise agreed)
- 1 LRC manager
- 1 LRC CEO
- 1 union official from each of the NSW Nurses Association (NSWNA), Public Service Association of NSW (PSA) and Unions NSW (UNSW)
- 1 NSWNA delegate (plus 1 alternate)
- 1 PSA delegate (plus 1 alternate)
- 1 union delegate – where those unions are affected (plus 1 alternate)
- 1 Strategic Human Resource (SHR) representative
- 1 LRC Human Resource Manager
- 1 Project Development Team Project team member.

Peat Island Centre

A governance structure and process was established, which defined the project objectives, roles and accountabilities for this project is identical to the Lachlan Centre project as outlined above.

6.3.2 Were project actions taken and the required decisions identified and appropriately made?

The Business Cases for Grosvenor, Lachlan and Peat Island all included detailed project plans that outlined the key actions and milestones to be completed for each project and identified the level of delegation required to make and approve the decision. The comments and information provided in the interviews were common to all three projects, with the shared issue arising in the Gateway Review, which drives the Business Case process.

Decision making in the Gateway Review process

According to the management interviews, the project actions and decisions were problematic because of the historical background and the Gateway process. Two historical factors hindered the project decision making. First, the repeated policy announcements to close the LRCs from the 1990s onwards, without follow up action resulted in poor relationships with stakeholders such as family members and advocacy groups, even before the Business Case process (Section 6.7). A parent said that ‘it was time that the government did something.’ Another family member commented:

I honestly didn’t think anything was going to happen anyway this time, they had told us about these changes for the past 20 years and nothing ever happened.

Second, some managers said the redevelopment processes began at the regional level and was very chaotic, without taking into account implications for rest of region

or state. They said that once projects were centrally managed, they became more strategic, because they had to follow the procurement governance structure laid down by Gateway Review, which was positive.

However, managers also said that the rigidities of the Gateway process made it difficult to engage stakeholders in the top-down process, which started with a Business Case and funding and defined ideas. A manager said,

The Gateway process makes it difficult for human service delivery to be creative. It requires you to first identify capital – how many dollars do you need to build the building ... and we don't do it in the right order ... rather than sit down with the families and residents then work out a detailed plan [first].

As a result, the Business Case development process as the first stage in the project was design driven. The Business Cases for the new accommodation services were written without direct consultation with the people who lived in the LRCs, their representatives and disability support experts. The Minister held Stronger Together 1 consultations with representative groups, e.g. family and friends of Lachlan Centre, and requested feedback on the new service model, however this level of consultation did not continue during the Business Case development. Managers from ADHC Central Office said the Business Cases were confidentially developed until the funding was approved to avoid disappointment. A manager said the 'main hostility [was] driven around that they [staff] were left in the dark so long.'

Managers said this caused hostilities with some families and in practice restricted their informed choices. This hostility was further aggravated by actions and decisions that were contrary to the project objectives. In some cases, staff and family alliances developed that reflected the interests of staff, rather than the objectives of the Business Case, e.g. the decision for Norton Road to remain on the Lachlan Centre site due to the wishes of the families and poor information and process for families about all the options available, other than the new accommodation model.

Decision making in the governance structure

The relationships between the committees were problematic. For example, the DTPT was the only committee where membership from all the stakeholders was included, so it was the only one where debates about objectives could be held. Some managers said that it would have been better not to have a separate IRWP focusing on Industrial Relations to manage all perspectives and include a focus on the project objectives.

Membership was also difficult and feedback indicates that it was not well managed. For example, according to the manager interviews, the families and staff on committees tended to be people who opposed the closures and tried to replicate the LRCs in the redevelopment models. Family and people with disability representatives tended to be included in small decisions only, such as internal design choices, rather than the more significant decisions about support models. As a result, the bigger questions were not debated by the range of stakeholders.

Some aspects of the governance structure lacked independence. Initially the PCG was chaired by someone from another directorate then changes in governance meant that PCG (Lachlan) was chaired internally. For example, discussions were held and the chair of the committee then made decisions. These decisions were not re-evaluated against the objectives in the Business Case. They suggested that future governance processes should require that key change decisions taken in the sub-committees need executive approval.

Some staff complained that issues that they raised in the committees were not dealt with appropriately by management.

Some managers criticised the political environment within ADHC as lacking strength and leadership to manage the predictable tensions in decision making. They said that although the overall governance structure was effective, poor decisions were made in the absence of stronger change management processes. One manager said,

That was mainly to do with leadership and consistency from the top.
When unions and families jump up and down you find that things
change quite a bit because ADHC is a politically sensitive
environment.

6.3.3 Were options evaluated (approving and rejecting) and approval paths followed under the delegations e.g. funds were sought and properly approved?

Options were evaluated within the committees as evidenced by the minutes and interviews. The review could not find records or processes that acknowledged conflicting interests or prioritised disability rights and the project objectives. For example, managers referred to options to resolve industrial relations problems evaluated against risks to the project timeframe rather than the rights of the people with disability. Approval paths and delegations were followed for all three projects.

6.3.4 Was progress monitored, outcomes measured and need for corrective action identified?

The governance structures for all three projects were involved in the progress and monitoring of outcomes as outlined in the relevant project plans. The documentation provided to the review also demonstrated that the key outcomes were identified and included in Priority Initiative reporting for each financial year. This reporting mechanism provided updates on the project outcomes to the ADHC Executive.

6.3.5 Was the project completed within the approved budget and timeframe, or was reasonable justification given? Have variations to scope, time and cost been justified, processed and approved?

All three projects were completed with approved variations to time (Section 6.1.4) and budget (Section 6.6), as evidenced in the committee minutes.

Variations to the time and cost were approved across all three projects according to the managers. The justification of the variations needs to be understood in light of

the discussion above about compromises to the effectiveness of the governance structure, which did not return to the objectives and expected benefits of the projects.

6.3.6 Did the procurement process meet policy and procedural requirements?

The Gateway process dictates a structured procurement process which was followed in all three projects according to the interviews and minutes.

6.4 Change management

6.4.1 Did the Change Management Plan identify change objectives, implications, strategies/ tasks to achieve, timeframes, roles and responsibilities?

A Change Management Plan was included in the Business Cases for Grosvenor, Lachlan and Peat Island Centres. Human resources were the main focus of the Change Management Plans for each project as these were considered to be the most complex and problematic. Therefore, the aim of the Change Management Plans was to mitigate the industrial risks through communication and consultation with staff and unions. The Change Management Plans included actions required, people responsible and timeframes to implement these strategies.

6.4.2 Were there inter-dependencies with the Communication Strategy, Industrial Relations Strategy and Risk Management Plan?

The Lachlan and Peat Island Centres included a Communication Plan, Industrial Relations Strategy and Risk Management Plan (the Grosvenor Centre did not appear to have them). They all operated in conjunction with the Change Management Plan and were complimentary.

The strategies and plans were inter-dependent but cursory as discussed above. It was not evident in any of the locations whether the change management strategy was revised as problems changed and escalated.

6.4.3 Were change management workshops/meetings held and were outcomes documented? Did results from the workshop/meetings and a Change Management Plan exist and incorporate the findings and recommendations?

Grosvenor Centre

From the documentation provided to the review, it appeared that a Change Management Workshop was not held for the Grosvenor Centre workshop. A workshop is not referenced in the Business Plan or Change Management Plan as it was for Lachlan and Peat Island.

Lachlan Centre

A change management workshop was held to initiate the development of the change management plan in alignment with the communication strategy, industrial relations

strategy, risk management plan and economic appraisal. The five key outcomes from this workshop were summarised in the Business Case as follows:

- The Lachlan residents will have a better quality of life in a more home-like environment which will meet their needs as they grow older
- The project will create a long-term solution for people which has flexibility, providing an opportunity to meet unknown future demand
- The 55 place development will cater specifically for the needs of those Lachlan residents
- The challenging behaviour model will have a culture of excellence and will be a learning organisation which provides employees with opportunities to develop specialist skills. The new model will provide a better work environment with modern and purpose-built accommodation.

Peat Island Centre

A change management workshop was held to initiate the development of the change management plan in alignment with the communication strategy, industrial relations strategy and risk management plan. The outcomes of this workshop were summarised in the Change Management Plan:

Feedback from the change management workshop indicates that, although many staff have attended the briefings on the future of Peat Island, there is a general feeling of scepticism about whether the closure will eventuate. Staff have also queried the need for change, and have questioned the statement that Peat Island is an isolated location. They have also suggested that it is not in the best interests of the current residents to move to a new model when they have lived in Peat Island for the majority of their lives.

All projects

A change management process requires ongoing support for the people affected. It was not evident that staff had mentors or advisers for follow up after the training to implement the skills or seek advice for themselves or other stakeholders affected by the project in any of the locations.

In interviews with stakeholders, including families, people with disability, managers and staff, it was reported that the failures in change management was a result of not addressing their lack of experience in making decisions about this type of change, leading to early resistance to the redevelopment projects.

They also said that managing change could have improved if an individual approach had been taken earlier. Central and regional managers said that the change management process was not successful because the external consultant did not have an understanding of the disability context so they did not have the capacity to anticipate and address the change management problems for the various stakeholders. The stakeholders in the interviews were dismissive of the change

management processes as tokenistic, without specific thought to the skills and experience of the individuals and groups involved and their potential conflicts of interest. Central and regional managers and staff in all locations said staff change management should have started earlier to assist them with employment decisions.

The main suggestion from the participating stakeholders to improve the change management process was to separate the interests of the people with disability from that of families and staff. This required informed, independent and individual support for these three groups, but it was not evident from the review that most people received that. This could have been improved by:

- Prioritising the rights of the people with disability to person centred planning for quality accommodation support suited to their individual needs and informed independent decision making within the change process
- Providing independent support to families to understand the opportunity for improved quality of life for their family member
- Managing the inevitable individual and collective workplace change for the staff.

Section 8 discusses these suggestions further.

6.5 Risk management

6.5.1 Was a table and register identifying risks established at project initiation and is there evidence that the risk table and register has been updated with various governance groups e.g. Project Control Group meeting?

Grosvenor Centre

The main risks for the Grosvenor project were recorded as a risk table in the Priority Initiatives and updated periodically to inform the ADHC Executive. The risks identified were about DA approval and communication with families and staff. Risks were also discussed and monitored in the PCG as evidenced in the minutes.

Lachlan Centre

A risk table was also included in the Priority Initiatives for the Lachlan project. The risks identified varied from each financial year due to the stage of the project but reflected the risks identified at the project initiation stage as outlined in the Risk Management Plan. Risk Management was also a standard agenda item in the PCG meetings.

Peat Island Centre

The same process was followed for Peat Island as stated above for Lachlan.

6.5.2 Is there evidence that risk management workshops/meetings were held with documented outcomes?

Risk management was discussed in committee meetings.

Grosvenor Centre

From the information provided to the review, it appears that a risk workshop was not held in relation to the Grosvenor Centre project.

Lachlan Centre

A workshop was held on in 2007 to identify and assess the risks associated with the redevelopment of the Lachlan Centre. The key outcomes of this workshop are documented as part of the Risk Management Plan in the Lachlan Centre Business Case.

Peat Island Centre

A risk management workshop was held at the DADHC offices in Sydney to discuss the broad government objectives and associated project risks. The minutes from this workshop are included as an appendix to the Risk Management Plan in the Peat Island Centre Business Case.

All projects

The shortcoming identified in the stakeholder interviews were that the planning stage and the governance structure were not adequately designed to cope with the risks identified prior to and during all three projects. This was largely supported with examples relating to problems with industrial relations, family communication and design of the new accommodation models.

As a result the project became focused on managing political and industrial action risks. An example that from the stakeholder interviews was the risk relating to the short transition phase for clients relocating from Peat Island to Casuarina Grove. The transition phase was initially a 5-6 week period. However, due to issues relating to staff sustainability over two sites, the transition happened over one week. From the interviews and documentation provided, it does not appear that the risk to people with disability (Section 6.7.1) was fully considered when shortening the transition period.

Managers interviewed for the review did not talk about the problems in the risk management, despite significant problems with workplace change, industrial relations activity and family dissatisfaction.

6.5.3 Do Risk Management Plans exist confirming major project risks, mitigation strategies and associated costs, responsibilities, and timelines?

Grosvenor Centre

As mentioned above, a Risk Management Plan for the Grosvenor Centre project could not be located.

Lachlan Centre

A Risk Management Plan was included in the Business Case, which outlined the key risks and corresponding mitigation strategies. It did not specify who was responsible and the timeframes to implement the strategies.

Risk management plans were updated in the PCG.

Peat Island Centre

The same process was followed for Peat Island as stated above for Lachlan.

6.6 Affordability and value for money

6.6.1 Has procurement met the approved budget (as varied) and/or a reasonable explanation has been provided for cost variances?

Table 6.6 outlines the costs of the procurement and construction of capital assets in each Business Case in comparison to approved variations and actual expenditure. These comparisons demonstrate small increases between the Business Cases, approved budgets and final cost. For all three projects, central and regional managers said budget increases were approved.

Table 6.6: Capital funding and expenditure for Grosvenor, Lachlan and Peat Island Projects

	Business Case budget	ADHC approved budget	Year commenced	Expenditure to 30 June 2009	2009/10	2010/11	Forecast final cost
Grosvenor	6.6	7.010	2006/07	7.010	0.008	0.07	7.088
Peat Island	39.0	41.623	2007/08	12.834	25.901	1.574	41.042
Lachlan	13.8*	19.970	2006/07	6.214	12.882	1.277	20.373

Source: ADHC (\$ million)

Note * The notional value of the preferred site of \$4.659 was not included in the capital amount of \$13.8 sought in the Business Case. The actual land purchase from NSW Health was \$6.031.

Grosvenor Centre

The variation to the capital expenditure from the Business Case was an increase from \$6.6 million to \$7.010. The reasons for the variation in the capital budget were possibly due to changes from the design brief. From the documentation provided, the constraints due to site area and topography of the site needed greater consideration during the project. Other issues include the finalisation of staffing and numbers after the design stage, which required changes to onsite parking facilities and staff amenities, such as offices.

Lachlan Centre

There was an increase of \$6.17 million in the capital budget for the construction of Norton Road. One reason was the land value was not included in the \$13.8 million included in the Business Case. From the documentation provided, there were also changes to the design brief during the project development and implementation

phases that impacted on the capital expenditure. For example, the change of staffing model from non nursing to nursing staff resulted in changes to the design as cook chill facilities and nurse's meal room were now required. These changes were approved in accordance with delegation e.g. PCG, Strategic Asset and Procurement or the Deputy Director General.

A central manager said,

The original budget for Lachlan was announced in ST1 before we had done the planning in the business case, where we did assess the options. But they [ADHC internal] always knew that it was going to be a cost blow-out, so when it was off the line, it got approved.

Peat Island Centre

The central and regional managers said that at Casuarina Grove the cost changes were due to the industrial relations negotiations. Original costs were based on a model with nurses and non nursing staff for personal care and individual planning. When a nursing model was agreed instead, the recurrent costs increased. From the documentation provided, the examples to the change in the design during the implementation of the project were based on the staffing models not being determined at the outset of the project which resulted required additional staff facilities e.g. increase in staff parking and shortage of administration staffing accommodation.

For Wadalba, there was greater flexibility in the design due to accommodating the possibility of it becoming an NGO operated service in the future resulting in fewer changes during the project implementation phases. Wadalba was the only service where the procurement process also involved the funding of a NGO to operate the service. From the documentation provided, the Hunter Region Planning & Planning commenced the Request for Service Proposal process to identify a suitable NGO provider in November 2009 in accordance with policy with the contract awarded to Sunnyfield in April 2010,

6.6.2 Is there evidence that the project still provides value for money?

The recurrent service costs in each Business Case in comparison to the approved budget and actual expenditure are outlined in Table 6.7. The results reveal slightly higher costs from the Business Cases to the operational expenditures. The higher costs were approved.

Table 6.7: Recurrent funding and expenditure for Grosvenor, Lachlan and Peat Island Projects

Name of service	Recurrent budget in BC	Large Residential Centres				Redevelopment services				2011/12			
		2009/10		Operational		2010/11		Operational		Operational		Operational	
		Clients	Budget	Expenditure	Clients	Budget	Expenditure	Clients	Budget	Expenditure	Clients	Budget	Expenditure
Peat Island Centre	-	57	10.887	10.310	-	-	-	-	-	-	-	-	-
Casuarina Grove	11.297	-	-	-	74	7.602	6.748	84	11.882	11.948			
Wadalba	2.165	-	-	-	16	2.327	2.299	16	2.386	2.414			
Lachlan Centre	-	45	9.606	8.920	-	-	-	-	-	-	-	-	-
Norton Road	9.076	-	-	-	48	5.735	5.730	47	10.256	10.871			
Grosvenor Centre	-	19	5.538 (2005/06)	5.448 (2005/06)	-	-	-	-	-	-	-	-	-
Summer Hill*	N/A	-	-	-	38	-	-	38	8.517	8.083			

Source: ADHC (\$ million)

Note: * The number of clients and budget information includes Summer Hill Group Homes A&B and the 4 regional group homes included in the Complex Health Network.

Comparing the recurrent cost per person between the former LRC and the redevelopment services shows lower costs for all services except Norton Road (Table 6.8), representing value for money compared to the former LRC services. However, the recurrent cost per person in the redevelopment services is higher than equivalent costs for people with complex needs (ageing, health or behaviour) in ST2 planning.

Table 6.8: Comparative recurrent cost per person Grosvenor, Lachlan and Peat Island Projects

Name of service	Large Residential Centres 2009/10		Redevelopment services 2011/12	
	Clients	Cost per client	Clients	Cost per client
Peat Island Centre	57	0.181	-	-
Casuarina Grove	-	-	84	0.142
Wadalba	-	-	16	0.151
Lachlan Centre	45	0.198	-	-
Norton Road	-	-	47	0.231
Grosvenor Centre	19	0.287	-	-
Summer Hill*	-	-	38	0.213

Source: ADHC (\$ million)

Note: calculations from Table 6.7 data

The regional managers interviewed did not have comments on the affordability. This may indicate that budget management was not their concern, the projects cost

estimates were well funded or they assumed that cost changes would be approved by management with the relevant delegation.

Grosvenor Centre

Recurrent costs per person for the Grosvenor redevelopment decreased compared to the LRC. The Business Case did not refer to a value for money measure.

Lachlan Centre

The recurrent costs per person for the Lachlan redevelopment increased compared to the LRC. The Business Case did not refer to a value for money measure.

Peat Island Centre

The recurrent costs per person for the Peat Island redevelopment decreased compared to the LRC in both Casuarina Grove and Wadalba. The Business Case referred to the value for money goal of reducing costs

that will make it possible to increase capacity - deliver savings in operating expenses of the 100 place aged care village of approximately \$3M per annum. This saving more than offsets the cost of delivering the 20 place cluster model (an increase of 20%). If the new models are operated by DADHC, the total accommodation cost per client per annum will reduce from \$153K p.a. to \$112K p.a. and deliver improved performance in the delivery of services across the Hunter Region and State. If an NGO provides this service, as detailed later in this Business Case, it is projected that the cost per client will reduce even further.

The NGO model did not reduce costs further as anticipated by the Business Case.

6.6.3 Is funding available to complete the realisation phase of the project?

The new accommodation services of Summer Hill, Norton Road, Casuarina Grove and Wadalba have been delivered and are all recurrently funded services.

6.6.4 Has feedback been given to project planners and estimators to improve value for money and project planning in the future?

This report will be used to provide feedback to people involved in the three projects to inform future projects involving the closure of LRCs and development of new accommodation services.

6.7 Stakeholder satisfaction

6.7.1 People with disability

Most people were pleased with moving to their new homes. Section 7 provides details and examples. Some people found the process of moving difficult in the short term and contrary to their preferences. For example, staff spoke about the distress for former residents from all moving in one week to Casuarina Grove, rather than moving gradually, for example, house by house. Local staff and managers said some people stopped eating for several days (Section 6.7.9) and other people still referred

to their ongoing feelings of dislocation from close relationships with other people now living somewhere else (Section 7.2.3).

6.7.2 Families

Many families were pleased with the redevelopments, including some of those who were initially opposed to the change. They were more involved in their family members' lives than they had been for a long time (or ever), and they were pleased with the outcome. Overall, families reported being much happier with the accommodation services and their family members' physical situation, their safety and their support after the redevelopment and said the outcome was positive and better than they had expected (Section 7.7). Some families who had been strong advocates against the redevelopment had overcome their initial opposition.

Some families were frustrated and critical of the process. The criticism from some family members was that they were advised that they would be provided with more information, consultation, communication, however this process was not delivered by the various levels of staff involved in the redevelopment process. For example, family members were consulted about the location of the new services at Summer Hill and Norton Road, however, some family members of people from Peat Island felt disappointed that their travel distances were not taken into account.

In addition, some families were dismayed that same nursing staff remained and were concerned that this contributed to a continued institutional mindset. They felt that these staffing decisions were made to avoid redundancies, rather than to meet the needs of the people who live there.

Some families interviewed were members of redevelopment committees and advocated strongly for more decision making power for themselves and people with disability. Other managers and staff who were interviewed and who were also committee members said that it was helpful to have family members who represented different perspectives on the redevelopment on these committees to provide an opportunity to advocate for change.

The level of family satisfaction as a result of these redevelopments has built trust with some families, who can see that the people with disability can manage change, do things differently and gain positive outcomes, which will assist in future planning for new accommodation services. Some families who felt safer with the former LRC model have now witnessed that the new accommodation services provide support and protection to people in an alternative support model.

Across all three projects, many family members who reported that they were initially anxious, concerned, sad or hesitant about the move found that the project met their expectations overall and even, in some cases, exceeded them,

I was slightly hesitant, only because they were secure there [in Peat Island] and I thought coming in to society and civilization, whereas they were separated there. But it seems to have worked out really good. I mean this is nicer [Wadalba], it was like a real institution down there, so in the end I was so glad that it all happened.

Also the families who were advocating for the move said that overall, they were happy with the outcomes of the projects, because it has had made a big difference to quality of life of their family member – in particular, in material living conditions. Most of these families were also pleased with the processes, as they felt they had ‘as much input as they wanted’, there were no barriers and management was very accessible. One family member expressed concern about a language and communication barrier with staff, as she often finds that instructions and messages she give via phone are not met or not passed on to the appropriate staff.

6.7.3 Staff

Many staff⁴ interviewed for the review were very unhappy with the process and continue to feel that way. They felt they were not given enough information early enough to make informed decisions about their work; they did not want to change their work practices; managers did not listen to their requests or suggestions; and that the new accommodation services are modern, but not as good for them or the people living there. Some staff were pleased that the new accommodation services are closer to their home, so they have less travel and they liked the new physical conditions.

The researchers observed during their fieldwork that there are ongoing industrial relations tensions in the three ADHC sites and it was clear that managers were cautious with their responses during the interviews due to these problems.

6.7.4 Managers

Some managers⁵ were disappointed that the projects did not deliver the expected changes in service models, for example person-centred planning and implementation; and greater social connections for the people with disability. Some managers stated that the service delivery of these new accommodation services will slowly continue to improve over time as staff move on or receive more training and support.

Some practices in the new accommodation services have continued from the LRCs, including cook and chill meals brought in from a central supplier and centralised laundries at Norton Road, Casuarina Grove and Summer Hill, which diminish opportunities for people to engage in household activities and choice (participation and autonomy Sections 7.2 and 7.5). A manager said,

In terms of service delivery model [we] tried really hard to implement a more individual approach. [We] tried ... life-style planning, but it really is difficult to do because we have imported all the staff that have worked in the old LRC. Trying to get that cultural change [is difficult]. I think we have made some progress.

⁴ No separate data for the different redevelopment projects are available for the satisfaction of staff, for more information refer to the Methodology section, Confidentiality (Appendix A).

⁵ No separate data for the different redevelopment projects are available for the satisfaction of managers, for more information refer to the Methodology section, Confidentiality (Appendix A).

Some managers at regional level were hopeful that changes to the service delivery approach will continue to improve slowly, but they admitted that the expected disability standards have not been reached because of the continuity of most staff and management from the LRCs. One said,

Change for staff will happen over time – we are evolving in NSW – if we can get up to speed where the rest of the world is going that's a good thing, but it won't happen overnight.

Some initiatives to improve service delivery according to disability standards (Appendix B) have been taken in some of the locations e.g. in two houses at Norton Road, people who want to cook are able to do so, as staff have arranged a cooking program to support people in developing these skills and implementing this change. In contrast, hot water in the kitchens at Casuarina Grove have been removed at the request of staff due to a potential safety risk to people living there, when alternative risk management approaches, such as turning down the temperature, could have been implemented.

6.7.5 Communities and other stakeholders

The opposition of advocacy groups and local communities to the redevelopments were acknowledged in Peat Island and Lachlan Centre Business Cases. According to interviews with managers from all levels, the change management process was insufficient to manage stakeholders' views about the redevelopment projects or awareness of other support models for people transitioning from the LRCs, as alternatives to developing the new accommodation services (Section 6.3.2). Interviews conducted with managers from all levels, as well as some family members, indicated that in many cases, families and staff were hostile about the lack of engagement during the Business Case development stages.

6.7.6 Did stakeholders have the opportunity to enquire about project and/or specific matters? Were they provided guidance to have a clear understanding of the project goals, processes and deliverable outcomes?

Opportunities for stakeholder enquiry and guidance were mixed according to the stakeholders (Sections 6.7.2-6.7.5), especially during the Gateway Review process (Section 6.3.2).

Grosvenor Centre

Some families that were interviewed stated that they had sufficient opportunities for involvement in the redevelopment project. One family member commented: 'As a parent I was invited to have any input I wanted.' It was reported that families were informed through a notice board and regular updates via phone and mail, and that 'the communication doors were wide open' if families had concerns or further questions. Some family members were part of the planning committee, while others chose to have less involvement.

Lachlan Centre

Some families interviewed reported that they were well informed and felt that the people moving from Lachlan were involved through information and regular site

visits. Some families were part of the planning committee. A family member critically commented about the limitations of the continued nursing model.

Peat Island Centre

Some families said that they were left a bit ‘in the dark’. Examples included not knowing that ADHC was going to tender out the service delivery to an NGO at Wadalba and the type of support model that this entailed. Other families said they were not informed about alternative living arrangements, which caused anxiety and confusion for the families.

All projects

Information about the projects was specifically made available to the immediate stakeholder groups and the public after the Business Cases were approved. Managers from all levels said a variety of communication processes were available. Interest was strong at beginning and then dropped off. Managers said that some staff representatives on committees often failed to inform or consult other staff.

Across all projects, many of the families interviewed for this review were deeply involved in the redevelopment process –as advocates for or against the redevelopments. Therefore it is not surprising that most reported that they had a good understanding of what was planned and the processes.

Other families who were less actively involved reported they had received letters from ADHC, calls from different stakeholders involved in the planning, attended consultations with LRC staff or family meetings. They also said that there was a dedicated liaison person to contact at the LRC if they required additional guidance, had questions or wished to raise concerns. In some cases however that person had been ‘hard to get hold of.’ Other families felt that the promises of opportunities for enquiry and guidance were not delivered (Section 6.7.2).

6.7.7 Was the exchange of information with stakeholders about the project adequately managed? Did they feel their concerns were appropriately addressed?

Grosvenor Centre

It is unclear to what extent families and people who moved were fully informed about real options regarding their accommodation choices. One parent said that not many options were available due to the family member’s high medical support needs. She thought these needs could not be met in a group home environment and she had not been shown examples where this currently operates. Another family member was worried about the risk of abuse from staff if people had single rooms but her fears were now allayed by the improved wellbeing of the family member.

Lachlan Centre

One of the case file reviews revealed that there had been recommendations in a person’s Behaviour Support Plan on how to best support the person to cope with the move. Strategies included:

- Visiting the new site before moving
- Meeting/socialising with potential housemates prior to moving
- In preparation for the move, together with a case plan, identify and budget for major purchases such as bedroom furniture, bedding etc.
- Plan shopping trips to choose what he would like to buy to decorate his room
- Develop and use social stories to discuss about his moving and use the pictures to make decisions and choices.

Unfortunately there was no indication in the file if these strategies were put in place, and how successful they were, but it shows that staff and other stakeholders made an effort to develop strategies to help people cope with the move.

A staff member reported that the plan to move was very detailed, with as much involvement from everyone as possible. A mother also commented, ‘The transition was well thought through and there is nothing I can think of that I wasn’t informed on.’

Peat Island Centre

Several family members of people moving to Casuarina Grove said they received detailed and sufficient information and had input into how their relatives were going to live. It appears that most families did not look into alternative accommodation options, because they were not provided the information or guidance about how to do so. Some stakeholders involved in the Peat Island redevelopment questioned whether they then had the opportunity to have their opposing views heard or acted upon since the financial commitments had already been decided.

The review of a case file indicated that a person had expressed concerns about the move and its implications that he would lose his shed and not be able to take other possessions with him. The file did not include notes about how this concern was addressed.

For people moving to Wadalba, information was provided to the people about the move as well as to their families. One mother said that the nurses from Peat Island organised a handover for every person with disability and worked together with Sunnyfield staff after the move to help people settle in. This information was confirmed in the case files, with thorough planning for the move and involving everyone.

All projects

Most managers at ADHC central office said the information exchange was adequate. Managers at regional level, as well as staff, commented on the shortcomings to the change management and risk management, as discussed above (Sections 6.4 and 6.5).

Several of the people who moved from the three residential centres could not recall what they had been told and if their concerns were addressed appropriately. People

who could remember said some of their concerns revolved around their social relationships, separation from close friends, or losing some of their possessions or independence.

In general, most families felt that their concerns were taken seriously and they had substantial input into the different stages of the development, planning and design, including decisions around the location of the redevelopment (e.g. in Norton Road). However, many families commented that they had no knowledge of other options; one family member said, 'The government decided on the move,' for her family member.

6.7.8 Have residents, their families and carers and staff have been sufficiently involved and informed throughout the design, transition and implementation process?

Grosvenor Centre

One family investigated the option to have their family member move interstate, closer to their family home. However, due to lack of housing options this was not pursued. The same family reported that they had initially also looked at other housing options, such as a group home but felt that such a support model could not provide the required high standards of health and medical support required to meet their daughter's needs. Another family reported that their son had trialled a group home before the redevelopment. They were unhappy with the level of care provided at the group home and they were happy when their son was offered a place in Summer Hill.

Lachlan Centre

A family member explained that his brother was shown his new home and that he went there for a few inspections before the move. Two of the people who could speak said that they chose their room and that they got to look at it first. Efforts were made by staff to give people who moved a voice by developing specific communication strategies. Some staff were unhappy that no guidance was given from a central project management level. One said,

We [staff] actually developed a whole range of pictorial representation even around choice, as well as just giving them [people with a disability] information and how they can make a complaint if they had any issue - which we had to do by ourselves as well as on top of everything else that we did.

Evidence about whether these communication strategies increased the level of input from the people with disability transitioning from an LRC was not available. Another stakeholder commented on insufficient communication processes,

From Lachlan's level down, we knew what was happening. From Lachlan up, we didn't know who was doing what role – it constantly changed and, yes, we weren't clear on anybody's role, except for this level where we're at.

Peat Island Centre

There is mixed evidence on the decision making process for people from Peat Island and their families. Overall it appears that Peat Island managers and staff identified people who they thought would most benefit from living in Wadalba. To some extent these residents and their families had a choice between two accommodation services – Casuarina Grove or Wadalba. However, none of the people or families from Casuarina Grove reported being provided with other accommodation options.

People living at Wadalba and their family members explained that they were shown around the new houses to view their new homes. Families reported that regular family group meetings took place with the CEO of the NGO to inform families about the move and involve them in planning sessions. Staff in Wadalba pointed out that they were not informed about people's preferred activities, which interrupted routines in some cases.

One person who formerly lived at Peat Island recalled that he had been involved in assisting other people from Peat Island in the decision making process – whether to move to Wadalba or Casuarina Grove. Two family members reported that they were given alternative accommodation options to consider (community group homes), however, they felt they were not involved in the ultimate decisions with respect to choosing Wadalba over Casuarina Grove. Staff made suggestions about what they considered the most suitable option for their family member, and due to their lack of experience and confidence, the family members accepted the staff recommendations.

Families who had little experience and previous involvement with their family members care and support also felt overwhelmed and said they lacked the skills, when they were asked to make choices on their family members' behalf. One said,

The most daunting thing was when you had to choose the day programs. That was just a nightmare. That was the most stressful thing I had to do, because they had like an open day where you could go up and talk to the different organisations, but I wasn't aware of what sort of questions I needed to ask. It's a whole different thing when you have to choose that sort of stuff.

Strategies to address these shortcomings are suggested in Section 8.

6.7.9 Was appropriate care taken of residents in the transition process? Were adequate support processes in place?

Grosvenor Centre

Some family members interviewed perceived the move as positive, especially with regard to the better medical facilities. Key highlights were more space, nicer facilities and a common accessible outdoor area. There were no data on manager's views about support processes for people who moved.

Lachlan Centre

Overall most people seem to perceive the move as a positive change. In one case a person with disability was reported to have settled well into the new environment;

however it has been difficult to manage some behaviours in the new open environment, especially intrusive and obsessive behaviours.

Peat Island Centre

The family members interviewed of people moving from Peat Island to Casuarina Grove commented on their initial concern for their relatives, but then felt the changes were overall positive. They did not comment on whether specific processes for people moving to Casuarina Grove were put in place. A manager commented on the negative impact on people's wellbeing from the quick move and the poor staff understanding about how to identify and remedy the impact (Section 6.7.1).

One family member of a person moving to Wadalba said she was very concerned in the beginning, but after reassurance from staff, she was positively surprised about the move to Wadalba. All family members interviewed were very happy about the move and said their relatives who moved were happy as well.

From the perspective of a regional manager, the move was organised well and people who transitioned received adequate support, e.g. people who were concerned about their belongings were reassured and settled and 'staff during that week did an amazing job'. In fact, the transition of the people was described as one of the most successful processes in the entire redevelopment with praise for other parties involved, as the manager comment below describes,

One of the really good things was the relationship we developed between the people that lived in Peat Island and the moving company. They were fantastic, the moving company; they were actually quite moved by the whole process of seeing these people that lived in what was felt low-standard standard conditions being moved into such a new facility, and they were affected to some degree by the excitement of the people that were moving out. Yes, there was anxiety, but I think it was well-managed on the day. I think if one thing went particularly well, it was the transition of the people.

6.7.10 From the perspective of residents, families and staff, what could have been improved for future projects?

Grosvenor Centre

Families interviewed at Summer Hill stated that nothing would have to be changed for future projects. One parent however pointed out that communication with staff was at times difficult.

Lachlan Centre

Staff and managers commented on inadequate allocation of tasks, e.g. furniture should have been chosen by a staff based at Lachlan rather than the project manager based at central ADHC. The result was that furniture was purchased 'virtually from a person that had no real perspective of the clients' needs.' Stakeholders involved in the move also felt that the way buildings were designed was impractical and in some cases a hazard to the people living there. Staff and

managers did not feel that these criticisms were acknowledged, reflected in the following statement,

[...] having window seats with pointed corners, with people that have constant trip hazards as they are always falling over, is extremely dangerous. Yet despite being told that, they [the architect] continued all of that design and then had to make changes, or adaptations, of putting cushions on there to soften the blow – so to speak – which again were impractical.

These comments imply that the people to live there and local behaviour management experts were also not included in these decisions. Stakeholders at Lachlan felt that final decisions were made in isolation by the architect and the project manager from central ADHC, which is supported by the following statement:

The issues [concerns around safety for people with a disability] they [planning committee] did raise weren't – not heard – they were heard, but they weren't appreciated.

Some managers speculated that the suggestions were not accepted due to possible impacts on timing and budget. A regional manager suggested that the timing, as well as deadlines set by central ADHC regarding the redevelopment should be planned more carefully in the future, as the move occurred within strict deadlines just before Christmas, which caused distress and anxiety especially for staff, but possibly also for people moving.

Peat Island Centre

A family member said that the move as a whole could have been handled better and that possessions of her relative, who moved to Wadalba, went missing. Other family members had no comments on future suggestions or said that nothing could have been done better. No data are directly available on any suggestions from the people who moved.

All projects

Meetings, newsletters and noticeboards were used in all locations for people who moved, their families and staff, although managers said only a core group of families were actively involved.

A fundamental improvement mentioned by regional managers and staff would be to support people to make informed decision about all options available, other than the new accommodation services. Supported decision making about a major life decision takes time and skills, especially for people with disability, families and staff who do not have extensive experience of complex decision making. Some managers from regional levels, as well as some families commented that people with disability and their families were completely unfamiliar with how to make these decisions and that the process for supporting them to do that was overwhelming or disempowering. For example, most of them did not have any experience of community living and did not have full information about how to make those choices. Instead, most people felt safest making the choice to stay within the fixed four new accommodation service options, with which they were most familiar.

Some staff involved in all three projects complained about the lack of time and training to make choices about: their own work positions; support for the people moving and families to prepare for and make the transition; and to meet what they considered are new standards of support (regional managers noted that the DSA already applied to them before the redevelopment, but was not implemented). It was not evident to the review how LRC staff were supported either through training or support from independent staff or advocates with relevant skills to assist them with the unfamiliar process.

It appeared the involvement of people with disability in the planning and decision making process widely varied. The decision making by or on behalf of people was mostly centred on smaller aspects of the transition (which room, what colour), rather than the larger questions about where to live and with what support.

6.7.11 How successful was the project and its implementation overall?

In summary, stakeholders from all three projects acknowledged that the material conditions for most of the people who moved are better than they were, with the exception of some people who lived in Peat Island cottages (Section 7.1). However, criticisms include the timing of participation, especially regarding the time of move for the Lachlan project; a lack of in depth person centred planning to make informed decisions about individual preferences beyond the choice about a new accommodation service across all projects; and establishing governance processes that protect the interests of the person over the interests of other stakeholders across all projects.

Strategies to address these shortcomings are discussed in Section 8.

7 Quality of Life study

The redevelopment of all three LRCs aimed to achieve and sustain a better quality of life for people with disability. The change was measured with two comparisons:

- before and after comparison between living in the LRC and the new accommodation service
- comparison to Business Case as expected in the standards at the time (Disability Standards in the Disability Services Act; Stronger Together 1 and the draft CRPD; Appendix B)

Quality of life was measured in terms of how satisfied people with disability were with their previous and current situation in the following key domains:

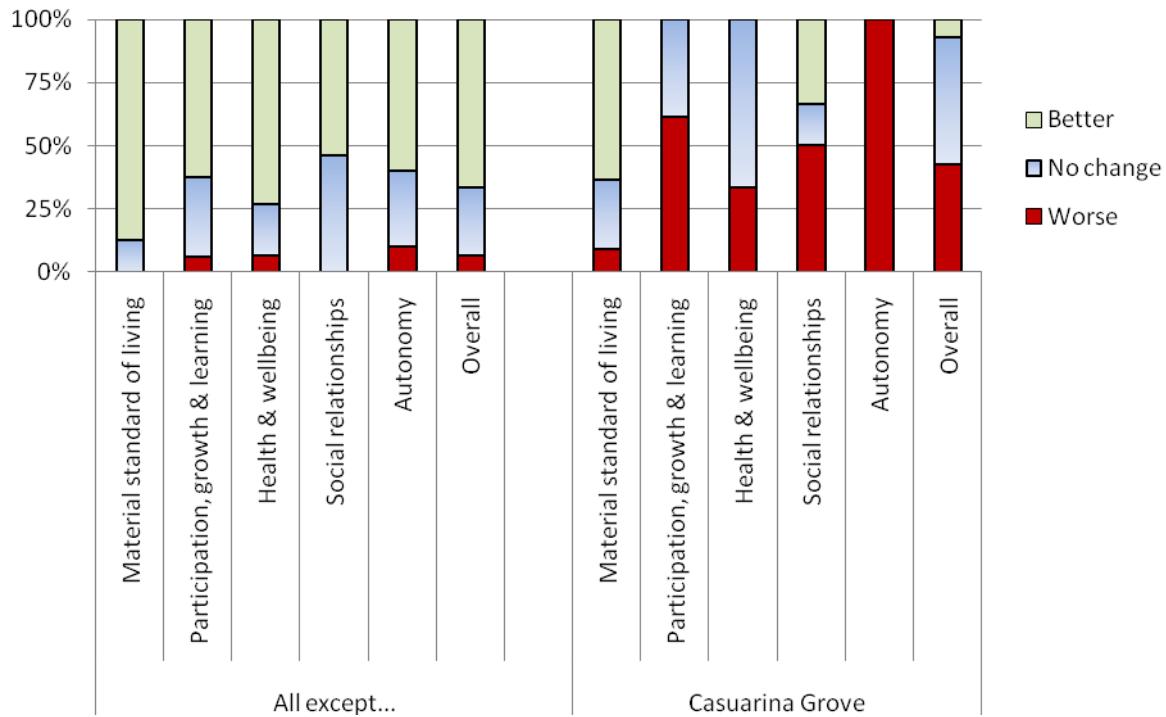
- material standard of living
- participation, growing and learning
- health and wellbeing
- social relationships
- autonomy.

The rationale for the domains and methods are explained in Appendix A. The data sources were:

- Stakeholder interviews – people with disability, their trusted support person and ADHC and Sunnyfield staff and management
- Case file reviews of people with disability from the former LRCs
- Case study narratives of people with disability from the former LRCs
- Site visits and observations.

A quantified measure of change in quality of life is explained in Appendix C and summarised in Figure 7.1.

Figure 7.1: Change in quality of life from LRC to current housing at all other locations compared to Casuarina Grove by proportion of people



7.1 Material standard of living

Dimensions for comparison of the material living domain of quality of life were the layout of the house; the building, access and facilities; room allocation; privacy; material possessions; decorating; access to possessions; and the person's likes and dislikes about the house.

7.1.1 Summer Hill

Qualitative data

The people previously lived in Grosvenor Centre and have permanent places at Summer Hill. The permanent accommodation consists of two joined units with ten bedrooms each. On the same site is a respite centre. The permanent accommodation units have an identical layout and are connected via a corridor. Each unit has a large common living space with homely features such as leather lounges, dining tables, a large flat screen TV and paintings. There were also birthday decorations in the common living area. Each unit has a shared bathroom with a multifunctional bathtub for therapeutic purposes. There is also a quiet meeting room for families and a separate office for staff. Each unit has a large open kitchen, however, of the 19 people living at Summer Hill, only one person eats solid food and their family visits every night to assist at meal time. The kitchen is mostly used to prepare PEG feeding for the other 18 people.

The rooms are purpose built, catering for people with high medical support needs and decorated with personal affects. All bedrooms viewed by the researchers were

equipped with medical beds, a hand basin and access to all relevant medical equipment such as oxygen. Otherwise, the rooms are furnished individually with personal items such as photos, paintings, TVs, DVD players, stereos and colourful bed sheets. Family members reported that they are able to decorate bedrooms as they like. One mother commented, 'He's got lots of personal stuff in his room.' Evidence from the case file showed that some people had been consulted in the decoration of their rooms and family members had sent personal items to make them more 'homely'.

Connecting the two units is a spacious sheltered accessible outdoor area with outdoor furniture and a BBQ. According to regional staff and family members, it is often used by families who are visiting for special occasions, such as birthdays and annual Christmas celebrations. It is also used for weekly musical performances for the people living at Summer Hill. Further features include a sensory herb garden with wind charms, a wheelchair swing, as well as an onsite Adult Day program for people who are not well enough to access services in the community. The units also share a large sensory room, which is also used by people with disability in other ADHC services and has a separate entrance they can use the sensory room without disturbing the people living there.

One mother commented that the new accommodation services have improved wheelchair access for people to the outdoor and garden area, whereas before people were 'queued up on the veranda'. The regional manager explained that corridors and doorways had been planned wide enough for people to access all areas in the units in their medical beds if required due to poor health.

Summer Hill is cleaned by domestic support staff. Both units seemed clean and hygienic, smelt pleasant and did not have a clinical feel. Summer Hill can accommodate most health needs of the people onsite and is able to accommodate people with varying support needs, for example, palliative care can take place in the units so people do not have to relocate to a hospital. Staff reported that all bed linen is washed offsite by a professional service for infection control, whereas all other laundry is washed onsite by staff.

Information gathered from interviews with family members and the case file reviews showed that people living at Summer Hill enjoy having their own room rather than sharing with others, as they did when they lived in Grosvenor Centre. They enjoy the larger common areas. According to family members, Summer Hill has features that give the accommodation service a homely ambience. Key improvements they identified in comparison to Grosvenor Centre were that it is a purpose built disability accommodation service; it provides greater privacy for people living there; it is not overcrowded; wheelchair access is easier; the equipment is up-to-date; and the atmosphere in common areas and in people's bedrooms is brighter.

Quantitative data

The number of people at Summer Hill in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable material standard of living (mean 2.71/4; range 1-4; Table C.2) and improved (14/16) or

stayed the same (2/16) in their material standard of living when they moved (Table C.4).

7.1.2 Norton Road

Qualitative data

Norton Road is a cluster of ten houses with five bedrooms each, located next to each other with four to five people with disability living in each house. Each of the ten houses have two shared living areas including dining and sitting areas with couches, arm chairs and a large flat screen TV. Each also has two bathrooms and a big kitchen. Each house has a veranda with a BBQ and a large table with chairs or benches and a large garden area.

Researchers observed that each house had its individual style and characteristics. This included a particular colour scheme and decoration in the shared living areas with decorative items, e.g. a calming feature fountain, photos and paintings on the walls from the people living in the house and items that reflected their interests. Some houses have a vegetable and herb garden and some houses have chickens that are fed by the people living there and two houses have canaries on the veranda. There are recreational facilities such as swings, basket ball rings, an arts and craft area and the entrance to one home had 'welcome to our home' written on the chalk board. Overall, the houses appear homely and welcoming. All houses are professionally cleaned and are clean and orderly and do not have a clinical smell or feel to them.

All bedrooms are approximately 10m² in size and are individually furnished and decorated as each person and their family were consulted regarding the colour scheme and design of their bedroom. Most people living at Norton Road have photos or postcards of family and friends on display in their bedroom and have large built in wardrobes. All bedrooms seen by the researchers had garden views. Overall, the bedrooms looked very diverse, individualised, homely and comfortable. One person had his own fridge and some people had their own TV and DVD player in their room. Another person had his own computer and printer in his bedroom and a person in a different house owned an electrical piano.

All houses are fenced with low metal fences and unlocked gates, with the exception of one house, which was surrounded by a large security fence with a locked gate for one of the four people living there who tends to abscond. Lachlan Centre was located next to the psychiatric unit of Macquarie Hospital, whereas now all Norton Road houses are surrounded by a large green and safe park area with boardwalks and a BBQ area. All verandas are north facing, and many people were seen to spend time sitting outside in the sun. The accommodation service is a short walking distance from the local shops and bus stops. The nearest train station is 2.6 km distance away (see Sections 7.2.2 and 8.2).

The people living at Norton Road who were able to participate in the research seemed satisfied with their new living environment. One person invited the researcher into his room commenting, 'What do you think, it's pretty nice, hey?' They said they enjoyed many aspects of the new living environment, including the garden and recreational areas, the new amenities e.g. high-tech TVs, their individually

decorated rooms with new furniture or personal items some people had purchased after the move, e.g. computers. Family members especially liked the separation from Macquarie Hospital, the onsite cooking, gardening and exercising facilities and the communal spaces for the people living at Norton Road.

Quantitative data

The number of people at Norton Road in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable material standard of living (mean 2.71/4; range 1-4; Table C.2) and improved (14/16) or stayed the same (2/16) in their material standard of living when they moved (Table C.4).

7.1.3 Casuarina Grove

Qualitative data

Casuarina Grove consists of 10 units with 10 bed rooms in each unit. All the units are connected to each other by a shared corridor in the same building. Everyone has their own bedroom and ensuite, although some people prefer to use the common bathrooms. Each unit has a veranda and a garden and the bedrooms have large windows overlooking the garden. The bedrooms are individually decorated, for example, painted in their favourite colour, family photos on display and a variety of art on the walls. One man also had a canary in his room.

The extent of individualised room decoration varied according to the unit in which they lived. In one unit, several people bought their own new furniture (e.g. desk and chair, bookshelf, armchair) when they moved to Casuarina Grove (beds were mostly standard hospital beds). However, in other units, this practice was not mentioned by staff, families or the people living there. In these units, which tended to have people with higher support needs, the bedrooms were more uniform, with a hospital bed, built in wardrobe, TV and some individual pictures or photos attached to the walls. It is unclear whether managers supported staff to learn from good practices in other units, such as person centred planning and empowering people to participate in choices about their private living space. When one person showed the researcher his room, the researcher could see that many of his possessions were in a cupboard too high for him to reach and he had possessions down low that the support worker said he did not use, such as bongo drums. When researchers visited this service, staff appeared caring, but spoke to people with disability as if they were young children.

Each unit has a shared living room with TV and a shared kitchen. The common living area of most units is decorated with pictures on the wall, ornaments, people's artwork and sometimes photos. However, the unit in which many people with challenging behaviour live had noticeably fewer decorations than the others. It was unclear if this is due to decorations being regarded a behavioural risk and if alternative options for decorating in a homely but still safe manner are continuing to be explored.

People mostly spoke positively about living at Casuarina Grove. Some of the comments in comparison to Peat Island included that they liked that there is no water surrounding

Casuarina Grove; quieter; more space; additional furniture in their rooms; and they enjoy their individual bathrooms.

In some cases it appears that people miss particular aspects from living at Peat Island Centre, such as the natural environment and the trees blossoming; having her own house or shed and the company of particular friends.

Overall, the material standard of living, including comfort and privacy has improved for many people living in Casuarina Grove. As one lady living there put it, it is ‘better than it was at Peat Island’. The accommodation and its facilities provide modern, functional and up-to-date equipment and technology, e.g. portable beds, to meet the increasing ageing needs of people with disability.

Casuarina Grove has met the objectives in the Peat Island Centre Business Case, as outlined in Section 6.1.1, including the delivery of individual bedrooms and ensuites for greater privacy and improved standard of living. However, the evidence from the site visits and interviews with the people, families and managers showed that Casuarina Grove does not fully meet the objective of moving from a medical, institutional model to person centred support. The architectural and decorative features that are commonly used in large medical and residential accommodation services are visible, such as coving in the rooms and corridors and a communal laundry. There is also one main entrance to the facility which faces the car park, in addition to an outside door for each unit. The managers noted and the researchers observed staff generally use this main door, rather than the outside door to each unit, despite management training. The effect is that it reinforces that in some respects it operates as one large facility rather than one unit. Each unit has a small garden, however only a few people with disability are involved in any gardening or maintenance activities.

Quantitative data

Casuarina Grove quality of life scores were analysed separately because the number of people was large enough and the results were different to the other locations (Appendix C). People at Casuarina Grove had a reasonable material standard of living (mean 1.94; range 0-3; Table C.3), but lower than people in the other new services. The material standard of living improved for most people (7/11), but stayed the same (3/11) or worsened (1/11) when they moved, which is a worse result than the other new locations (Table C.5; Figure 7.1).

7.1.4 Wadalba

Qualitative data

Wadalba is a cluster of four houses with five bedrooms each, co located and separated from neighbours by a fenced area. Three of the people with lower support needs live in their own flat within houses. The flats contain a kitchen, living room, bedroom and bathroom. The houses are custom designed brick houses and are indistinguishable from the surrounding houses in the street. They have rear lane access for the transport vehicle and back gate access to the other three group homes. A supermarket and a pub are across the road and vacant blocks of land nearby are marked for subdivision and housing. The houses have a paved front garden that wraps around one side of the house and a larger paved back garden with a seating area and a BBQ. The front and rear gates of the houses are locked, although the front garden fence is low to the ground and people living at Wadalba

have been known to climb over this. One of the four properties does not have locked front and rear gates.

One house has a large and green garden area with basket ball facilities and accommodates people who are using wheel chairs and walking frames. All houses have 24 hour staff support available. People living at Wadalba need to go outside the house area if they want to go for walks. One man seemed unhappy about this as he used to go for long walks when he lived at Peat Island. He needs to be supervised when leaving the premise and therefore cannot go for a walk as often anymore.

Inside the houses, the common areas appear clean, pleasant and homely. The living area is open plan with a connection between the kitchen, dining area and lounge room and access into the garden. All furnishings and fixtures appear new, neutral in colour and in good condition. The walls contained artworks and photographs of people residing at Wadalba and one house has the house rules written on butchers' paper.

All people we interviewed seemed proud of their bedrooms or flats and appeared comfortable and happy in their home environment. One person called the group home 'my house'. All people were involved in the decoration of their rooms, however, they did not have a say about who they would like to live with. Most people were taken to several inspections before the transition and were involved in the selection of the decorations for their rooms, such as wall colour and curtain fabric. One person had also chosen her bed linen, which she reported 'looks pretty', and had plans for new furnishings, such as a bedside lamp. All rooms looked different to each other in terms of decoration styles and most people participating in the study chose to be interviewed in their room.

People's material possessions at Wadalba include furniture, clothing, microwaves, dish washers, modern TV's with Foxtel, DVD-players and pictures. Personal items in bedrooms included a telescope, medals, trophies, toys, books, certificates, lava lamps and posters. One person mentioned he was going to purchase a laptop soon. Overall, people seemed happy and proud of their possessions and most stated that they now own more things than at Peat Island.

Some of the furniture is new and was purchased after the transition. Everyone keeps their possessions in their bedrooms or units. In contrast to Peat Island, one person reported that some of his belongings used to be kept in the staff office. Another person remarked about a reclining chair: 'I could go to sleep in it, nice and comfy this chair'. People also mentioned they experienced an increase in their material standard of living. Family members described the Peat Island Centre as 'Devil's Island', 'a dismal place' and a family member commented,

You couldn't have those things there. The only thing he had was a radio, but that would just get wrecked, because everyone had access to everything there.

The atmosphere at Wadalba is welcoming, peaceful and calm. The houses do not have clinical feel. Staff communicate with the people in a respectful and friendly manner. For example, at Wadalba one of the managers present during one of the interviews, did not speak on behalf of the interviewee but rather supported him to

remember the transition process and his involvement in it by prompting using key words. This took more time, but empowered the person to speak for himself. The people living in a flat seemed happy about their privacy. One of these people emphasised this as follows: 'I can have as much privacy as I want.' However, it is unclear how the people who live in single bedrooms feel about some of their housemates having more space available in the flats. It is also unclear how much this affects their feelings on privacy. Nevertheless, one family member seemed very happy about privacy in an individual bedroom:

This is better, there is more privacy, he's got his own room and they all sort of know that. He couldn't get his own space, and the ones that were a bit more aggressive sort of ran things there, so I think it was more uncomfortable for him and we are just glad that he is out of there.

Overall, it seemed that the people were happy about their privacy. With the extra space, they are also able to use it independently, for example, the kitchen and bathroom facilities. Wadalba is the only site that provided spacious flats in addition to individual bedrooms.

Quantitative data

The number of people at Wadalba in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable material standard of living (mean 2.71/4; range 1-4; Table C.2) and improved (14/16) or stayed the same (2/16) in their material standard of living when they moved (Table C.4).

7.1.5 Other locations and services

Qualitative data

Also included in the study were people who moved from Peat Island to other locations, including moving back to a family home, Tomaree Lodge a LRC in Shoal Bay and an NGO group home (Table 3.2).

One man now resides with his parents on a rural block close to a town and a nature reserve. He lives in his own spacious bedroom and can access all facilities in the house independently.

One man who moved to an NGO group home shares a unit with three other men. His family member describes the transition as "a very positive result in the improvement of his quality of life".

Tomaree Lodge is an ADHC LRC located in Shoal Bay overlooking the bay on one side and Tomaree National Park on the other side. It has been in operation as a LRC since 1984/85 after the previous army base was redeveloped in the 1960s as a holiday destination for people with mental illness and intellectual disability.

The centre consists of individual houses and a main building. The number of people living in each house is 2-10, depending on individual needs and staff supervision and support varies depending on their needs.

Many of the individual bedrooms had water views and were about 15m² in size. The extent of how individualised bedrooms varied; some bedrooms were bare and impersonal, whereas other bedrooms were individualised, equipped with stereos and TVs and had personal items and photos on display. The houses looked homely and inviting from the outside with each having individual names. Most of the houses had verandas overlooking the bay. One person who moved from Peat Island reported that he likes to eat all his meals on the veranda, another person reportedly regularly leaving the house at night to look at the night sky over the bay.

All houses had older style linoleum floors throughout, but had comfortable common living spaces with lounges and large TVs. The communal bathrooms seemed old and outdated, and although clean and hygienic, these smelled of cleaning chemicals. All houses had open plan kitchens equipped with industrial dishwashers and fridges, rather than home kitchens. The kitchens are mainly used for reheating delivered 'cook chill' meals from Stockton LRC, as well as for breakfast and easy meal preparation. Laundry is done onsite by paid laundry staff.

There are several walkways along the shore and into the national park, which are frequently trafficked by locals and tourists. The centre has an 'open gate policy', which means that people living at Tomaree Lodge can freely access the walkways along the shore and into the national park. Most people do not leave the geographical boundaries of the site and some people do walk a bit further to access other beaches or the township. One person has access to his own shed on the site, similar to his shed on Peat Island.

Quantitative data

The number of people who moved elsewhere in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable material standard of living (mean 2.71/4; range 1-4; Table C.2) and improved (14/16) or stayed the same (2/16) in their material standard of living when they moved (Table C.4).

7.2 Participation, growing and learning

Dimensions for comparison on the participation, growing and learning domain of quality of life were activities at home or in the community, choices and importance of activities, opportunities to try new activities or learn new things and plan for this, as well as likes and dislikes about activities and information about independence and community inclusion.

7.2.1 Summer Hill

Qualitative data

In Summer Hill, the main source of information were interviews with families and information from staff, so there is little information on people's perspectives of opportunities to participate in activities on site or in the community.

Unlike the Lachlan and Peat Island Centre Business Cases, the Grosvenor Business Case did not specifically refer to strategies to facilitate community participation and integration, e.g. day programs. However, it appears that creative options for participation in various activities and in accessing the community for many people with disability is in operation at Summer Hill. Most people living at Summer Hill attend an external day program and there is also an onsite day program available for people who are not well enough to leave and there is also a sensory room on site. The variety of activities is limited and this may reflect the health needs of the people at Summer Hill. Staff also organise family reunions and Christmas and birthday celebrations.

Researchers observed staff taking people on one on one activities. One mother commented that the staff at Summer Hill drive her son to Sailability. Several buses with drivers are on site and available for individual and community activities. Summer Hill service is also less than 1km from Summer Hill train station and Summer Hill village, featuring a number of cafes, eateries, shops and supermarkets.

The people from Summer Hill included in the research all attend activities in the community with some having individual staff support. Examples of community activities include visits to the library, the beach, church, museums and exhibitions or relaxation therapies, e.g. massages and aromatherapy. A mother identified that having such activities organised by the staff was particularly important for people who had limited family contact, which limits their opportunities to leave the property.

The case file reviews showed that some people have detailed individual plans. These plans identify their likes and critical interventions, such as tactile stimulation, and schedule them accordingly. It is unclear to what extent the plans are implemented, regularly monitored and reviewed.

Most people living at Summer Hill are not able to directly participate in daily housework due to poor health and/or their high support needs related to their disability. Family interviews did not include any evidence that staff have explored creative options of enabling people to engage more in the routines of household activities.

It is unclear whether the goal to include the people in the local community was achieved. While the design blends into the surrounding residential area, it is likely that neighbours still regard Summer Hill as an accommodation service rather than a household of neighbours due to the size of the site, the number of people it accommodates and the fact that the new buildings were constructed on the same site (Section 6.7.5).

Quantitative data

The number of people at Summer Hill in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable participation, growth and learning score (mean 2.55/4; range 1-4; Table C.2) and improved when they moved (10/16). Five people stayed the same and one worsened in their participation, growth and learning when they moved (Table C.4).

7.2.2 Norton Road

Qualitative data

The Lachlan Centre Business Case states Norton Road would deliver a service ‘that the actively encourage independent thought, activity and interaction with the wider community; the researchers were informed that people engage in a range of activities in their houses and outdoor areas, which are either organised by individual houses or by a cluster of houses. Some examples include organising weekly BBQs, going for walks around the campus, arts and crafts, or spending time in the communal areas watching TV or looking through magazines.

From the interviews with people living at Norton Road and their family members it appears that after the move, people continued to participate in their favourite activities like cricket, bowling, employment programs, or cooking. A family member reported that people with disability occasionally go out to concerts and dances. Most people attend bowling one night a week and there were trophies and medals on display in the bedrooms we visited. The bowling group also flies out of Sydney to attend bowling competitions interstate, which people reported to be very proud to attend.

Other community activities include shopping locally, going to the local park, sports like soccer, indoor cricket, swimming or a gymnastics group, T-Ball and attending events like the Easter Show. One father commented that he felt that his son and the other people at Norton Road still do not interact much with the public, for example, when they go out shopping, due to their different behaviour. One person interviewed works three days a week in a bush regeneration program, which he said he enjoyed a lot. Some others attend an employment program.

It was observed that people with higher support needs were spending time at their home watching TV or dozing in the common living area. The more independent people who were seen outside or engaging with staff. Most people enjoy spending time in the shared living areas and on the veranda, but are happy to go to their own rooms when they want to be alone and not disturbed by others.

A key objective in the Lachlan Centre Business Case was to ensure people at the new accommodation service have access to an offsite day program and meaningful day activities will be provided in situ if they were unable to attend. People at Norton Road who previously lived in Lachlan Centre, had access to an Adult Day Program (ADP) however, this was no longer available once Norton Road was operational. Some people attend an ADP. Most off site activities are organised by the staff that are on shift rather than being planned and scheduled in a day program. This is in

contrast to the proposal of the Business Case, which stated there would be access to off-site day programs for all people with disability for at least half the week.

The houses at Norton Road have functioning kitchens however, food is mainly pre-prepared and delivered and the laundry is industrially cleaned. Overall the service model has not been set up to fully integrate people in daily household work. However, in at least two houses where people have expressed their interest in learning how to cook, staff are actively implementing changes to provide cooking lessons and opportunities for meal preparation. Several people mentioned that they bake cakes, prepare small meals, and other small tasks around the house, like sweeping or preparing for the regular BBQ. According to one person his favourite activity is to prepare his own meals. The Lachlan Business Case proposed a mixture of cook/chill meals and self catering.

At this stage, there is no evidence that there has been a significant change in the opportunities for people to become more independent, participate more in the community, or a change in the activities that are on offer and more individual approaches and concepts to fostering greater community participation are required. The introduction of external ADP in 2012/13 will be an important step in fulfilling the Business Case objectives and providing people at Norton Road with the opportunity to participate in person centred community activities.

Quantitative data

The number of people at Norton Road in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable participation, growth and learning score (mean 2.55/4; range 1-4; Table C.2) and improved when they moved (10/16). Five people stayed the same and one worsened in their participation, growth and learning when they moved (Table C.4).

7.2.3 Casuarina Grove

Qualitative data

The Peat Island Business Case in reference to Casuarina Grove was to implement a retirement style day activity model with age appropriate activities delivered by therapists and lifestyle officers. Not all people who live at Casuarina Grove are older and their capacity varies widely.

The aged care model has been implemented and people living at Casuarina Grove have a range of activities they can participate in within their units and fewer in the community. For example, people with disability have access to a multipurpose and sensory room to engage in recreational activities, including arts and crafts. A 'games man' also takes recreational activities for people to do in their units. One of the people we spoke to walked freely around the property and talked to people he met along the way. Staff reported that people were also provided with recreational activities such as looking at magazines, sitting in the sun, listening to music and watching TV.

There had also been an Art Show this year as a communal event, and people had their certificates on display. Several people mentioned liking having BBQs and each

unit is set up with its own BBQ facility and garden area. There was no mention of people participating in the preparation of BBQs and staff explained that only a few people are involved in any gardening or maintenance activities. This could be another opportunity for people to contribute to household activities.

The Peat Island Business Case proposed ‘closer links and a more active participation in the community and community based programs’ for people relocating to new accommodation services. With regards to community activities, people living at Casuarina Grove, as well as staff interviewed, reported that they go to the Merry Makers on Thursday evenings which they also attended when they lived at Peat Island Centre. This provides them with an opportunity to socialise and meet with friends from Wadalba. One woman gets on the Merry Makers bus by herself so that she can stay longer without staff support. The staff reported that they hope that other people might develop that level of independence to join her with less support.

Other recreational activities in the community include walks on the beach or going to the movies and musicals. One person commented: ‘They dress me up and take me to the movies’. People who rely on staff for participation are restricted, for example, staff said people using wheelchairs cannot be taken to the cinema due to limited access to staff support. One man told us that he likes going to the beach with a nurse for a walk. He did not name a friend or his brother as preferred company to the beach.

There is evidence that the limited staff support capacity and the service delivery model to date restrict people’s greater community integration and choice. With the exception of Merry Makers, there appeared to be little evidence of people joining events with other people in the community (apart from the activities people mentioned, e.g. attending shops, beach, picnic, or going out for lunches, which are more contained to individuals or the group from Casuarina Grove). The nearest train station is in 3.3.km distance to the service and is therefore not within walking distance. As a result, people with disability depend on staff or family members driving them to access the wider community.

Residents and family members interviewed at Casuarina Grove reported that they used to participate in a range of activities when they lived at Peat Island. Former preferences included arts and crafts, going for walks and picnics, fishing, watching a football game live in a stadium or participating in sports such as football or swimming. One man reported that he used to have a workshop where he repaired small items he collected, he also helped out on a farm in the community and sometimes in the communal LRC kitchen carrying boxes. Other people told the researchers that they worked in a paid packing job or assisted in some unpaid housework (like rolling up towels and doing the washing) while living at Peat Island.

Some people were satisfied with the activities and opportunities to participate in activities and community events, as there was great consistency with what they were doing while they lived in Peat Island Centre. These people commented that they enjoyed going to the cinema, Merry Makers, participating in crafts and the sensory room now that they live in Casuarina Grove. The main changes to participation occurred for those people who had greater autonomy and opportunities when they lived in Peat Island especially for people who took part in paid and unpaid work, run their own workshop, more regularly went swimming, or could go for walks in a less

restricted environment. Some people miss the opportunities they had which are no longer available to them at Casuarina Grove.

In Casuarina Grove all units have complete kitchens without a standard oven, but all unit kitchens have a microwave/convection oven; however the food is pre-prepared from Stockton. Laundry is cleaned in a central industrial room. However, from observations and interviews, some people at Casuarina Grove seem to have the capacity to engage in domestic activities and these features may prevent opportunities for contributing to and participating in household activities. As there were few opportunities in the LRC to engage in similar activities, and people are not encouraged to do so now either, none of them raised this as an issue with the researchers.

Some people in Casuarina Grove enjoyed greater independence and had more opportunities for participation when residing at Peat Island (e.g. their own shed, could go fishing, to the swimming pool or movie theatre independently) than compared to where they live now. Some people have less capacity than they had at Peat Island due to ageing.

Overall, person centred opportunities for participation and growth have changed little in terms of activities on offer, the supports people receive to learn and develop new skills (such as to take part in domestic tasks including cooking) and opportunities for meaningful, individualised community participation.

Quantitative data

Casuarina Grove quality of life scores were analysed separately because the number of people was large enough and the results were different to the other locations (Appendix C). People at Casuarina Grove had minimum participation, growth and learning (mean 1.18/4; range 0-3; Table C.3), much lower than people in the other new services (mean 2.55). Their participation, growth and learning stayed the same (5/13) or worsened (8/13) when they moved. It did not improve for anyone in the sample (Table C.5; Figure 7.1).

7.2.4 Wadalba

Qualitative data

Most of the people who moved to Wadalba actively participate in daily housework. Although some people had participated in household activities at Peat Island, e.g. laundry, for others it was a change in their daily routine that they needed to get used to, as one mother explained. This included making their own bed in the mornings, putting on washing, folding away clothes, assisting with communal tasks such as food preparation. The people who lived in the dormitories on Peat Island had few structured activities and no opportunities to participate in household duties. The brother of a person living at Wadalba reported that since the move, his brother who uses a wheelchair and has vision impairment was more actively engaged in daily household routines. His brother now watches the staff and other people he lives with prepare the meals which he, according to his brother, enormously enjoys. Other people actively take part in gardening and shopping for their house.

Wadalba also offers people with home based opportunities, such as arts and crafts, listening to music, watching TV programs and films, and playing games. One person commented, 'I like it here. I get some time to myself, watch TV or look at books.' Families said there are fewer home based activities because people are encouraged to take part in domestic responsibilities and community activities, events and day programs.

People living at Wadalba are encouraged to identify activities that they wish to pursue in the community and areas of personal development. They have person centred plans, for example, one person identified that he wants to join Special Olympics and the staff arranging for this to happen. Also, since the move this person has learned new skills, such as fishing and swimming. Another person learned how to cook, and someone else wants to learn how to use a computer.

People are also supported to make decisions to change routines if they no longer want to participate or the routine does not suit them. In one case a woman resigned from her supported workplace that she no longer wished to attend; and a man changed the club he was attending. Most family members said that they liked the new activities and opportunities people have, and that they felt that it is 'the right balance now of independence and community integration'. One mother however felt that her daughter had more 'to do' in the LRC and that her boredom may be connected to her developing behaviour problems since moving to her home.

People at Wadalba also participate in day and employment programs, go to the Merry Makers, other organised activities, movies, dancing, the library, or out for dinner with friends, attend plays as well as other community events. The difference between Wadalba and Casuarina Grove is evidence that people living at Wadalba are supported to develop greater independence to attend events alone or with minimal support, and that they attend events that allow them to interact and mingle with the wider community, such as street festivals, markets, stage shows, and concerts. However, access to these activities is dependent on drivers or staff taking them offsite as the nearest train station (Warnervale) is 3.3km from Wadalba and there was no evidence from interviews or case file reviews of people receiving training to independently access transport, which restricts their opportunity to move about independently.

Overall, Wadalba provides the greatest opportunities of the new sites for participation, growing and learning because of its features, location and approach of the support workers.

Quantitative data

The number of people at Wadalba in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable participation, growth and learning score (mean 2.55/4; range 1-4; Table C.2) and improved when they moved (10/16). Five people stayed the same and one worsened in their participation, growth and learning when they moved (Table C.4).

7.2.5 Other locations and services

Qualitative data

The person residing at their family home frequently accesses the local community with parent support. He does not want to engage in activities out of home with anyone other than his parents. Therefore, a respite service occasionally comes to his home. No data were available about participation in domestic activities.

The person living in the NGO group home now reportedly attends a day program three times a week and spends his weekends engaging in activities at the local pool, visits to beaches, parks for picnics and walks. He also attends Merry Makers. No data were available about participation in domestic activities.

People living at Tomaree Lodge have access to an onsite drop-in day program, which means they can actively choose which activities to join, such as the morning exercise program and morning tea; or specific programs such as community activities and special functions. The day program also offers a range of other activities including arts and crafts, board and card games, pool and air hockey, swimming in the onsite salt water swimming pool, BBQs and a comfortable communal space with lounges and a number of small tables where people can socialise with others living there.

Tomaree Lodge also has a volunteer program called 'Tomaree Links to the community' on site, which is run by members of the local community and offers a variety of onsite and offsite group activities, such as arts and crafts, morning teas, visits to restaurant and the local RSL club, walks on the beach and swimming. It includes individual activities to reflect personal interests of people such as fishing or shopping. Staff stressed that a lot of effort has been put into linking the people living at Tomaree Lodge with the community since its opening. Further opportunities to access the wider community are provided through a volunteer gardening program, which one person interviewed attends and one on one support to go out.

Options to access public transport are very limited, although people can walk to Shoal Bay shops and cafes. To visit family or to access activities out of town, people depend on transport from LRC staff. One family member commented that he cannot visit often due to the travel distance. People are encouraged to access the walkways along the beach and into the national park. They also interact with members from the public who walk through the Tomaree Lodge site to access the walkways. Incidents of challenging behaviour toward members of the public and absconding occur because people living at Tomaree Lodge are not restricted in their movements on or off the site. Staff manage these incidents through observation, verbal or written agreements between staff and the individual and an alarm system at night, which alerts when doors are opened in the individual houses. Visitors are also asked to respect the privacy and dignity of people residing at the accommodation service through signage when entering the Tomaree Lodge site.

Staff reported that all people at Tomaree Lodge enjoy an annual holiday, usually with one on one staff support. Evidence shows that those holidays reflect individual needs and preferences. One man reported that he chose a "cruise to nowhere" last

year, while another person went to a farm stay for horseback riding. One person is going to an observatory this year, as he is fascinated with stars and the moon.

Similar to Casuarina Grove, the food at Tomaree Lodge is delivered from Stockton LRC and people do not usually engage in any domestic activities, such as cleaning of the house and their bedroom, washing their own laundry or making their beds, despite their capacity. This restricts opportunities for contributing to and participating in household activities, however, this was not a concern raised by any people living at Tomaree Lodge.

Quantitative data

The number of people in other locations in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable participation, growth and learning score (mean 2.55/4; range 1-4; Table C.2) and improved when they moved (10/16). Five people stayed the same and one worsened in their participation, growth and learning when they moved (Table C.4).

7.3 Health and wellbeing

Dimensions for comparison on the health and wellbeing domain of quality of life were health, safety, relaxation, perceived level of happiness, diet, health care and therapy, equipment (eg. assistive technology) and service planning, delivery and recording about health and wellbeing.

7.3.1 Summer Hill

Qualitative data

People living at Summer Hill have complex health and support needs. Most of the family members who participated in the review commented that their family members 'medical needs are well and truly met,' that people living at the group homes are currently well looked after, and that the care is much better than it was in Grosvenor Centre.

The health care standards and access to therapeutic services have improved since the move due to updated accommodation services and technologies, access doctors in the community, changes in the staffing and emphasis on community care by the nursing staff, according to the family interviews. While nurses care for the residents at Summer Hill due to the complex and high support needs of the residents, more staff are available now and the care is more individualised. One mother reported that opportunities for staff training have improved since the move. Another mother commented,

The staff appear to have more time for the residents now. They have the chance to get to know them individually and that helps them to pick up straight away if my daughter is unwell.

It also appears that the different location and design has had a positive impact on people's health. A manager reported,

When all of our folk were in Grosvenor, everybody was on the supplements for vitamin D. Now we're down the hill in Summer Hill, nobody is, because they are able to access natural light – the sunshine.

There was little information about safety and diet at Summer Hill because all except for one receive PEG feeding. The only information obtained related to a person who lost weight after the move and then was put on PEG feeding.

No information was directly available from the people themselves about their health and wellbeing in the new accommodation or any comparison to Grosvenor. The researchers observed that they seemed to be happy and relaxed when we visited. Families reported their family members used to be 'more whingey', 'unhappier', and 'that there was something irritating them' when they lived in Grosvenor Centre. Now, according to most family members interviewed, people living at Summer Hill are happier, calmer, more comfortable and relaxed. A manager said,

They are much more concerned with their personal hygiene and physical appearance, they hold themselves differently. There is one person that did not smile before but now does ... We have noticed a difference in the clients – that's to do with the different environment, more privacy ... but also a different attitude in staff and external people, how they treat the residents, just because they now live in a nice house ... It's all the little things that make a difference.

Quantitative data

The number of people at Summer Hill in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable health and wellbeing score, although slightly lower than the other domains (mean 2.13/4; range 0-4; Table C.2) and improved when they moved (11/15). Three people stayed the same and one worsened in their health and wellbeing when they moved (Table C.4).

7.3.2 Norton Road

Qualitative data

The key change affecting and associated with people's health and wellbeing was their weight gain or weight loss after the move from Lachlan Centre to Norton Road. In one case a family member reported that his brother had lost weight after the move, which he associated with the better care as his diet is monitored more carefully and he smokes less. In other cases, the staff reported that people had put on weight, but it is unclear whether this was a healthy or unhealthy outcome.

Some people interviewed reported that they feel good and healthy now and before the move. With respect to diet, the people interviewed had no comments or comparisons. One mother explained that although she was very happy for her son living in Norton Road now, she disliked that the staff take people out to fast food chains, like McDonald's, and that they drink Coke, although she was not concerned about this.

No information was available about access to health services and therapy for people living at Norton Road and whether this may have changed since the move from Lachlan Centre. A case file review indicated that a person had been formally assessed and diagnosed since the move. Although his behaviours remained the same (absconding, property damage, spitting), incidents involving physical restraint have decreased since the move. Referring to his epileptic seizures, one person stressed several times that he gets really 'big ones'. He explained that it's not good for him to go to the bowling centres because the lights there can trigger seizures. This restricts him in his participation level. Therefore, he really enjoys spending time in his room watching DVDs. It is unclear what impact these seizures had when he lived at Lachlan.

Overall it appeared that most had settled in well in their new living environment. Several people said that they feel more relaxed now and less stressed, also that they like their new houses. People reported that they are encouraged to be active and have access to a garden area and sunny veranda. This impression was shared by family members. One father commented that,

after the move he settled down a lot more ... this is because of the cottage structure, having more space and separate rooms ... and the experienced staff.

A mother reported that when her son lived at Lachlan he often stayed with her on the weekends but did not want to,

go back there. But since moving to Norton Road he always feels happy to go back to Norton Road ... It feels more like a home. He feels more relaxed and safe in his new home.

A staff member explained that some people come out of their rooms more frequently than they used to, which she associated with them feeling more at ease.

Quantitative data

The number of people at Norton Road in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable health and wellbeing score, although slightly lower than the other domains (mean 2.13/4; range 0-4; Table C.2) and improved when they moved (11/15). Three people stayed the same and one worsened in their health and wellbeing when they moved (Table C.4).

7.3.3 Casuarina Grove

Qualitative data

It appeared that some people experienced stress when they initially moved to Casuarina Grove from Peat Island Centre, however, most people have settled in well. One change reported by both the residents and staff at Casuarina Grove was weight gain or loss. The people interviewed had mixed views on the food, some liked it better at Peat Island, whereas others preferred the food at Casuarina Grove. One woman said, 'I lost weight after the move ... I drink lots of water now'. She also reported that she was actively engaged in sports before the move, swimming and

playing ball games, and that in Casuarina Grove she mainly goes for walks, as the swimming pool is not as accessible any more. Two other people mentioned that they feel healthier now than when they lived in Peat Island. Some others associated being healthy with going for walks, eating meals or feeling safe.

Some people complained about the noise at Casuarina Grove, as it is located next to the Pacific Highway and said that it was quieter at Peat Island. They said they miss the nature and scenery they had at Peat Island. Two people reported that they had more space to go for longer walks and that they enjoyed more privacy at Peat Island. It is unclear to what extent the new living environment impacts on their ability and quality of relaxation and overall wellbeing.

Little information was available about people's perceived safety before and after the move. Most people interviewed reported that they are happy living at Casuarina Grove but also they seemed happier when talking about Peat Island. They engaged with the Peat Island photo book when the researchers showed it to them and liked talking about that time, which brought back positive emotions.

Staff reported that in people living at Casuarina Grove have greater access to diagnostic and medical service than when they lived at Peat Island. However, all treatments are on site, therefore people are not taken out into the community to choose which doctor they want to see. A mother reported that she felt her son is 'being cared for and very well medically looked after'. Another family member had not noticed any health related changes for her relative. Some changes were age related, rather than due to the move.

Quantitative data

Casuarina Grove quality of life scores were analysed separately because the number of people was large enough and the results were different to the other locations (Appendix C). People at Casuarina Grove had low current health and wellbeing (mean 1.67/4; range -1-3; Table C.3), much lower than people in the other new services (mean 2.13). Their health and wellbeing stayed the same (8/12) or worsened (4/12) when they moved. It did not improve for anyone in the sample (Table C.5; Figure 7.1).

7.3.4 Wadalba

Qualitative data

Wadalba had the richest data about health and wellbeing compared to the other three new accommodation services. The key theme in interviews with people at Wadalba, their family and staff was weight gain or loss after the move. Some staff and family reported that people losing weight has been a positive outcome. In other cases, family members associated weight gain with the stresses connected to the transition period and settling into a new environment. While some people, with the support of staff, have lost the weight they gained after the move, others are still struggling to lose the weight, for example someone who gained 18kgs.

Little information was available about the quality of the food and whether it is better in Wadalba compared to Peat Island Centre. One man reported that he had ‘lost weight through good eating and eating healthier.’ The review of case files indicated that several people have detailed diet planning in place, such as a meal time management plan or eating and swallowing plan. All food is cooked on site by the people who live there or assisted by staff.

The data suggest that most people now have better access to specialist health providers and therapists in the community and that their health and wellbeing needs are addressed more holistically through regular reviews with speech pathologists, the Disability Assessment and Rehabilitation Team or planning to address weight management. However, one mother expressed concerns regarding her daughters’ health, including her weight gain. While she was concerned about the meal preparation, she also noted that her daughter should have seen a dietician and dentist more regularly.

From the case file reviews and interviews with people living at Wadalba some people seem to have experienced deterioration in their health, mobility, or behaviour since the move. While in some cases this might be age or disability related changes (e.g. in a person’s memory and time management skills), it is unclear if some changes might be connected to the move and new living environment. For example, a woman who according to her case file ‘enjoys routine and consistency’ has started using more disruptive behaviours, such as spitting, hitting, or scratching staff. Her behaviour is now closely managed and staff put in place person centred strategies to reduce factors that may trigger her behaviours and make her feel unwell, e.g. constipation or overly tired. She now has regular bubble-baths for relaxation, high fibre breakfasts with lots of fruit, daily walks and a sensory activity program introduced by her speech therapist.

All people interviewed reported they feel healthy, comfortable, relaxed and safe at Wadalba. Compared to Peat Island many said they feel better in their new home. Moving to Wadalba had some negative impact on one person’s wellbeing. He does not like to spend much time in his room and due to his high support needs requires staff supervision when he goes outside. He cannot go out for walks on his own any longer and misses the space he used to have at Peat Island.

A few family members expressed worries about people being able to ‘wander off’ by themselves as the Wadalba property is only locked through an external gate. In one case there are plans to trial whether a particular person could potentially leave the property independently. One family member commented on her relative’s level of safety now, compared to Peat Island:

I’ve never seen him going to bed and have an afternoon nap [in Peat Island] he could never feel safe there, had to watch other residents pushing him over, taking his food, now he’s very happy, now just goes himself to his room and takes a little nap. That’s a very good thing.

Overall, the majority of residents and their family members were satisfied with the impact on health and wellbeing of the new living environment and supports in place. One man said it was good to move as he is not that isolated anymore, and Peat

Island was remote from any town. Also, staff reported that the people call Wadalba their home. Some statements exemplify this further,

I'm happy here and live here with no problems.

He [my son] is happier now because of the circumstances at Wadalba and he is more relaxed now. His behaviours have improved as well.

[My son] didn't have much space to himself (in the LRC) which caused arguments with other residents ... but after he moved here there has been none of that [physical or verbal abuse] any more.

Quantitative data

The number of people at Wadalba in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable health and wellbeing score, although slightly lower than the other domains (mean 2.13/4; range 0-4; Table C.2) and improved when they moved (11/15). Three people stayed the same and one worsened in their health and wellbeing when they moved (Table C.4).

7.3.5 Other locations and services

Qualitative data

One mother noted an improvement in her son's wellbeing and health since he moved back home. While at Peat Island, he had been diagnosed with a fatal condition and only 12 months to live; this was six years ago and his health has been stable since then. She believes that this might have been influenced by a diet change since the move. The mother stated that her son was much happier now and she also felt that her son's receptive and expressive verbal skills have improved since the move.

Another mother commented on the current health and wellbeing of her son, whom she described as happy and relaxed, at the NGO group home,

I have great praise for the staff in the care and attention they give him, with very strong emphasis on seeking to meet his particular needs, and help him achieve his very best potential (...) Very good medical care is available to him, and regular health checks are carried through.

The perceptions of family members regarding health and wellbeing of people when they lived at Peat Island varied. One mother commented 'my son was well cared for at Peat Island', while one brother stated that Peat Island was a 'cold place' and that his brother's wellbeing has visibly improved since the move to Tomaree Lodge. All the residents and their family members who were interviewed agreed, or gave the impression, that people were happy at Tomaree Lodge and the wellbeing of some has increased. One person has less mobility due to increased falls, which staff attributed to his age and disability.

The psychologist at Tomaree Lodge observed a decrease in challenging behaviour in one person we interviewed, these changes are believed to be a result of greater

independence and less direct staff involvement. Another family member contrasted the poor medical care at Peat Island with improvements at Tomaree Lodge.

Quantitative data

The number of people at other locations in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable health and wellbeing score, although slightly lower than the other domains (mean 2.13/4; range 0-4; Table C.2) and improved when they moved (11/15). Three people stayed the same and one worsened in their health and wellbeing when they moved (Table C.4).

7.4 Social relationships

Dimensions for comparison on the social relationships domain of quality of life were relationships with family and friends, other people with disability, staff, advocates and guardians, choice in activities alone or with other people, frequency of activities with visitors, new relationships established with community members, and service planning, delivery and recording to support people with disability to maintain or establish relationships with family, friends and community members.

7.4.1 Summer Hill

Qualitative data

All family members interviewed seemed to have a positive relationship with their relative. Since most of the people at Summer Hill rely on non verbal communication it is not possible to have regular phone contact with their family members, but staff and family members keep in contact via phone.

Staff encourage and support people living at Summer Hill to stay in touch with their family members. In one case staff take a man to his mother's place at least once a year. He stays there for a few nights and spends time with the whole family. Family members commented positively about staff. One family member said staff are flexible and she drops in whenever she wants to, without announcing her visits. Staff try to involve the families as much as possible, such as attending parent meetings, Christmas and birthday parties.

The frequency of visits from family members varies according to preferences and distance. A family member commented,

I can come in whenever I like and the grandchildren can come and run around ... It's set up like a second home; we have access to the tea kitchen and are allowed to move around freely.

All family members commented about staff being very caring and knowing the people who live there very well. As a result, the social interaction of one person has increased since moving to Summer Hill. One mother explained that this was because the Grosvenor Centre was overcrowded, which made it difficult to cater to everyone's needs.

Apart from personal and medical care, the service also involves sensual stimulations, such as music therapy, which are used by staff to explore the likes and dislikes of people to facilitate non verbal communication in different ways. For example, one of the case files had a table with different communication signs which also included possible reactions of the person and suggestions on how to interpret these reactions. One woman was observed watching a DVD and staff explained that this was this woman's favourite movie. Overall, it seemed as if staff had an individual approach and individualised way to communicate with people in order to best meet their needs.

Evidence about plans to expand and form new relationships was not present in the case files or interviews.

Quantitative data

The number of people at Summer Hill in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable social relationships score (mean 2.28/4; range 1-4; Table C.2). Only half improved when they moved (7/13), half stayed the same (6/13), but no-one worsened (Table C.4).

7.4.2 Norton Road

Qualitative data

The groups of people living together at Lachlan Centre were larger than at Norton Road, which in some cases has led to separation from former fellow residents. In one case good friends were separated into different units located next to each other. In contrast to Casuarina Grove, these friends have the opportunity to visit each other every day or socialise at common group activities. Managers said staff were involved in detailed planning to determine who should live together, taking into consideration existing friendships, personalities and support needs.

The types of relationships people have include friendships to other people living at Norton Road, family and staff. There was no mention of friendships in the local community, in day programs or to other staff with a less direct care role, such as housekeeping staff or gardeners at Norton Road. Most people are in contact with their support persons and/or families and engage in regular onsite and offsite visits.

It did not seem as if there were any changes in the frequency or quality of contact to family members after moving into Norton Road. This might also be related to the location as the travel distance for family members has not changed. Staff seemed to support existing relationships.

The relationships between people living at Norton Road and staff seemed positive. People appeared satisfied when talking about staff at Lachlan and about staff at Norton Road. Some of the people said that they can talk to staff if they have problems. One family member explained that the staff ratio has increased after the move leading to higher levels of support. As a result, he observed that the personal care for his brother has improved.

In this context, the Behaviour Modification Clinician mentioned that people are less restricted in their new environment. For example, at Lachlan the entire kitchen was locked and at Norton Road access is not restricted with the exception of a few cupboards that are locked for safety purposes. One person with a speech impairment had two PECS (Picture Exchange Communication System) boards attached to his bedroom walls. One of the boards had pictures of staff members on it and made the weekly staff rosters visible for him. This example was evidence that some staff are taking an individualised approach and making an effort to understand the person's needs and wishes. This approach seems to contribute to the positive relationships between them and the people living at Norton Road.

Overall, all people interviewed seemed happy about their social relationships. They all seemed socially included and comfortable around staff members. Plans for new relationships were not evident.

Quantitative data

The number of people at Norton Road in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable social relationships score (mean 2.28/4; range 1-4; Table C.2). Only half improved when they moved (7/13), half stayed the same (6/13), but no-one worsened (Table C.4).

7.4.3 Casuarina Grove

Qualitative data

There was evidence that people engaged in different types of social relationships. Good friendships have developed amongst the people who live at Casuarina Grove and there is good rapport with staff. For example, a couple live together at Casuarina Grove and one man has formed friendships with the laundry lady and the vending machine man.

One family member mentioned that it was good that some of the new staff were younger because her family member relates better to younger staff. Staff seemed caring and concerned about the people living at the accommodation service and demonstrated a caring nursing approach, rather than an empowering approach to make choices and decisions. Most people had happy memories of Peat Island and smiled when looking at pictures of people in the Peat Island book with one person saying 'they are good people'. Another person said 'they treat me good.'

Many of the people used to have close relationships to others who are now living at Wadalba and other locations and services and were separated due to different support needs. A family member reported that his relative was the only verbal person in the house he lived in on Peat Island. As a result, he became a 'loner' who was not able to communicate with any of the other people he lived with, so his interaction with others has improved since moving to Casuarina Grove.

However, one person still appeared upset as he was separated from his boyfriend who now lives at Wadalba. Two brothers had also been separated after the transition. In another case, a person's family had requested that she be able to remain living with her best friend and this was carried through. There is a question

about what kinds of inter-personal relationships were actively continued, and whether this was dependent on requests from family. It is important to consider different support needs when identifying appropriate accommodation services, but the emotional and social relationships should also be taken into account.

There was evidence that where people had been separated from friends, there was some opportunity to visit and keep in touch. Staff supported visits between people at Casuarina Grove with those living at Wadalba and Tomaree Lodge and also between those living in different units at Casuarina Grove. These interactions and friendships are now dependent on staff support that directly impacts or may impact on the wellbeing of people living at Casuarina Grove. In addition, many people at Casuarina Grove need mobility support and are restricted in their ability to engage in visits to other sites. Staff said this was due to limited staff resources and OH&S requirement about the number of staff accompanying people who use wheelchairs.

Many people included in the research had family pictures hanging on the walls and said they were in touch with them. Some had weekly scheduled telephone calls with family. People looked forward to visits from family and often made special plans. For example, one man described an upcoming visit from his brother to buy a new walkman.

Many people's parents have died and they rely on the contact with their siblings. One relative living in Sydney mentioned that travelling to Casuarina Grove would be too far for them now. However, other people live closer to their family members now and have the opportunity to catch up more often. Staff seem to support family members with maintaining their relationships to their relatives living at the accommodation service. For example, one mother explained that she cannot drive long distances anymore, but therefore staff sometimes pick her up at Wyong train station and take her to Casuarina Grove.

Overall, it seemed that people at Casuarina Grove had positive relationships with staff and other people from Peat Island. No evidence of plans to form new relationships or develop community friendships was available.

Quantitative data

Casuarina Grove quality of life scores were analysed separately because the number of people was large enough and the results were different to the other locations (Appendix C). People at Casuarina Grove had a low social relationships score (mean 1.33/4; range -2-3; Table C.3), much lower than people in the other new services (mean 2.28). Their social relationships score improved (4/12), stayed the same (2/12) or worsened (6/13) when they moved (Table C.5; Figure 7.1).

7.4.4 Wadalba

Qualitative data

All people interviewed have contact with family and friends. One family member living in Sydney does not visit his son at Wadalba anymore due to the long drive, but talks to him on the phone every weekend. One mother has benefited from the relocation and lives a lot closer to her son now. Her son visits her every fortnight as

he used to do when he lived at Peat Island. In this case, the shorter distance did not affect the frequency of their catch ups.

Most people residing at Wadalba appear to be good friends and enjoy socialising with each other. One person who lives in his own flat likes going into the communal living room to watch TV with his housemates. Another person mentioned that she lives with her boyfriend and said 'he makes me happy.' She also commented, 'I get on with everybody.' Another person said he likes his home because it has 'all my favourite people here.' Some people had pictures in their bedrooms or in the communal living room areas of celebrations or excursions with their housemates, such as going out to the Morisset Annual Show or the Gosford Sailing Club. Furthermore, one person mentioned that he made new friends after the move with the local people from the club.

Some people's close friends who they lived within Peat Island moved into Casuarina Grove. In one case, a person was separated from his brother. However, he did not seem upset about this and mentioned that he sees his brother every couple of weeks. A family member mentioned that she would have liked a different location for the Wadalba group homes in order for people with disability to maintain their attachments to others living at Casuarina Grove. However, family members feel pleased about the level of commitment staff have shown to encourage and support the relationships between people from Wadalba and their friends from Peat Island who were relocated to Casuarina Grove and other locations.

Not all people interviewed had good memories of the other people they lived with at Peat Island. One person commented,

He [his father] used to always bring me goodies when he visited, and once they all got pinched. It's not fair because it was special. But he [another resident] stood in my doorway and told me to give them to him.

This person said he did not feel supported by staff at Peat Island when he had difficulties with other people living in Peat Island but feels supported now by the staff at Wadalba. All people interviewed said that they have a good relationship with the current staff. Most people explained that they can talk to staff when problems arise which they said was the reason for having a positive relationships to them. For example, one person usually says 'I see you' to a staff member, which means that he wants to talk about his concerns. According to staff, the staffing ratio changed after the transition and there is more one on one support available now. In addition, several people mentioned that a key worker has been allocated to them which they did not have at Peat Island. This ensures more consistency and a base for establishing trust between staff and the people living there. There was no mention of key workers in any of the other sites.

There is also evidence for positive relationships between staff and family members. One family member reported that staff were attending the Sunnyfield support group meetings regularly and had taken family members down to Sydney recently to attend the NDIS Rally. Furthermore, the CEO was in touch with family members and staff contact her regularly with any issues that arise. Overall, it seemed as if staff had

established a very positive rapport to people living at Wadalba and their family members.

Quantitative data

The number of people at Wadalba in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable social relationships score (mean 2.28/4; range 1-4; Table C.2). Only half improved when they moved (7/13), half stayed the same (6/13), but no-one worsened (Table C.4).

7.4.5 Other locations and services

Qualitative data

A family member of a person who moved home stated that her son's increased social interaction with family is a key difference to the services he received at Peat Island.

One mother explained that her son had always had frequent family contact at Peat Island, which remains the same at the NGO group home where he now lives.

The people interviewed at Tomaree Lodge appear to have different levels of social interaction. While all of them regularly access the onsite day program and the Tomaree Links to the Community volunteer program which provides the opportunity to socialise with staff, volunteers, fellow residents and members of the community, only one of them has regular family contact. One man does not have any family contact, as his brother lives overseas. Another man has occasional phone and rare face-to-face contact with one of his seven siblings, which is new contact re-established by staff after 30 years. One person attends a volunteer gardening program twice a week. It was reported by staff that most people residing at Tomaree Lodge also receive weekly to fortnightly visits from a service provider where one on one support in the community is offered.

All people interviewed had friendships with people from Peat Island, however none of them now live with those friends either as a result of the move or these friends have died. The staff at Tomaree Lodge have enabled visits between friends and former staff at Casuarina Grove since the move. A staff member commented that people seem to find it difficult to form close friendships with fellow residents and staff try to make one on one support available to increase the social interaction for those people.

None of the people interviewed at Tomaree Lodge commented on their relationship with staff, however staff were observed as interacting positively with the people who live there. One person reported that he meets with a staff member every afternoon over a soft drink and they sit on the veranda to observe nesting birds and have a conversation. A family member described staff as competent and caring and reported that he was in regular contact with different staff and they also regularly send him photos of recent events.

Overall, these findings indicate a positive rapport between staff, people who live at the accommodation service and family members.

Quantitative data

The number of people at other locations in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable social relationships score (mean 2.28/4; range 1-4; Table C.2). Only half improved when they moved (7/13), half stayed the same (6/13), but no-one worsened (Table C.4).

7.5 Autonomy

Dimensions for comparison on autonomy and having a say in decision making domain of quality of life included the extent of having a say, matters that people do and do not have a say about, the process to facilitate decision making and having a say, service planning, delivery and recording of processes to support decision making and having a say, and outcomes of having a say such as in case plans.

7.5.1 Summer Hill

Qualitative data

In Summer Hill, family members reported that people had a say in their life, in particular around the activities they wished to take part in or not take part in. One mother said that, 'He is good at expressing his needs; he most certainly lets you know if he doesn't want to do things.'

Due to limited verbal communication skills of many people in Summer Hill, family members recognised that it was critical for staff to know the person well, to be aware of their way of communicating (making vocal noises and using body language), and attend to their needs appropriately. It is however unclear to what extent the staff have the capacity to attend to individual needs. In one case file review the staff noted about a person, 'she does not cry out unless there is something wrong with her.' The case plans did not include evidence of further developing communication plans to build on people's communication skills to be able to extend their autonomy.

There was little direct comparison to Grosvenor, or any evident changes in autonomy after the move included in the available data.

Quantitative data

The number of people at Summer Hill in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable autonomy score, although this was the lowest of the domains and the only domain with negative scores (mean 1.85/4; range -2-4; Table C.2). Six people improved when they moved (6/10), three stayed the same, and one worsened (Table C.4).

7.5.2 Norton Road

Qualitative data

At Norton Road, there was evidence of people having autonomy and making active decisions about the activities they wish to take part in and the way they wish to

spend their time. In some cases, people also have a say about the items they wish to purchase, e.g. bed sheets. One mother commented that she felt that 'staff let him choose a lot, actually too much.'

The main areas where people experienced restrictions are access to personal property. For example, personal items are locked away to manage behaviours and protect other people and they ask for it when they want it. Another observed restriction was the locked security fence at one of the homes at Norton Road. Tomaree Lodge, which has a similar client group, manages absconding behaviours with strategies other than restraint. These strategies could also be explored for people at Norton Road.

Choosing food is limited for most people in Norton Road. While some people get to prepare their own food (like sandwiches) or cook their own meals, most people get their meals pre-cooked and delivered. For one person, the kitchen was locked at the Lachlan Centre and he has now access to kitchen facilities due to the higher level of supervision and he now participates in cooking activities, such as BBQs.

The key to better understanding people with limited verbal communication skills or intellectual disabilities is to use alternative forms of communication. During the site visits the researchers noticed a PECS board in a bedroom, which indicates that staff are trying to alternatively communicate to understand their needs. One person explained that he is fairly independent and has great freedom as he can get on the bus or purchase items himself.

Quantitative data

The number of people at Norton Road in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable autonomy score, although this was the lowest of the domains and the only domain with negative scores (mean 1.85/4; range -2-4; Table C.2). Six people improved when they moved (6/10), three stayed the same, and one worsened (Table C.4).

7.5.3 Casuarina Grove

Qualitative data

People living at Casuarina Grove identified that they have a say about 'small' aspects concerning their life, the place they live, or their interests. People choose how and what they want to wear. For example, staff respect the wishes of one person likes to dress 'back to front'. Some people had active input into choosing their bedroom furniture or decoration. People can also choose to smoke on the veranda if they like. One person locks the door to his room independently and takes care of the keys. People have choice about affective relationships and sexual freedom as long as both sides consent, in which case staff said they support the people in expressing their wants to ensure that they do not engage in a sexual relationship against their own will. The extent of the choice people have in their daily activities and activities they wish to participate in is unclear.

The key areas where people in Casuarina Grove have less autonomy include selection of their menu and meal times, and the ability to move freely beyond the

premises and units due to the service model, staffing capacity and the slow change to their approach (Sections 6.1.1-6.1.2). Entrance doors to each unit are locked and the green areas around each unit are fenced. One person said that while he lived in Peat Island he was very mobile and could walk to the movies by himself. Now that he uses a wheelchair, he can only go to the movies accompanied by two staff members, as required by OH&S rules. Staff do not seem to have the capacity to implement more creative options for people for social relations with community members to be able to act on their choices about activities outside their home.

Privacy and greater independence might have changed for some people at Casuarina Grove as compared to Peat Island due to living in units with ten other people or as described by one person as a 'big house'. This is especially relevant to people who lived in the cottages. Privacy has probably improved for people who lived in the Peat Island dormitories.

Quantitative data

Casuarina Grove quality of life scores were analysed separately because the number of people was large enough and the results were different to the other locations (Appendix C). People at Casuarina Grove had minimum autonomy (mean 0.78/4; range 0-3; Table C.3), which was the lowest score of all domains and much lower than people in the other new services (mean 1.84). Autonomy worsened for all people in the sample after they moved (7/7; Table C.5; Figure 7.1). This was the most dramatic decrease in people's quality of life after moving.

7.5.4 Wadalba

Qualitative data

People who moved to Wadalba appear to enjoy the greatest decision making and autonomy in their life in key areas including setting goals, choice of food, eating times, how they wish to spend their leisure time and items they wish to purchase. One man commented: 'Sometimes I come out and have supper with the others; sometimes I go back to my room. I choose.' One person demonstrated their independence and autonomy by offering to make the researchers a cup of tea when they visited Wadalba.

Each person has weekly individual time allocated with a staff member where they can choose what they like to do. One person said that he enjoys going to the movies in this time. People who may have limited capacity to make complex choices and who use body language are encouraged by staff to make decisions in their daily life by presented various options, e.g. options of clothing or DVDs to chose from. Other people have been supported to make significant changes to their daily routines and weekly habits such as retiring from work. In one case, a person reported that he had filed a complaint against one a staff member and that the issue was investigated. This provides an example of people being encouraged to take charge of their life as much as possible by being more assertive and express themselves. One person's family member compared him not being able to choose his meals in Peat Island to now going shopping independently, cooking his meals and deciding what he wants to eat, but still needs some assistance with budgeting and managing his money.

The people who live at Wadalba and their family members included in the review felt that they were supported to make difficult or more complex decisions. For example, informal supporters said that they were frequently involved in decisions concerning their relative and that they highly valued this aspect of the service model. This could include being asked about any purchases for their family member, additional activities and health concerns (e.g. taking prescriptions).

Areas where people have little say in Wadalba are to do with their living arrangement and who they wanted to live with. Staff who were interviewed stated that efforts were made to group friends from Peat Island together to assist people feeling more at home. One person complained that at Peat Island he was able to go for walks whenever he wanted to and now his movements are more restricted as Wadalba has a locked gate to deter people from leaving the property unsupervised.

People in Wadalba experienced real change to their self-determination. Everyone has person centred planning in place and several have identified goals and receive the support to achieve them, such as cooking and sport. Other people have shown increased confidence. Case file reviews revealed that the design of the documents was person centred and colourful with pictures of each person compared to the archived files from Peat Island, which did not have these features. Overall, people enjoyed their newly gained freedom and choices, responsibilities and decision making they had over their own lives.

Quantitative Data

The number of people at Wadalba in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable autonomy score, although this was the lowest of the domains and the only domain with negative scores (mean 1.85/4; range -2-4; Table C.2). Six people improved when they moved (6/10), three stayed the same, and one worsened (Table C.4).

7.5.5 Other locations and services

Qualitative data

A mother whose son moved back home reported that her son is able to express his needs verbally and physically. The parents respect that he is not willing to leave the house without his parents. The mother interprets this as her son being worried that he has to live in an institution again. He also responded that he did not wish to move to Tomaree Lodge after a site visit.

The researchers were not able to make contact with the person who moved into the NGO group home or people who knew them. All data were from other sources.

Evidence shows that people at Tomaree Lodge enjoy a high level of autonomy regarding making daily choices. The accommodation service has an open gate policy allowing unrestricted access to the beach, the local community, an onsite day program and an onsite volunteer program.

People at Tomaree Lodge can choose their level of participation in the activities offered and are assisted by staff to make these choices (e.g. staff making people

aware of the activities offered). Case file reviews indicated that staff make an effort to value the people's autonomy by including sections such as a decision making profile, which describe people's preferences and how they prefer to make choices, or a phrases profile which explained commonly uttered phrases and possible meanings. They are also encouraged to make choices about their day to day living. For example, one person does not like sleeping in a made up bed and prefers to build his own bed on the floor or chooses to sleep on the veranda if it is good weather. This person also takes most of his meals on the veranda. There is little information available about people's autonomy at Peat Island; one person reported that he used to ride his bike around the island and work in his own shed.

However, similar to Norton Road and Casuarina Grove, people at Tomaree Lodge have limited choice regarding their meals as they are precooked and delivered from Stockton LRC. Staff reported that people can choose from two options, but can also request a sandwich if they do not like the delivered food. Some people choose to buy food on pay day instead.

Quantitative data

The number of people at other locations in the current and comparison quality of life scores was too small to analyse separately (Figure 7.1; Appendix C). In general, people across all services except Casuarina Grove had a reasonable autonomy score, although this was the lowest of the domains and the only domain with negative scores (mean 1.85/4; range -2-4; Table C.2). Six people improved when they moved (6/10), three stayed the same, and one worsened (Table C.4).

7.6 Quality of life as a whole

The domains to measure quality of life as a whole consisted of perceived levels of material standard of living; participation, growing and learning; health and wellbeing; social relationships and autonomy. Theoretical conceptualisation, as well as the evidence gathered, suggests that changes in one domain directly and indirectly impacts on one or more other domains (Cummins & Lau 2005). For instance, changes in the material standard of living may have a direct and/or indirect effect on someone's health and wellbeing (e.g. proximity to nature and parklands, space available to individual people, level of privacy), their participation, growing and learning (e.g. proximity to a community, access to public transport), as well as their level of autonomy (e.g. accessibility of amenities, locked or unlocked gates, fenced in properties vs. open plan). People's levels of participation have a direct impact on their ability to make and maintain friendships, so on their social relationships, which again will affect someone's well-being. The domains are interdependent and therefore it is important to take a holistic approach when looking at quality of life changes.

Quantitatively, peoples' overall quality of life was positive (2.35/4, range 1-3; Table C.2). Overall quality of life was lower, although still positive at Casuarina Grove (1.63/4, range 0-3; Table C.3). Similarly, quality of live improved for most people (10/15; Table C.4), except at Casuarina Grove where it got worse or stayed the same for most people (Table C.4) (Figure 7.1; Appendix C).

7.6.1 Summer Hill

Overall improvements in people's quality of life can mainly be attributed to an increased standard of living due to the new purpose built accommodation service. Highlights of the new accommodation service include new medical equipment, better accessibility for wheelchairs, individualised bedrooms and an accessible sheltered outdoor area.

It is likely that people's health has increased due to the newer accommodation services and access to medical equipment in every room. A parent mentioned that staff underwent training as part of the redevelopment, which they said had a positive effect on the health and wellbeing for people residing at Summer Hill.

Most people reportedly attend an external day program during the week and data showed that on weekends people engage in activities in the community, such as trips on the ferry, drives to a local shopping mall and walks to the village and park, which reportedly is comparable to the activities that were offered to people with disability at Grosvenor. They all require one on one support due to their mobility needs. Overall, family members were satisfied with their relative's participation which has mostly stayed the same for community access and increased regarding accessibility of the units.

The redevelopment does not seem to have impacted on the relationships between residents and their families; however one mother did report that she now felt more comfortable visiting with her grandchildren due to increased space and nicer accommodation services.

In summary, it seems likely that positive changes in health and wellbeing, participation and social relationships is a result of the newer, more modern and spacious accommodation services and staff improvements.

7.6.2 Norton Road

Overall quality of life for people has improved mainly related to an increased material standard of living. Key changes regarding an improved standard of living include individualised bedrooms that reflect the individual wants and personality, access to garden and park areas, new furniture and high tech equipment, comfortable shared living space and individual features in the purpose built houses. No information about whether and how often people from Lachlan LRC visited the new site at Norton Road before the move was available to assist them with transition.

Little or no improvements were evident for people in the domains of participation, social relationships and autonomy, except for participation in domestic activities (such as a cooking and baking program, working in the vegetable garden, feeding the chickens), but not participation in the community. Only some people have experienced greater participation, while others have stayed the same and for one it decreased. This stands in contrast to the Business Case, which proposed greater community integration. People seemed to have good social networks with other people living at Norton Road, family and staff. However, there was no evidence for any links to the local community or new friendships as a result of the move. On the contrary, some people were separated from their friends and housemates due to moving to the new accommodation service and the change in the number of people

in each house. Although people have opportunities to visit these friends, it is likely that interactions have decreased and that in some cases, people now depend on staff support to make visits.

Although there was evidence of people having autonomy and making active decisions, there was no evidence that people's levels of autonomy have increased in the new accommodation service. In addition, data showed that the levels of autonomy varied for each person and seemed to depend on factors such as their support needs, the needs of others they live with and the staff who support them. This was especially apparent for one home, where the entire group was limited in their autonomy due to locked security.

7.6.3 Casuarina Grove

Looking at the quality of life as a whole, Casuarina Grove clearly stands out negatively when compared to the other sites and also when compared to people's changes in quality of life before and after the move from Peat Island Centre.

For people who moved to Casuarina Grove, their quality of life has improved in the domain of material standard of living when compared to when they lived at Peat Island. Most people were very proud of the place they live in and many enjoyed an increase in personal space, privacy and safety. For some people, the amount of space and privacy available to them was compromised as a result of the move, for example those who lived in cottages on Peat Island.

Casuarina Grove is the only new accommodation service where the health and wellbeing measure decreased. These findings demonstrate that although the material standard of living improved for most people in Casuarina Grove it did not make a big difference to the quality of life a whole.

Autonomy and participation, growing and learning also decreased. The key reasons for this are the isolated location of Casuarina Grove; the lack of easy access to the community; lack of footpaths around the facility; locked entrance doors; and fences surrounding each unit. The way staff interpret their role and apply WH&S regulations, restricts activity outside the units for people with limited mobility.

Social relationships of most people did not improve when they moved into Casuarina Grove. This is mainly a consequence of people being separated from their friends who moved to Wadalba, but also people having fewer opportunities to have incidental social contact in the community due to the location and restricted choices in their new living environment. Although Peat Island was geographically isolated from a large centre, the people who lived there interacted with local community members. Casuarina Grove does not facilitate individual choice unless guided by staff. These service delivery conditions limit most people's opportunities if they are not independent enough to walk to public transport by themselves. Overall, quality of life as a whole did not improve for most people moving to Casuarina Grove.

7.6.4 Wadalba

Based on the evidence collected, quality of life as a whole has improved for people who have moved to Wadalba from Peat Island. Although there was limited information about the quality of life for people when they lived in Peat Island, overall

the data suggests that people are experiencing improved conditions across all domains. The overall approach of service delivery appeared person centred and individualised.

All people now live in an individual bedroom and some even live in their own flat, which has increased their privacy, independence and self-determination. The accommodation services are custom built, modern and comfortable, as well as in close proximity to the local community and its amenities.

Wadalba was the only new accommodation service included in this review that provided evidence for actively promoting domestic participation on a daily basis for people living there to increase independence and opportunities for people to take ownership and increase their sense of self-worth. Wadalba stood out as an accommodation service promoting people's ability to access the wider community with staff support where appropriate.

In summary, compared to living in Peat Island, participation, learning and growing has increased for most people, as there is a wider variety of activities and opportunities on offer.

Similar to Norton Road and Casuarina Grove, weight gain and/or loss was a key theme regarding people's health and wellbeing with mixed views about whether changes in weight was seen as a positive or negative outcome by people, their family members and other supporters. However, all people who took part in the review reported that they now feel better and safer than at the LRC.

Everyone interviewed has contact with family and friends and most people commented on their positive relationships with other people living at Wadalba. They all reported to have good relationships with staff and several people referred positively to their key worker. Increased staffing levels have contributed to more one on one time with staff, which was seen as a positive outcome by people interviewed. In some cases, like at Casuarina Grove and Tomaree Lodge, people have been separated from friends and relatives as a result of the move, which in some cases was criticised by both people affected and their family members. There was however evidence at Wadalba, as in Casuarina Grove, Norton Road and Summer Hill, that staff were making efforts to enable contact with family and separated friends.

With high levels of participation, evidence gathered suggested people at Wadalba also experience higher levels of autonomy in comparison to when they were living at Peat Island and also in comparison to those living in Summer Hill, Norton Road and Casuarina Grove. People at Wadalba are actively involved in decision making processes regarding their day to day living and have received support from staff in making complex decisions since the move.

7.6.5 Other locations and services

Data suggests that the overall quality of life of people who moved to other accommodation types including home, Tomaree Lodge LRC and an NGO group home has increased across all domains. However, the extent of these positive changes varies.

The evidence suggests a higher standard of living at Tomaree Lodge compared to Peat Island. The key quality of life domains that have increased are autonomy in the peoples' day to day living, as well as increased participation in the community. While Peat Island was a secluded community, people now have free access to nature and the community. In addition, opportunities to socialise and engage with the community are presented through a drop in day program and a volunteer program.

Only little information was available regarding people's health. One person's health has increased since his move home due to unknown reasons, whereas a person living at Tomaree Lodge is facing decreased mobility, probably due to increasing age.

7.7 Quality of life of people with disability and the experience of family and friends

As part of the study, family members were interviewed via phone and face-to-face. Although the review intended to interview a range of support persons including family, friends and other advocates, such as public guardians, only family members were available. Insufficient data were available to separate the information into the three projects.

The data shows that most family members feel happy, satisfied and relieved about the new accommodation service (Section 6.7.2). Some are happy because of its new location and the shorter travel distance to their family members. Some others mentioned that they feel relieved because they know that their relatives are in good care and trust the staff and management of the accommodation services who provide them with reassurance. One family member emphasised this, 'I've got peace of mind, if something happened to me I know he would be well looked after.' Another family member stated, 'I'm much happier now, I don't feel a threat anymore, I feel they are doing the right thing for him.'

Ageing parents said they felt less worried after the move as they know that their child is well looked after, which they explained was even more important once they have passed away. In addition to that, family members seemed satisfied because of the accommodation services' new and more modern equipment. For example, people bought new furniture after the move and were provided with high tech devices, such as TVs with flat screens and Foxtel channels which they did not have in the LRC. Other aspects family members appreciated included flexibility, higher morale and friendliness of staff, increased staff training, service delivery, the active involvement of family members in this and the homely and the family-like atmosphere of the houses. It was also stressed that family members value being kept up to date regarding their relative's activities and wellbeing.

While most family members supported the redevelopment from the start, a few family members stated that they were concerned or apprehensive when they first found out about the redevelopment, but that these perceptions have now changed. One mother said, 'Until it's actually built, you're always waiting. You think at any moment they're gonna whip it out, but they did it, and it's beautiful.' Family members now feel that the redevelopment was a positive move and enhanced the quality of life of their

family member, which is emphasised by a family member saying, ‘At first I was petrified ... [but now] I am gobsmacked of how beautiful it actually is.’

A few family members are unable to visit their relative as often as they used to due to longer travel distance. A lot of them are ageing parents who do not feel comfortable in driving long distances. The staff support these parents by either picking them up at the train station or keeping in touch through phone calls. In contrast, some family members who live close by choose to have limited involvement in their relative’s life. In one case, a family member experienced stress after the move as she had to take on more responsibilities by making decisions on behalf of her daughter. She explained that she was facing conflicts with staff, although the issues had been resolved.

When asking about suggestions for the future, many family members said that the houses were perfect and there was nothing that needed to be changed. However, one family member was concerned about communication with staff, as she felt that sometimes requests were not passed on or staff misunderstand instructions. Another family member expressed desire for greater independence of his brother,

The only change I would like to see is that he walks through my front door one day and says ‘How are you going’ ... I don’t think that’s going to happen, but he does say hello on the phone, which is great.

There was no mention of any barriers to being involved in the people’s support or care. In fact, it was mentioned that if parents wanted to be involved, the management welcome and accommodate that. Overall, family members were very pleased and grateful about the new service and would like to see this continuing in the future.

8 Implications and conclusions

The implications of the findings from the Project Performance Analysis (Section 6) and Quality of Life study (Section 7) can inform future policy for redevelopment processes and better outcomes for people with disability. The implications in the sections below are grouped by the objectives of the review (Section 5.1). The section cross references to the findings in the earlier sections, and concentrates on the future implications.

8.1 Quality of life for people with disability

As a result of the redevelopment overall quality of life improved for most people included in the review, in particular material standard of living. However, the extent of how appropriate the new accommodation services were for individual people varied. While a few people experience greater independence and self-determination in their own home (e.g. Wadalba), some others had to compromise on space and privacy (e.g. Casuarina Grove).

All the new developed accommodation services represent the more traditional approaches to disability housing, rather than innovative accommodation models in the community and the commitments in Stronger Together 1 and 2 to expand the options for people with disability, including more flexible types of supported living and new models of accommodation for people with challenging behaviours and complex health issues. There is limited evidence of individualised planning to support person centred outcomes, which is an important platform under ST2.

The level of community participation at Wadalba is the most positive outcome. Future redevelopments could apply the successful strategies used at Wadalba to plan future accommodation, as well as considering other community living options for people transitioning from LRCs. Other options for living in the community can include:

- Drop-in specialist support in people's homes and single person homes in the community
- Person-centred approaches in Stronger Together 2 to increase access for people with disability to funding for home modifications, respite support and attendant care for people with a disability to live independently or with family. These types of service models offer specialist support suited to people's individual needs whilst creating opportunities for greater choice, flexibility and community inclusion
- Transformative opportunities for community living and implications of person centred approaches are discussed in Section 6.6.

Strategies to improve accommodation support practices in new developments include:

- Cultural change within an accommodation service by making person-centred, advocacy services and active support training part of the redevelopment process

- Person centred, empowerment approach to enhance community participation, including travel training, community peer support, one to one community volunteer matching
- Contacts, networks and community development in the local community, such as the library, clubs, religious, community groups, community events and schools.

Friendships and other relationships were in some cases considered in planning for the redevelopment projects, enabling people to continue to live with or close to partners, friends and relatives. However, some people who moved from Peat Island Centre were not given a choice and were distressed by separation from partners, relatives and lifelong friends. It appeared that their friendships and intimate relationships were not respected and protected either in a choice to remain together or in an active strategy to maintain close contact.

A future option for preventing separation would be to make social and emotional needs of people transitioning from LRC a higher consideration, and organising accommodation service support needs within that priority. Careful preparation for the moving process and assistance in communicating people's needs and valued relationships could help empower people to express their individual preferences. Ways to empower and assist people with disability in communicating their needs and preferences are discussed in Section 8.6.

8.2 Site selection for community participation and recurrent cost

The Business Cases for Grosvenor, Lachlan and Peat Island focused on service models that accommodate a large group of people with disability in the one location. Suitable sites were restricted due to factors such as existing land or cost of land; impact on the recurrent costs and interests of existing staff and remaining families. The Lachlan Centre Business Case included the option of the development of 10 stand alone group homes in the Sydney Metropolitan area however, this was not supported as it was in contrast to the Minister's undertaking to redevelop the Lachlan Centre on the Macquarie Hospital campus and was also the most expensive option due to the higher direct care salaries and wages associated as more FTE staff are required to deliver care services over a dispersed area. The Business Cases for Grosvenor and Peat Island did not present options other than cluster models for consideration.

The choice of locations was suitable for some people with disability, families and existing staff and Social Impact Studies were undertaken for the locations for Casuarina Grove, Wadalba and Norton Road to assess the impact of these locations of these groups. However, with the introduction of individual packages, the rights of all people with disability could be now be better met in terms of providing a variety of support services in various locations so people with disability have more choice and are not restricted to a service model that may not be in a location or facility type suited to their preferences.

The Minister's commitment to build Norton Road on the Macquarie Hospital site was in the response to the request of family and friends of people living at Lachlan Centre, however this highlights the risk of not providing independent support to

families and people with disability to be fully informed of all the options to make an informed decision. It appeared that the families advocated for the location to remain the same for reasons of security and familiarity, although the implications were contrary to government priorities (Appendix B). Although impact on staff should be considered when selecting sites for new accommodation models, it should not be the basis for site selection. The opportunity to provide person centred approaches to services should be the first priority.

The impact on travel and access to public transport was taken into consideration for site selection for Summer Hill, Norton Road, Casuarina Grove and Wadalba. However, Summer Hill is the only new accommodation service that is within walking distance of a train station. This has implications for the quality of life domains of participation, social relationships and autonomy for current and future people living there. It also restricts accessibility for family members, particularly people who are ageing, younger family members and family members who live far from the accommodation services.

8.3 Effective resources use

Cost effectiveness is comprised of effective use of financial resources compared to alternative expenditure options; and effective outcomes for the people receiving support. In the redevelopment projects, includes capital investment and recurrent funding; and effective outcomes in terms of disability standards, including person-centred support, inclusion and participation in a person's home and community.

The project met the Business Case and variations for resource effectiveness (Section 6.6), but not the government priorities or expectations for disability accommodation support (Section 6.1). The recurrent resource use is probably higher than alternative expenditure options due to reliance on the nursing model (Section 6.1). The nursing model of care has higher cost implications, particularly the higher wage costs for nurses and external contract services for meals, domestic assistance and laundry, which would otherwise be provided internally by disability support workers.

Alternative models of support for people who require nursing support already operate in other ADHC funded group homes for example, and include mixed staffing with disability support workers, supplemented with nursing support for the responsibilities that require nursing expertise.

The Business Cases were approved at a time before ST2, which now places greater emphasis on person-centred support and individualised funding packages. This policy change probably has implications alternative accommodation options that have more effective resource use in both capital investment and recurrent costs. The goal of the ST2 strategy is also to improve effectiveness in terms of outcomes for the people receiving support, which are assumed to be more likely if they are able to make informed choices about person-centred support, most suited to their needs and aspirations.

Comparative standards for expectations of cost effective future redevelopment are exemplified in good examples in NSW of individual packages; contracted service

provision; separation of housing from accommodation support; and best practice models for rights based outcomes for people with disability.

8.4 Outcomes for people with disability, families, communities and staff

8.4.1 People with disability

The quality of life study found that people living at all sites, except for Casuarina Grove, experienced increased quality of life. Change in outcomes for participation, growing and learning, health and wellbeing, social relationships and autonomy were however not consistent between sites (Section 7).

For the future, this implies a greater focus on community inclusion to increase people's participation, relationships, autonomy and wellbeing. Greater community inclusion could be achieved through person centred planning that builds on any valued relationships and activities from before the transition and recognises frequent presence in the community and interaction with the local community members as a priority for meaningful activities and forming new social relationships. The data showed little evidence of people forming new relationships and networks in the local community after the relocation. Venturing in and out of the community does not equal participation in itself (O'Brien, 2003). Offering self-advocacy training and linking people with local self-advocacy groups to increase people's capacity to be actively involved in decision-making processes is discussed below.

Future redevelopments will need to consider the implications of the opportunities envisaged in Stronger Together 2. A key objective is to 'expand options for people living in specialist support services', assisting people to use less intensive supports, including community support, as well as supporting 'adults with a disability to live in and be part of the community'.

Outcomes for people with disability who will reside in these new accommodation services in the future should also be considered. It can be argued that building accommodation services that require high capital and recurrent costs does not maximise disability standards and could compromise the opportunity for ADHC to provide a range of services. ADHC now has an incentive to fill the places irrespective of person centred planning, because of the financial investment and recurrent commitment. Alternatives to consider are reuse of the new accommodation services for other purposes, including sale, temporary interventions such as behaviour management, respite and emergency support.

8.4.2 Families and carers

Outcomes for families interviewed were mainly positive. Families commented on their satisfaction with the modern accommodation services, better health care for their relatives and their peace of mind that their relatives were well looked after.

Some family members were not satisfied with the communication about the move or access to resources to make an informed choice (Section 6.7). Especially the family members of those who used to live at Peat Island LRC expressed their disappointment in having no involvement in the choice of the locations.

The outcomes for families depended on their previous experience with the LRC, rather than contemporary best practice. For many families, their relative had been in care since childhood and so some family members felt inexperienced and overburdened with the expectations of the redevelopment decision making. It was unclear how much families could familiarise themselves with disability standards and Stronger Together 1.

Other family members reported that they were members of committees, active before and after the transition. In one case, a family member had broad knowledge of the history of the NSW Disability Services Act and its implications. Access to this type of information for all families offers room for future improvements.

Ways of empowering family members to make informed choices about their relatives' living arrangement would be to offer skilled supported decision making advice over an extended period, as well as information sessions that give families an overview of current relevant legislation, accommodation models available, examples of other families who have successfully transitioned to more independent models and of where to seek support for further advice (Section 8.6). Information through advocacy services and multiple formats is required.

8.4.3 Communities

There was little evidence about outcomes of the redevelopment for surrounding communities of the new sites. It is possible that communities in Summer Hill and Wadalba have benefited from the greater diversity of social contact with people who live in the new accommodation services. Greater use of person centred approaches could have delivered greater benefit to both the person and the communities in which they live.

All Business Cases proposed greater community inclusion for people living in the new accommodation services. This has not been the case for most of the people included in the study. An exception is Wadalba, where two people developed friendships with members of the community and participated more in community life. Even though Norton Road SSL and Summer Hill are close to places where people could interact with members of the community, e.g. shops and cafes, there was no evidence of people living there being in contact with any members of the community. In comparison at Tomaree Lodge, members of the community reported that many people are known and seen in the local community. No similar evidence was available for any of the new accommodation services.

The key for community inclusion is raising awareness about disability inclusion in the wider community. To increase positive outcomes for all parties, offering disability awareness training should be considered as a very conscious and targeted exercise pre and post redevelopment. Another strategy that support staff could take would be to partner with local community groups (such as fishing groups) to increase meaningful social networks and community development.

Community engagement is a specialist skill and support staff would benefit from training in this area in future. Many other disability organisations employ community engagement specialists, who provide expert support and advice in creating closer links with the community.

Similarly, local self advocacy groups offer training and aim to create awareness about disability issues and are therefore a beneficial resource for both people with disability and community members. Self advocacy groups provide a range of valuable supports for people with disability, empowering people to make their own decisions, speak up for themselves and achieve maximum independence. To magnify the role of self advocacy groups in future redevelopment projects, proper funding separate from services needs to be ensured for their involvement.

Suggestions for greater community inclusion in future redevelopment projects are:

- inclusion of all stakeholders, people with disability, families, staff and advocacy bodies in stakeholder scoping before the Business Cases to gain ownership from the community
- share information about good practice, successful examples, and international standards
- involvement of community members during project implementation especially in assisting residents and their families with the change management process . For example:
 - peer change management
 - addressing families and staff emotional reactions to change
 - giving opportunities to explore experiences of people with disability and their families who have been through similar change
 - observe changes in Quality of Life and other options for disability accommodation support.

8.4.4 Staff

Outcomes for staff should be managed through workplace change management and individual supervision, training and performance review. Appropriate levels of staffing and staff trained to provide services that comply with current policy standards are key aspects to ensuring that people with disability receive the support they need. Staff require training and supervision to extend their understanding of disability standards, the new accommodation service approach and its implications, strategies for how to provide best practice support, and change management (Section 8.6).

The change in outcomes for people with disability was greatest in the NGO contracted service at Wadalba, which enabled a new service delivery model provided by staff specifically trained in person centred, developmental approaches. The outcomes appeared to be most compromised when staff did not have appropriate skills for individualised person centred assessment, planning and implementation. For example, contrary to disability standards, in practice some staff assessed some people as not requiring a person centred, developmental approach, such as people in a generalised category such as older or complex medical needs or behavioural needs, rather than identifying their individual opportunities.

8.5 Overall objectives, outcomes and outputs

The project achieved some of the objectives, outcomes and outputs described in the Business Cases (Section 6.1). The physical conditions for people living in the new accommodation services are better than in the former LRCs (Section 7.1). The projects in general met the outputs in terms of time and cost (Section 6.6).

This result is qualified in two major ways. First, the Business Cases and variations do not meet current expected standards of person centred disability support described above, which could have achieved further outcomes for some of the people using the disability accommodation support and their families and carers. At worst, the quality of life for some people has been reduced by the move, which could have been avoided through person centred planning approaches (Section 7).

Second, the process of implementation did not have adequate processes in place to protect the primacy of the rights of current and future people receiving accommodation support over other conflicting interests. These conflicting interests included workplace change, staff and management challenges and preference from some government officials in ADHC and Treasury for support that requires group based disability specific capital investment. These shortcomings were reflected in the governance, change management and risk management processes that could have anticipated and led change to maximise the rights of the people living in the former LRCs (Sections 6.4 and 6.5).

The project also relied on consultancy advice from generalist architects, planners and workplace change managers, in the absence of complementary advice from experts and self advocates familiar with cost effective experiences of deinstitutionalisation and alternative approaches to person centred accommodation support.

8.6 Lessons from the LRC Redevelopment process

The significant lessons from the LRC redevelopment process are to apply a framework that includes:

- taking a person centred approach to accommodation support
- approaching redevelopment as a transformative opportunity for community living
- identifying choices through informed supported decision making and communication
- applying a sophisticated change management approach with families, staff and unions
- using the resources, expertise and successful redevelopment experiences of the disability community to inform the process and frame opportunities of disability accommodation support.

This framework could take lessons from and apply the large body of evidence and experience from the other states and countries in devolution, especially England and Canada.

The framework requires a capacity development approach to change with all stakeholders (ADHC central and regional managers, staff, families, people with disability and community members), including allowing adequate time and resources for developing understanding of and comfort with large and small scale decision making.

8.6.1 Person centred approach to disability accommodation support

Redevelopment projects should comply with current national and international standards for disability support (Appendix B) by implementing a fully person centred approach with the people with disability. This requires independent, expert support for people with disability, as discussed below. As a starting point, a person centred framework should be based on individual packages consistent with Stronger Together 2.

Such a process of person centred, informed, supported decision making is likely to result in greater diversity of choices about preferences for disability accommodation support. It would be likely to avoid Business Cases that lock current and future people with disability into a limited and fixed range of accommodation support choices contrary to Article 19 CRPD.

Lessons from other parts of ADHC accommodation and specialist support (such as social skills training, Supported Living Fund, Stronger Together 2, individualised packages and Ability Links Planners), earlier redevelopments (such as Hornsby Challenge and Kew Cottages) and input from members of the disability community with these experiences, can be adapted to implement this approach.

8.6.2 Transformative opportunity for community living

LRC redevelopment could be a transformative opportunity for community living for people who are currently living in LRCs. This approach is particularly important to readdress the breaches of human rights and compromises to their quality of life that many people have experienced in the LRCs. Successful experiences are well documented of other people (with a full range of support needs) who have moved out of institutions or have avoided ever moving in to one, by living in the range of housing options in NSW, Australia and internationally.

The Gateway Review process is only relevant to redevelopment if, following a person centred, informed, supported decision making process, sufficient people choose grouped accommodation options. In these situations, options to use social housing, add to social housing stock, adapt existing social or private housing or build new housing in the community are all possibilities for consideration, only some of which require a Gateway project. Capital investment in housing within the Disability portfolio is one of many options (Fisher et al 2012).

It is possible, but unlikely, that a sufficient number of people who currently live in LRCs would choose to pool individual packages into a large group accommodation service. Whether it is a government responsibility to implement that choice is a

subsequent question, particularly if the model contravenes disability standards. The experience from these projects is that building congregate accommodation services, staffed with former LRC staff, has not been transformative.

8.6.3 Informed supported decision making and communication

The first step in a person centred approach to redevelopment is to understand the needs and preferences of people who live in a LRC through active informed supported decision making and communication. For each person this requires:

- identifying or developing a meaningful, effective way for them to communicate their preferences, with commitment to the resources and time necessary for implementing this
- active, supported involvement of family, a significant friend or carer, guardian or advocate (formal, informal), who do not have a conflict of interest
- allocating an independent mentor for the person to facilitate communication, informed by experiences from other people with disability and families.

These processes take considerable time and resources because many people currently living in a LRC have had very limited experience of the small and large decision making implicit in this approach and yet the decisions being made have significant implications for the next stage of their lives.

These steps need to be managed by experts with experience of informed supported decision making and communication. This could be managed either within ADHC or contracted to equivalent independent people or organisations. Options can be managed individually for each person with disability or by an organisation allocated to a LRC. Similar processes were used for Hornsby Challenge and Kew Cottages. For example, Victoria also offers communication support workers for independent assistance with communication.

It is likely that within supported decision making, local staff continue to provide information about a person with disability (communication, preferences etc), in which case, the information needs to be clearly about the person's rights and preferences, not their staff role. The importance of an independent mentor is vital in these situations so that the staff are not placed in a position of conflict of interest.

8.6.4 Change management for families, staff and unions

8.6.5 Families

Families of people living in LRCs have an understandable and rational concern about the wellbeing and safety of their family member. Many families have previous LRC experience in which they were powerless in decisions about their family member. Although they may be aware or unaware of wellbeing and safety breaches within the LRC, they are likely to know even less about risks outside that environment. These families are unlikely to know much about person centred approaches to community living, because they have no prior experience of it.

Adopting a change management approach to help families understand the transformative opportunities of community living for their family member is important to address their concerns, allay fears about future security and safety (personal, financial and emotional) and to address continuity of relationships in the short and long term.

Relevant experiential knowledge from people who formerly lived in a LRC and their families about best practice and successful outcomes in Australia and internationally can be shared with families. Resources such as information and external mentors from families and people with disability who have gone through the experience of deinstitutionalisation or live independently would be beneficial.

8.6.6 Staff and unions

LRC redevelopment requires sophisticated workplace change management at an organisational, individual and union level. As discussed above, the objective of redevelopment is to fulfil the rights of people who live in a LRC. A cost of that process is workplace change.

To protect staff from conflicts of interest, redevelopment processes need to clearly delineate between roles that require staff to consider their professional self interest and the roles where they must prioritise the needs of people with disability in the processes described above. Examples include assisting people with disability or people who are supporting them in the decision making and transition processes; and staff roles on committees that are intended to focus on the project objectives about the rights of the people with disability. It relies on allocating independent mentors, experts or advocates to support the decision making as discussed above so that staff are not placed in a position of conflict.

The projects were not effective in workplace change management in terms of staff capacity to support the achievement of expectations for changes in quality of life for people with disability (Sections 6.4, 6.5 and 7). Individual plans for each staff member, including training, supervision and performance review are required to avoid this problem in the future. These processes require the commitment of time and resources so that sufficient practice change can be demonstrated and monitored in the LRC or decisions about leaving the workplace can be made before the people with disability move to new accommodation services. Implementing person centred approaches is a significant cultural change and requires practice change across a whole organisation from management to direct support staff. It requires adequate mentoring and follow-up activities to reinforce new practices.

8.6.7 Resources of the disability community

The framework described above requires considerable iterative expertise and resources drawn from within and outside ADHC. A beginning point would be to draw existing resources together for use by people with the responsibility and commitment to implementing this approach, including people with disability, families, ADHC managers, staff, disability community members and independent government and nongovernment advocates. A shared community of interest in transformational practice can document good practice so that future redevelopments can learn from previous ones.

Existing resources and expertise include materials, stories and connections to people in the disability community who have experienced successful redevelopment to inform the process and frame opportunities of disability accommodation support.

There is a further opportunity to utilise the knowledge and experience of disability organisations. Redevelopment processes can engage with disability advocacy organisations from the outset to identify best practice and the evidence base about deinstitutionalisation. These organisations have active relationships with people and organisations internationally and nationally who have experienced the transformative opportunities of redevelopment for the people who lived in the institutions, and so they can contribute expertise that can inform future redevelopment processes.

Appendix A Methodology

Table A.1: Review framework matched to research questions and methods

Key Indicator	Review questions	Review methods					
		Program data, document review	Resident and supporter interviews	Service provider and dept interviews	Case file reviews	Case study narrative	Site visits
Project Performance Analysis - To investigate and measure the degree to which the redevelopment project(s) have achieved identified objectives, outputs, and outcomes, and capture lessons learned.							
Service delivery	Does the project deliver the level of service described in the Business Case (or approved variations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do the new services delivered meet Government priorities?	<input type="checkbox"/>		<input type="checkbox"/>			
	Have the expected benefits been delivered and documented?	<input type="checkbox"/>		<input type="checkbox"/>			
	Has the approved scope of the project not been exceeded?	<input type="checkbox"/>		<input type="checkbox"/>			
	Does the quality of the project meet expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was the project completed within the agreed time?	<input type="checkbox"/>		<input type="checkbox"/>			
	Has the criteria defined in the Business Case been evaluated?	<input type="checkbox"/>		<input type="checkbox"/>			
	Have reports on any non-conformances of the project with agreed service objectives been prepared?	<input type="checkbox"/>		<input type="checkbox"/>			
	Where circumstances have changed, is action being taken to ensure that service needs are met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Sustainability	Have social objectives been met and have measures been taken / are planned to address adverse social impacts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have economic objectives been met and have measures been taken / are planned to address adverse economic impacts?	<input type="checkbox"/>		<input type="checkbox"/>			
	Have environmental objectives been met and have measures been taken / are planned to address adverse environmental impacts?	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
	Has feedback been given to project planners and estimators to improve future project conception, design development and implementation?	<input type="checkbox"/>		<input type="checkbox"/>			

Key Indicator	Review questions	Review methods					
		Program data, document review	Resident and supporter interviews	Service provider and dept interviews	Case file reviews	Case study narrative	Site visits
Governance	Were project objectives defined and the roles, accountabilities and processes established?	<input type="checkbox"/>		<input type="checkbox"/>			
	Were project actions taken and the required decisions identified and appropriately made?	<input type="checkbox"/>		<input type="checkbox"/>			
	Were options evaluated (approving and rejecting)?	<input type="checkbox"/>		<input type="checkbox"/>			
	Were proper approval paths followed under the delegations e.g. funds were sought and properly approved?	<input type="checkbox"/>		<input type="checkbox"/>			
	Was the project completed within the approved budget, or was reasonable justification given?	<input type="checkbox"/>		<input type="checkbox"/>			
	Was progress monitored, outcomes measured and need for corrective action identified and the project completed within the approved timeframe?	<input type="checkbox"/>		<input type="checkbox"/>			
	Have variations to scope, time and cost been justified, processed and approved?	<input type="checkbox"/>		<input type="checkbox"/>			
	Did the procurement process meet policy and procedural requirements?	<input type="checkbox"/>		<input type="checkbox"/>			
Change management	Were change management workshops/meetings held and were outcomes documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Did results from the workshop/meetings and a Change Management Plan exist and incorporate the findings and recommendations?	<input type="checkbox"/>		<input type="checkbox"/>			
	Did the Change Management Plan identify change objectives, implications, strategies/ tasks to achieve, timeframes, roles and responsibilities?	<input type="checkbox"/>		<input type="checkbox"/>			
	Were there inter-dependencies with the Communication Strategy, industrial relations strategy and Risk Management Plan?	<input type="checkbox"/>		<input type="checkbox"/>			

Key Indicator	Review questions	Review methods					
		Program data, document review	Resident and supporter interviews	Service provider and dept interviews	Case file reviews	Case study narrative	Site visits
Risk Management	Was a table and register identifying risks established at project initiation?	<input type="checkbox"/>		<input type="checkbox"/>			
	Is there evidence that the risk table and register has been updated with various governance groups e.g. Project Control Group meeting?	<input type="checkbox"/>		<input type="checkbox"/>			
	Is there evidence that risk management workshops/meetings were held with documented outcomes?	<input type="checkbox"/>		<input type="checkbox"/>			
	Do Risk Management Plans exist confirming major project risks, mitigation strategies and associated costs, responsibilities, and timelines?	<input type="checkbox"/>		<input type="checkbox"/>			
Affordability and value for money	Has procurement met the approved budget (as varied) and/or a reasonable explanation has been provided for cost variances?	<input type="checkbox"/>		<input type="checkbox"/>			
	Is there evidence that the project still provides value for money?	<input type="checkbox"/>		<input type="checkbox"/>			
	Is funding available to complete the realisation phase of the project?	<input type="checkbox"/>		<input type="checkbox"/>			
	Has feedback been given to project planners and estimators to improve value for money and project planning in the future?	<input type="checkbox"/>		<input type="checkbox"/>			
Stakeholder satisfaction	Did stakeholders have the opportunity to enquire about project and/or specific matters? Were they provided guidance have a clear understanding of the project goals, processes and deliverable outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Have residents, their families and carers and staff have been sufficiently involved and informed throughout the design, transition and implementation process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Was the exchange of information with stakeholders about the project adequately managed? Did they feel their concerns were appropriately addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	From the perspective of residents, families and staff what could have been improved for future projects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Was appropriate care taken of residents in the transition process? Were adequate support processes in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	How successful was the project and its implementation overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key Indicator	Review questions	Review methods					
		Program data, document review	Resident and supporter interviews	Service provider and dept interviews	Case file reviews	Case study narrative	Site visits
Quality of Life study – degree in which this project achieved and sustained a better quality of life for residents, and their families and trusted support persons							
Satisfaction with QoL domains	<p>How satisfied are residents with their previous and current situation in the following key domains:</p> <ul style="list-style-type: none"> • standard of living • activities they do/participation in the community • health and wellbeing • social relationships • autonomy (having a say and decision making) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	To what extent can changes in residents QoL be attributed to the new residence and support services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	How has the redevelopment process impacted on families and friends? Do they have any benefits resulting from the new support services provided to their family member/friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	How would families and friends like to be involved in residents' support and care? Are there any barriers to their involvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Methods and samples

The review methods and questions are summarised above and discussed in more depth below. The post implementation review used the following methods:

- Program data and document review – Business Case and all relevant documentation
- Stakeholder interviews (people who lived in the LRCs, their trusted support person, service provider and department staff)
- Case study narratives – of all consenting people who lived in the LRCs who have not or cannot be involved in interviews
- Resident case file reviews – small sample of 12 cases in total
- Site visits and observations

The review team has worked with ADHC to finalise the design of the PPA and QoL. We have designed data collection procedures for each of the methods described

below based on the objectives and key indicators identified in the PIR framework (Table 1). The procedures and content for each method overlap so that data from the various sources can be triangulated in the analysis.

Interview sample sizes are summarised in Table A.2.

Table A.2: PPA and QoL sample sizes

Interview type	People with disability	Family, carers, community	ADHC
QoL face to face	36	16	
Case file review	14		
Case studies		1	
PPA	11	16	16
Total	40*	17*	16

Note: * PPA and QoL interviews were done together for people with disability and family, carers and community members, and therefore the PPA interviews are not counted twice towards the total

Program data and document review

The program implementation, administrative and financial documents, records and data were reviewed against the Table 1 questions. This activity was conducted at the beginning of the interviews and observations to identify gaps in the records against the questions.

Resident interviews

For people who moved to the newly developed services we developed two interview schedules: Easy Read questions (with complex and easier options within the schedule); and a version with ‘faces’ which caters to people with different levels of intellectual disability and communication impairment. An option of the resident showing the interviewer their possessions or around their home was also available, either as a supplement to the interview or as an alternative for those who find this approach better suited to their communication.

The rationale for this approach is that the people have different levels of capacity to respond and participate in the research, however the aim is to be as inclusive as possible. From past projects, interviewing people with an intellectual disability about their service experience, SPRC has successfully used this approach of having two comparable sets of questions but at different levels of complexity. This allowed the interviewer to move flexibly between the ‘easier’ and ‘harder’ questions in the Easy Read interview schedule, but also to use more close-ended questions (with the option for unstructured open-ended comment) for those with higher communication impairment and more complex communication needs in the interview setting. The option of showing the interviewer around has also been used as an effective way of prompting further comment and gaining input from those with higher communication impairment.

The interview process was designed to invite a nominated and trusted support person to attend the interview where possible. In the past this approach has proven

useful in including as many people with disability in the research as possible, and to gain at least some useful information from all participants. Having an inclusive approach was particularly important for this review as the aim was to interview as many of the people who have moved from large residential centres to the alternative forms of supported living services as possible.

The questions developed in the two interview schedules are based on a number of resources and a brief literature review of key documents relevant to this project, including the pre-QoL instrument for Peat Island, the Business Case, Stronger Together 2, the NSW Ombudsman report (2010) and CRPD.

- NSW Ombudsman – People with disabilities and the closure of residential centres
www.ombo.nsw.gov.au/publication/PDF/specialreport/SR_ClosureResidentialCentres_Aug10.pdf
Used to look at what kind of individualised focus should be achieved for people with disabilities in moving from residential centres to community living. E.g. ways that people with disabilities may have been supported to have a say in devolution (individual plan, setting goals, discussions, explaining, easy information, an advocate, asking you what you think) and focus on needs, goals and wishes.
- Robertson, Frawley and Bigby, 2008 – Making life good in the community. When is a house a home? Looking at how homely community houses are for people with an intellectual disability who have moved out of an institution
<http://arrow.latrobe.edu.au:8080/vital/access/manager/Repository/latrobe:27751?exact=series%3A%22Making+life+good+in+the+community.%22>. Used for questions on nature of the residential centre/group home buildings and the interactions of residents living in these. E.g. size, decorations, furniture, sharing/own rooms/possessions.
- United Nations Convention of the Rights of Persons with Disabilities
www.un.org/disabilities/documents/convention/convoptprot-e.pdf. Used for background to the project and interview questions draw on Article 3 (general principles) generally, and Article 19 on independent living specifically, mainly in terms of questions about whether PWD could choose their place of residence.
- Cummins, 1991 – The Comprehensive Quality of Life Scale – Intellectual Disability: An Instrument Under Development
<http://informahealthcare.com/doi/pdf/10.1080/07263869100034481>. Used to prioritise comparative domains to inform the QoL interview questions: material possessions, physical wellbeing, productivity, intimacy, safety, place in society, emotional wellbeing.
- Cummins and Lau, 2005 – Personal Wellbeing Index – Intellectual Disability
www.deakin.edu.au/research/acqol/instruments/wellbeing-index/pwi-id-english.pdf. Used to develop the questions – e.g. things you own, health, opportunity to learn, getting on with people you know, feeling safe, doing things outside the home.

The other methods, case study narratives and case files reviews, to supplement the QoL interviews are described below.

Other stakeholder interviews

Data about the redevelopment process will be collected through semi-structured interviews and site observation from ADHC LRC redevelopment staff, people who lived in LRCs, families, carers, accommodation staff, community members, site managers and site visits to the four new accommodation sites.

The sample sizes (Table 3) are based on the assumption of an average of three site visits to each of the four new sites, one meeting of ADHC managers, and telephone interviews for any remaining respondents. Family interviews can be face to face if associated with the site visits. In addition to the interview schedules for each stakeholder group, a researcher interview observation notes file has been designed in relation to the Table 1 questions.

Case study narratives

To supplement the interviews, families/friends/advocates and staff have been encouraged to complete case study narratives about the redevelopment experience and quality of life changes of any remaining consenting people.

Case study narratives are written, de-identified data about a particular resident. A case study aims to capture the resident's experiences of the redevelopment process and any changes, benefits or impacts they may have experienced as a consequence of the transition process and living in the newly developed services.

The research team has instructed the service providers and family/friends how to collect these case studies, the format and purpose. This narrative data will supplement the qualitative interview data collected by researchers and ensure that the experiences of people who may not be able to participate in the interviews are included in the review. An unlimited number of case study narratives of any resident who is not interviewed can be collected for all consenting people.

Case file reviews

The team will also review up to 12 resident case files. During their site visits researchers will aim to review 3 randomly selected case files/client plans in each of the four redeveloped services. In total 12 case plans of people who have consented to have their case plans reviewed for this study. The aim of this method is to assess any changes in service delivery and planning that may have occurred as a consequence of the redevelopment process, as well as gather additional data for the QoL study. A case file review schedule has been designed in relation to the Table 1 questions.

Site visits and observations

The researchers will use the opportunity of visiting the redevelopment sites for the interviews to also observe the quality of life of other people and interact with any staff, residents and family members present at the time of the visits. A site observation schedule has been designed in relation to the Table 1 questions.

Recruiting participants

People participating in the study were selected at each of the four redeveloped services through an ethical consent process. Considerations included voluntary

consent to participate (with continuous opportunities to withdraw from the research), respecting rights and dignity, payment for participation and confidentiality. Recruiting was a three step process applied in similar studies for people in supported living arrangements because of their possible limited capacity to consent.

People for the QoL and PPA were recruited for voluntary participation at arms' length approach through the service managers. Service managers were asked to randomly select and invite them to take part in the interview to generate a broad range of people in each location (including gender, age, type of disability, support needs, time in residence etc.). Service managers received detailed written instructions and guidelines on how to select, recruit, gain consent and organise the interviews or case file reviews for the researchers. The recruitment process was through the service manager, then the resident's trusted person to ask the resident or their family/friend/advocate/official guardian (if the people's capacity to consent was limited) if they wish to be involved in the study. Once a resident or their trusted support provided written consent to the participation in the study (either interview or review of their case file) their name and contact details were given to the researchers undertaking fieldwork. Prior to starting the interview researchers confirmed consent.

The family/friends of residents for the PPA were be recruited through purposeful sampling. The purposeful sample was to ensure that any information about ways to improve the process could be elicited. The purposeful sample was supplemented with information about the broader range of redevelopment experiences from the QoL sample. The recruitment process was through the service manager. Prior to starting the interview researchers confirmed consent. The family/friends/advocates were interviewed about their own experience in the redevelopment process so it was not necessary to gain people's consent for researchers to speak to them.

The staff, managers and officials were also recruited through purposeful sampling of people who worked closely with the residents and redevelopment process. The review team selected positions from the redevelopment committees and asked the ADHC project manager to approach the people to consider participating in an interview. The decision to participate or not was confidential. Prior to starting the interview researchers confirmed consent.

Confidentiality

Where possible, efforts were made to put references to stakeholders into context, stating their position within the redevelopment projects and their relationship to others involved. In some cases however, references to managers, staff or other stakeholders could not be specified further in order to protect the confidentiality of people included in the review, as sample sizes for some stakeholders were small, creating extremely sensitive data.

Fieldwork limitations

Summer Hill

Two field workers collected data at the Summer Hill group homes on one day, with support from a ADHC project review team member. One phone interview was conducted off site a day before. The following methods were used to collect data:

- 1 face-to-face interview with an informal supporter on site
- 1 observation where resident showed researcher their room
- 2 telephone interviews with informal supporters on site
- 1 telephone interview with informal supporters off site
- 3 case file reviews
- Guided tour of the facility by the Regional Manager
- Other observations noted by researchers while on site.

Staff from Summer Hill recruited the respondents and confirmed suitable times with the participants. All informal supporters provided verbal consent before the visit allowing us to start the field work straight away.

Before we started, the regional manager provided us with a 30 minute guided tour around the facility. In addition, the researchers were briefed on the history of Grosvenor, its redevelopment, the service provision in the new group homes and the residents' needs. In one of the group homes, some of the staff provided additional information on the service and the residents.

The field workers had access to a quiet spare room where they could conduct telephone interviews, debrief, prepare and write up findings.

One of the limitations included that there were only five people participating in the interviews. This was the smallest number of participants compared to all other sites. Four of these interviews were informal supporter interviews who provided verbal data. One of these interviews was an observation of a person in their room, however some data was collected through non verbal interaction.

One informal supporter wished to be interviewed outside in the courtyard. The phone interviews were conducted in a quiet spare room, however, it was not possible to record one of these interviews as the interviewee had problems understanding the researcher when the speakers were on.

We conducted three case files reviews, but only received consent to review files of people whose informal supporter participated in interviews. As a result, the diversity of data was limited. In addition, we only had access to the archived file of one of the residents, as staff explained the other files were not available. An ADHC project review team member reviewed another file after the visit. The fieldwork was highly restricted because of simultaneous preparation for a legal challenge to the project.

Norton Road

The fieldwork at Norton Rd SSL was conducted by two researchers over two consecutive days; an additional phone interview with an informal supporter was held the following week.

The following methods were used to collect data:

- Face-to-face interviews with 12 people utilising the Easy Read interview questions with and without the faces, as well as a combination of both. In addition to that, people showed researchers their home including their bedrooms and possessions to supplement their interview statements
- Reviews of two case files
- Two informal supporter interviews over the phone
- Observations noted by researchers while on site
- Discussions and briefings on residents with a staff member (Behaviour Modification Clinician) and the Site Manager

Due to a union ban we were unable to speak to residents on the first day of our fieldwork. We were informed that we were able to review case files and conduct interviews with informal support persons instead. It took a long time to receive the case files and one parent was annoyed at the interviewer phoning for consent because this had not been done by the staff. All resident interviews were conducted on the second day. This caused disruption of ongoing activities in the houses in some cases and probably detracted from the interaction with the residents and therefore the data quality. We were escorted by a Behaviour Modification Clinician (BMC), because staff could not support the residents to participate due to the union ban. The BMC was present at ten interviews as a support person to the respective resident. She introduced the residents, checked with staff if the time of the interview was convenient, communicated with the residents when possible and was able to provide useful information and prompts for communication with the residents, which the researchers were able to utilise for reference as the interview unfolded. However, the presence of the BMC had a direct negative effect on one resident, who thought he was in trouble when we walked in, became visibly upset resulting in the withdrawal of consent; it may have had a similar negative effect in other cases. In most cases, there was no separate room available and interviews were therefore held in common living areas, which at times resulted in disruption by other residents as well as staff and may have further impacted on the data quality. One resident received interview support through a family member, who was able to rephrase questions for the resident, prompt for communication and provide useful additional information. In one interview there was no additional support person present.

It is also unclear how staff had explained our visit to residents and how that had an impact on their behaviour and willingness to interact. As we could not verify information with staff or ask further questions about residents, therefore the data that we were able to collect is mostly limited to observations and interviews about the current quality of life.

Casuarina Grove

Three fieldworkers collected data at Casuarina Grove on two consecutive days. Each day two fieldworkers on site.

The following methods were used to collect data:

- 14 face-to-face interviews with people utilising the Easy Read interview questions with and without the faces. Three people with higher communication skills answered the questions about the redevelopment process. People also showed researchers their home including their bedrooms, photos and other possessions to supplement their interview statements.
- 2 telephone interviews with informal supporters on site
- 1 face-to-face interview with the manager of the accommodation service
- 3 case file reviews
- Guided tour of the accommodation service by a staff member
- Other observations noted by researchers while on site
- Discussions and briefings on residents with several staff members (Residential unit nurse managers, nurses, support workers and other staff)

Staff from Casuarina Grove recruited the residents and their informal supporters and set up the timetable. Most informal supporters or guardians provided verbal consent before the visit allowing us to start the fieldwork straight away. Before we started, the manager of the accommodation service provided us with information on the communication and behaviour needs of each resident. The RUNM's (Residential unit nurse mangers) also provided briefings about each resident, which was beneficial for rapport building and determining the best interview strategy.

On the first day, we conducted eight face-to-face interviews with people and two case files reviews as per schedule. Both fieldworkers used a creative option of interview schedules and had the opportunity to ask one of their interviewees the questions from the additional relocation module. One of the people was unwell, which made it hard for her to focus on the questions and she tended to talk about other topics unrelated to the questions. The other resident had problems recalling the transition process. Information about his experience was however gained as his supporter in the interview attempted to prompt him to speak about his experience of the redevelopment; although we were not able to get a sense of how he found the process, the information in these prompts did allow some background on the practical details of how he had been involved.

Many people could not speak and some had vocals and other ways of communicating. These people had supporters present in their interviews to assist them with communication. The role of the supporters was to rephrase questions, prompt and provide contextual information and emotional support. The quality of assistance from supporters varied; the most effective were those who let the resident speak first, but provided support where this was needed. Many of the supporters were staff from Casuarina, meaning that there was a possibility that people may not have wished to criticise the accommodation service in the presence of these supporters.

Interviews were supported with the use of an observational method. Most of the people seemed enthusiastic about our visits and proud to show us their rooms.

Therefore, we collected a lot of observational data on the people in their private environment. In this context, we collected data on a resident who was deaf and non verbal.

Each unit contained a quiet area at the back. Some of the people wanted to be interviewed in this area and it was possible to close the doors to this area in order to protect their privacy. Two interviews were conducted on the veranda, and when one of them was interrupted, we moved inside to the resident's room.

The fieldworkers had access to a quiet spare room where they could conduct telephone interviews, debrief, prepare and write up findings.

On the second day of fieldwork, we conducted six face-to-face interviews with residents, one case file review, one stakeholder interview and two phone interviews with informal supporters as per schedule. Staff were very helpful and engaged in conversations with the fieldworkers to provide information on the residents. A lot of people seemed comfortable to be interviewed without a support person and actually indicated that they wanted to talk to the researchers without staff. Staff were available whenever they were needed and this was beneficial for some people's communication styles and emotional support. For example, one resident was upset when he was looking at some of the photos of Peat Island.

We conducted another interview with additional relocation module on the second day. The resident himself could not provide much information on the transition and staff provided extra information on behalf of the resident.

Wadalba

The data collection for the Wadalba group homes involved two fieldworkers and one researcher working from the office. The fieldwork was conducted on two consecutive days. The analysis of the data took place between the 4th of May and the 1st of June.

The following methods were used to collect data:

- Eight face-to-face interviews with people utilising the Easy Read interview questions with and without the faces. Three people with higher communication skills were able to answer the questions in the additional relocation module. In addition to that, people showed researchers their home including their bedrooms, photos and other possessions to supplement their interview statements.
- One face-to-face interview with an informal supporter on site
- Three phone interviews with informal supporters; two interviews on site and one interview in the office
- Reviews of three case files
- Observations noted by researchers while on site
- Discussions and briefings on residents with several staff members (Nurse managers, nurses, key workers of residents, other support workers)
- Case studies (???)

Wadalba was the first site of four where we collected data for the QoL study. The interviews from the first day of fieldwork served as pilot interviews which allowed us to test the interview schedules. After conducting a few pilot interviews, it was easier to estimate which questions were appropriate to ask and which questions needed restructuring and rephrasing. Both fieldworkers ended up using a creative option of interview schedules. Since most of the people were non verbal, we collected a lot of observational data as well.

Staff from the Wadalba group homes had confirmed the scheduled interviews with the people and their informal supporters. However, some of the research participants had not provided verbal consent when the fieldwork started and both fieldworkers had to follow this up on site.

Nine interviews were scheduled for the first day of fieldwork. However, we only conducted seven interviews as one face-to-face interview with a resident and one phone interview with an informal supporter had to be cancelled. The reasons for the cancellations are as follows:

1. Face-to-face Interview with resident: The resident did not have the capacity to consent to the interview and the resident's informal supporter had been away and therefore not contactable to consent verbally on behalf of the resident.
2. Phone interview with informal supporter: The time of the interview did not suit interviewee as he had made other personal arrangements. He said he would be available for an interview on the following day, however, we interviewed four informal supporters in total and due to limited time, we decided to review case files rather than another interview.

Another limitation on the first day of fieldwork was that both fieldworkers were collecting data in different houses and were not able to communicate with each other regularly throughout the day. Therefore, debriefings were not possible until the end of the day. Furthermore, one of the two managers had more capacity to brief the fieldworker on people before the fieldwork started, whereas the other fieldworker had some conversations with support workers in another house. However, there was insufficient staff who were busy looking after the residents' personal care needs. Nevertheless, staff were very helpful and used as much time as possible to provide information on residents and to support the facilitation of the interactions between the fieldworker and the residents.

Five interviews were scheduled for the second day of fieldwork. All interviews were conducted as per schedule. The number of interviews was less than on the first day as we had to review case files in addition. The case files were located in the staff office. Due to the structure of the accommodation service, there was not a spare room for the fieldworkers to prepare and post-process the data collection. Staff were very kind and helpful by providing us with their office room. In the office room, we had access to a phone with speaker in order for us to conduct phone interviews and to record them. In addition, we reviewed the case files in the office room for a limited period of time.

On both days of fieldwork, there was always at least one staff member available and willing to be present during the interviews with residents. This might have had an impact on some of the data due to some questions creating a conflict of interest.

However, it made the people feel comfortable in knowing that they had the opportunity to consult a trustee if they wanted. However, not all people chose to have a staff member present during the interview.

We also felt that the privacy for some of the interviews was limited as some people wished to be interviewed in the communal lounge room or veranda where other residents and staff were interacting with each other at the same time. This caused interruptions and distractions for the people at times.

In addition to that, we felt that the timing for some of the interviews was not ideal. Many were conducted later in the afternoon after the resident's had completed a full day at work or at their day program. During these interviews, some people showed signs of fatigue and difficulties to concentrate. Therefore, we tried to reduce some of the questions to not cause any distress.

Analysis and findings report

In the final Phase we analysed the data against the PIR indicators, identify lessons learned and write findings report as described in the RFQ to inform future project planning and management (draft, presentation, add QoL analysis and final).

The analysis triangulated the data from the data collection sources (documentation and administrative data, interview and observation data, QoL data) and compared with the Business Case for effective implementation and to external disability standards such as Stronger Together 2 and CRPD for future lessons.

Data from all methods were analysed to answer the PIR questions. The review team is highly experienced at analysing data from a range of research strands and triangulating the data to answer research questions and write reports. Priority was given to analysing the data to inform policy decisions and program improvement. As applied social policy researchers, the review team is familiar with adapting the data collection, analysis and outputs to respond to the policy context of the review period.

This was important for understanding the implementation inform future project management. It was also important for analysing variation in experience according to consumer characteristics, such as Indigenous, cultural diversity and comparison to other disability supported living.

Financial analysis of project documentation and financial and administrative data about effective resource use, site selection and recurrent costs were compared to our research knowledge of comparison to other states and accommodation models.

Validation methods were three-fold, first through adopting and comparing to data from validated instruments; second, triangulating from the multiple data sources; and third, encouraging critical input from the project participants.

The report captured lessons about the effectiveness of the implementations, benefits, areas for improvement and lessons for future project management. We will prepare a written summary of findings for distribution to stakeholders and public distribution

Project management**Table A.3: Review team**

Responsibility	Researcher
Chief Investigator	Karen Fisher
Primary researcher	Sandra Gendera
Disability advisers	Rosemary Kayess, Sally Robinson, Robert Strike
Research design, data collection and analysis	Ariella Meltzer, Deborah Lutz, Friederike Gadow, Anna Jones

The review team is supported by the UNSW university structure, which includes specialist Research Services, with legal and financial services dedicated to supporting research projects. Internal to the SPRC, research support is provided by dedicated staff to ensure efficient project management.

Ethics approval was granted by the UNSW Human Research Ethics Committee. The researchers adhere to the various research management guidelines of the University, including the UNSW Code of Conduct for the Responsible Practice of Research. Standards of quality relevant to the research project include disability standards, occupational health and safety standards, worker conditions and other industrial relations standards.

Communication and liaising with clients, their family and friends, ADHC staff and members of the project team, as well as site visits were made with prior discussion with the ADHC Project Manager. The detailed process of making contact and gaining consent from research participants is a key component of the Ethics approval process.

Prior to participation in the research, all participants were provided with clear, accessible information about participating in the research, voluntary consent to participate (with continuous opportunities to withdraw from the research), respect for individuals' rights and dignity, reimbursement for participation expenses (for clients and informal supporters) and confidentiality. An easy English version of the information statements and consent forms has been developed. A protocol for developing an ethical research environment and responding to client risk has been designed.

The SPRC adopts a participatory research approach, which relies on a close working relationship with ADHC, so as maximize utility in the project. This requires an in-depth briefing meeting; a summary of preliminary data collection findings before analysis; and an iterative report writing and presentation process to incorporate feedback from ADHC and stakeholders.

Appendix B Standards for comparison

The standards for comparison from the government priorities are the Disability Services Standards, the UN Convention on the Rights of Persons with Disabilities, Stronger Together and the National Disability Strategy.

NSW Disability Services Standards

Each standard also has minimum and enhanced standards and have guidelines for implementation.⁶

- 1: Service access. Each service user seeking a service has access to a service on the basis of relative need and available resources.
- 2: Individual needs. Each person with a disability receives a service which is designed to meet, in the least restrictive way, his/her individual needs.
- 3: Decision making and choice. Each person with a disability has the opportunity to participate as fully as possible in making decisions about the events and activities of his/her daily life in relation to the services he/she receives.
- 4: Privacy, dignity and confidentiality. Each service user has the right to privacy, dignity and confidentiality in all aspects of his/her life is recognised and respected.
- 5: Participation and integration. Each person with a disability is supported and encouraged to participate and be involved in the life of the community.
- 6: Valued status. Each person with a disability has the opportunity to develop and maintain skills to participate in activities that enable him/her to achieve valued roles in the community.
- 7: Complaints and disputes. Each service user is free to raise and have resolved, any complaints and disputes he/she may have regarding the service provider or the service.
- 8: Service management. Each service provider adopts sound management practices which maximise outcomes for service users.
- 9: Family relationships. Each person with a disability receives a service which recognises the importance of preserving family relationships, informal social networks and is sensitive to their cultural and linguistic environments.
- 10: Protection of human rights and freedom from abuse. The service provider ensures that the legal and human rights of people with disability are upheld in relation to the prevention of sexual, physical, and emotional abuse within the service.

⁶ www.adhc.nsw.gov.au/sp/monitoring_and_quality/quality/standards_in_action

United Nations Convention on the Rights of Persons with Disabilities

The general principles are (Article 3):⁷

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

The right to live independently and be included in the community (Article 19) is the right to live in the community, with choices equal to others, and the state shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement
- Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community
- Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Stronger Together

Stronger Together has two phases (2006-11; 2011-16).⁸ The reform directions are:

- making access fairer and more transparent

⁷ www.un.org/disabilities/convention/conventionfull.shtml

⁸ www.adhc.nsw.gov.au/about_us/strategies/stronger_together

- helping people to remain in their own home
- linking services to need
- expanding options for people living in specialist support services
- creating a sustainable support system.

The focus of the second phase is:

- person centred approaches – enabling people with disability to be key determiners in how support resources are used
- a lifespan approach – increasing certainty by building long-term pathways through the service system
- Large Residential Centre closures – closing all centres by 2017/18
- a service system with the right capacity – ensuring that the resources are available in ways that meet people's needs efficiently and at the right quality and time.

National Disability Strategy

The priority areas for action to improve the lives of people with disability, their families and carers are:⁹

- Inclusive and accessible communities—the physical environment including public transport; parks, buildings and housing; digital information and communications technologies; civic life including social, sporting, recreational and cultural life.
- Rights protection, justice and legislation—statutory protections such as anti-discrimination measures, complaints mechanisms, advocacy, the electoral and justice systems.
- Economic security—jobs, business opportunities, financial independence, adequate income support for those not able to work, and housing.
- Personal and community support—inclusion and participation in the community, person centred care and support provided by specialist disability services and mainstream services; informal care and support.
- Learning and skills—early childhood education and care, schools, further education, vocational education; transitions from education to employment; life-long learning.

⁹ www.fahcsia.gov.au/sa/disability/progserv/govtint/Pages/nds.aspx

- Health and wellbeing—health services, health promotion and the interaction between health and disability systems; wellbeing and enjoyment of life.

ADHC Accommodation Design Guidelines

Section 1.3 of the ADHC Accommodation Design Guidelines Principles 2009 outlines the principles that underpin the delivery of accommodation services:

- Respect for clients' rights and dignity and continuous improvement in their quality of life
- A residential environment that promotes a domestic lifestyle, self-respect, independence, privacy and social opportunities
- Community participation by, and community acceptance of, clients
- An environment that allows for "Ageing in Place"
- Flexibility to cater for a range of disabilities and support needs
- Efficient and safe working conditions for staff
- Value for money
- Energy and water efficiency, and selection of finishes to promote a healthy indoor air quality

Appendix C Quality of Life quantitative analysis

Fieldwork data from interviews, case files and case studies were quantified by the researchers in terms of subjective satisfaction about quality of life from the perspective of the person living in the former LRC (adapted from methodology in Heal & Chadsey-Rusch 1986; Schwartz 2003).

Current quality of life

The following table presents the number of observations and the mean for each domain of analysis, where possible responses ranged between -4 and 4. The mean and range show strongly positive results.

Table C.1: Current quality of life at all locations

All locations	Sample size	Mean	Range
Material standard of living	45	2.42	0 – 4
Participation, growth and learning	48	2.06	0 – 4
Health and wellbeing	45	1.98	-1 – 4
Social relationships	47	1.91	-2 – 4
Autonomy	34	1.56	-2 – 4
Overall	50	2.08	0 – 3

When the Casuarina Grove subset is removed from the total survey sample, an increase in the mean is observed for all analysis domains.

Table C.2: Current quality of life at all locations except Casuarina Grove

All except Casuarina Grove	Sample size	Mean	Range
Material standard of living	28	2.71	1 – 4
Participation, growth and learning	31	2.55	1 – 4
Health and wellbeing	30	2.13	0 – 4
Social relationships	29	2.28	1 – 4
Autonomy	25	1.84	-2 – 4
Overall	31	2.35	1 – 3

Responses were not so strongly positive in Casuarina Grove. When this subset was taken on its own, the mean response to all analysis domains was lower, but still positive.

Table C.3: Current quality of life at Casuarina Grove

Casuarina Grove	Sample size	Mean	Range
Material standard of living	17	1.94	0 – 3
Participation, growth and learning	17	1.18	0 – 3
Health and wellbeing	15	1.67	-1 – 3
Social relationships	18	1.33	-2 – 3
Autonomy	9	0.78	0 – 2
Overall	19	1.63	0 – 3

Comparison of change from former LRC to current quality of life

The results above are also reflected in a comparison of the subset of respondents with both LRC and current data. Most participants recorded a better current quality of life outcome than LRC in the areas of *material standard of living* and *social relationships*. Outcomes were mixed in the areas of *participation, growth and learning*, *health and wellbeing*, and *overall*, and more respondents were worse off than better off in the area of *autonomy*.

In all locations except Casuarina Grove at most one respondent recorded a decline in their result from one survey to the next.¹⁰ The subsamples of the other locations are too small to be conclusive, but no individual site contradicts this result.

Table C.4: Change in quality of life from LRC to current at all locations except Casuarina Grove

All except Casuarina Grove	Sample size	Change from LRC to current			LRC Mean	Current Mean
		Worse	None	Better		
Material standard of living	16	0	2	14	0.44	2.75
Participation, growth and learning	16	1	5	10	1.63	2.69
Health and wellbeing	15	1	3	11	1.00	2.40
Social relationships	13	0	6	7	1.77	2.62
Autonomy	10	1	3	6	1.20	2.10
Overall	15	1	4	10	1.13	2.47

Comparison between LRC and Redev samples at all locations except Casuarina Grove

In Casuarina Grove most participants recorded better outcomes in the area of *material standard of living* and no change in *health and wellbeing*, and *overall*. Most showed worse outcomes in the areas of *participation, growth and learning* and *social responsibility*, and all participants recorded a worse outcome in the area of *autonomy*. Most of the participants who recorded a worse current result than in LRC

¹⁰ Change results for the total sample are not presented because of the subsample difference of Casuarina Grove noted above.

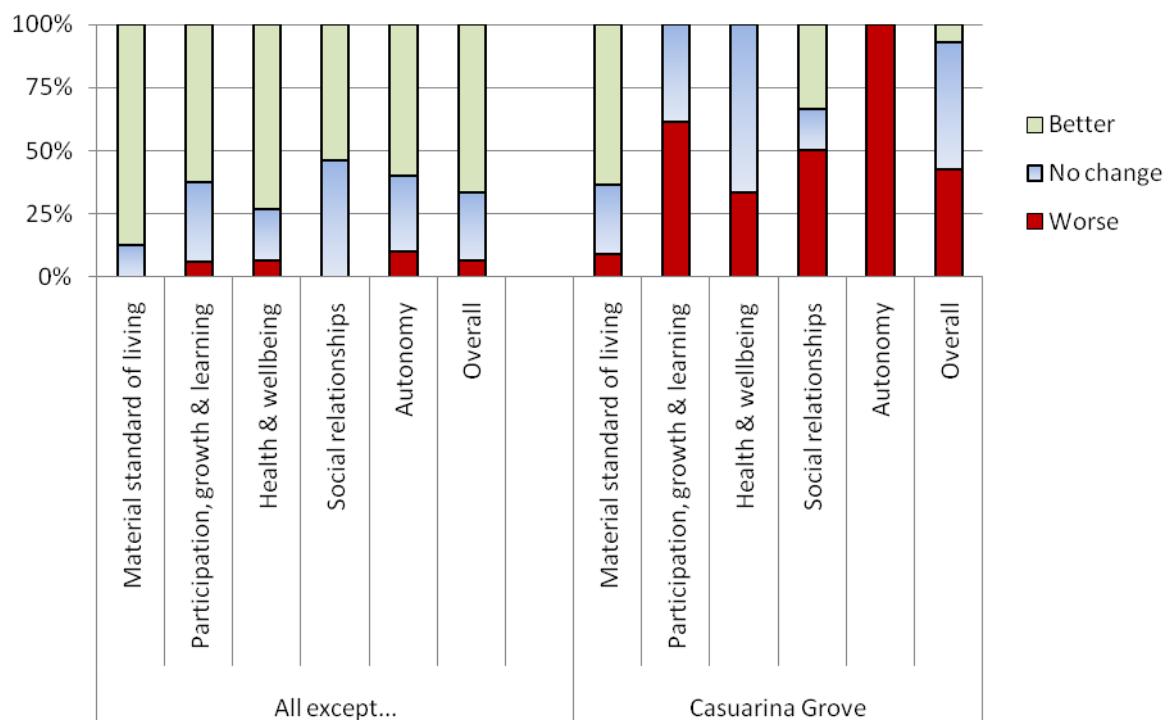
are from Casuarina Grove. This is evident when this subset is split out from the total sample population.

Table C.5: Change in quality of life from LRC to current at Casuarina Grove

Casuarina Grove	Sample size	Change from LRC to current			LRC Mean	Current Mean
		Worse	None	Better		
Material standard of living	11	1	3	7	1.27	2.00
Participation, growth and learning	13	8	5	0	2.08	1.23
Health and wellbeing	12	4	8	0	2.08	1.58
Social relationships	12	6	2	4	1.75	1.08
Autonomy	7	7	0	0	2.29	0.71
Overall	14	6	7	1	1.93	1.50

The difference between Casuarina Grove and all other locations is reflected in the figure. Each column shows the proportion of respondents who are better off (light green), have no change (shaded blue), and are worse off (dark red) for each area of analysis. In all areas except Casuarina Grove, more than half of all respondents showed better outcomes. In Casuarina Grove this was true only in material standard of living.

Figure C.6: Change in quality of life from LRC to current at all other locations compared to Casuarina Grove by proportion of people



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